Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on	2023C0159 Report CANDIDATE COMMITTEE LOBBYIST								BYIST									
Name of Filing C	ommitte	e, Candida	ate or Lo	obbyist:		CAF	ROLY	'N CAI	RLUCCI	0									
Street Address:																			
City:								State:					Zip Code	Zip Code: 19422					
TYPE OF REPORT	6TH TUES	_	1.	2ND FRIDA' PRIMARY	Y PRE	-	2.	30 DA PRIMA		POS	ST- 3	3.	AMENDME REPORT?	NT	Yes	No	\		
(place X to the right of	6TH TUES		4.	2ND FRIDA' ELECTION	y pri	E-	5.	30 DA ELECT		POS	ST- 6	5.	TERMINAT REPORT?	ΓΙΟΝ	Yes	No			
report type)	ANNUAL	. REPORT	7. X	Year 2023					IG METI CHECK				PAPER		\checkmark	DISKE	TTE		
Name of Office S	ought by	/ Candidat	:e:	-					DATE	OF I	ELEC	TION	District Number	Office Code	Par	ty Code	County Code		
7110TT05 05 TU	- CURR		_						МО	D.	AY	YEAR	-1	SPM	REP				
JUSTICE OF TH	E SUPRE	:ME COUR	.1						1	1	7	7 2023		(SEE IN	STRUCTI	ONS FOR C	ODES)		
Summary of		s and	МО	DAY	YEAR	2		'	МО	D	AY	YEAR	FOF	ROFFIC	E USE	ONLY			
Expenditures	from:			11 28	2	023	T	0	1	2	3:	1 2023	3						
A. Amount Bro	ught For	ward From	ı Last R	eport				\$				0.00							
B. Total Monet	ary Conti	ributions A	Ind Rec	eipts (From	Sche	dule	e I)	\$				0.00							
C. Total Funds	Available	e (Sum Of	Lines A	and B)				\$				0.00							
D. Total Expend	ditures (From Sche	dule II	I)				\$				0.00							
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$			(-	4,337.71)							
F. Value Of In-	Kind Con	tributions	Receive	ed (From Se	chedu	le I	I)	\$				0.00							
G. Unpaid Debt	s And Ob	oligations	(From S	Schedule IV)			\$				0.00							
					AFF	·ID/	AVI	T SE	CTION	J									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign l	here.	If th	nis is	a Can	didate	repo	ort, ca	ındidate si	gn here.						
I swear (or affirm) correct and comple		report, incl	ıding the	attached scl	nedule	s file	ed on	paper (or by ele	ctron	nic med	dium, are to	the best of	my knov	vledge	and belie	ef , true		
Sworn to and subs	cribed bef	ore me this		20						_		Signatur	e of Person	Submitt	ing Rep	oort			
	_	Signatur	 e					-		_			Printe	ed Name	1				
My Commission Ex	cpires									_			Email						
		мо	D/	AY	YR						Area	Code	Daytime	Teleph	one Nu	mber			
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andida	ate sha	ll sig	gn her	·e.							
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	itical	commi	ittee has	not	violate	ed any provis	sions of the	act of Ju	ıne 3,1	937 (P.L.	1333,		
Sworn to and subsc		re me this								_		9	Signature of	Candida	ate				
	day of —							-		_			Printed	Name					
		Signature						-		_									
My Commission Exp	ires												Email						
	_	МО	D	AY	YR	ł		•		_	Area C	ode	Day	time To	elephon	e Numbe	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
CAROLYN CARLUCCIO	From:	11/28/202	<u>3</u> To:	12/31/2023
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	J Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	y Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name or Filing Committee or Candidate				Period			
		F	rom:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

0.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclu	de contributions fror	n political comm	itte	es re _l	oorted	in Part	A)	
Name of Filing Committe	e or Candidate		Rep	orting P	eriod			
	o :							
		l			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.0
City	State	Zip Code (Plus 4))					
	•	•	•		•	•		PAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting	Period					
			From:			То:			
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOT	AL
Enter Grand Total of Part C on School	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	(0.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate				Reporting Period					
F					From: To:				
				D	ATE			AMOUNT	
				мо	DAY	YEAR	\$	0.00	
State	Zi	p Code (Plus	s 4)						
				Occupa	tion				
ce of Business		City			State		Zip	Code (Plus 4)	
dule I, Detailed	Sumn	mary Page,	Section	on 3.			\$	PAGE TOTAL 0.00	
	State ce of Business	State Zi ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4) ce of Business City	From: MO State Zip Code (Plus 4) Occupa	From: DATE MO DAY State Zip Code (Plus 4) Occupation ce of Business City State	State Zip Code (Plus 4) State Zip Code (Plus 4) Occupation ce of Business City State cdule I, Detailed Summary Page, Section 3.	From: To: DATE MO DAY YEAR State Zip Code (Plus 4) Occupation ce of Business City State Zip	

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate				ing Peri	od			
			From:			To:		
				E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Count Total of Dout	Fan Cahadula I Datailad	I Commence Dance C	` !	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	ection	4.			\$	0.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Per	iod	
CAROLYN CARLUCCIO	From:	<u>11/28/2023</u> To:	12/31/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Car	Reporting Period							
	From: To:							
				DATE			AMOUNT	
Full Name of Contributor	МО	DAY	YEAR					
Mailing Address						7 \$	C	0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail			led Sum	mary Pa	ge,		PAGE TOTAL	
Section 2.						\$	0	.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					porting	Period			
					m:	То:			
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporti						
	From			То:			
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
Enter Grand Total of Expenditures	on Page 1 Penert C	Cover Page Item F					PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.			, .			\$	0.00