### **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	2023	C0223				port ed B		CAND	IDATE	<b>√</b>	co	MMITTEE		LOBI	BYIST	
Name of Filing C	Committee	e, Candida	ate or L	obbyist:		JAC	K PA	NELL	A								
Street Address:																	
City:									State:				Zip Code	e: 18	045		
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No	<b>\</b>
(place X to the right of	6TH TUES		4. <b>X</b>	2ND FRIDA ELECTION	Y PRE	≣-	5.	30 DA ELECT		POST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	No	<b>~</b>
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2023					IG METH CHECK C				PAPER		∀	DISKE	TTE
Name of Office S	ought by	Candidat	:e:						DATE (	OF ELE	CTI	ON	District Number	Office Code	Par	ty Code	County Code
									МО	DAY	Y	EAR	-1	SPR			code
JUDGE OF THE	SUPERIO	OR COURT	Γ						11	ı	7	2023		(SEE INS	TRUCTI	ONS FOR C	CODES)
Summary of	Receipts	and	МО	DAY	YEAR	ł			МО	DAY	Y	'EAR	FOF	OFFIC	E USE	ONLY	
Expenditures	from:			6 6	2	023	Т	0	Ġ	9	18	2023					
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$				0.00					
B. Total Moneta	ary Contr	ibutions A	And Rec	eipts (From	Sche	dule	e I)	\$				0.00					
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00					
D. Total Expend	ditures (F	rom Sche	edule II	I)				\$				721.00					
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$				0.00					
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$				0.00					
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	)			\$				0.00		'			
					AFF	ID	AVI	T SE	CTION								
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here.	If th	nis is	a Can	ndidate r	eport,	candi	idate sig	jn here.				
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	d on	paper (	or by elec	tronic m	ediun	n, are to t	the best of	my know	/ledge	and belie	ef , true
Sworn to and subs	cribed befo	ore me this		20								Signature	of Person	Submitt	ing Rep	ort	
	<u> </u>	Signatur	·e					- -					Printe	ed Name			
My Commission Ex	cpires												Email				
		мо	D	AY	YR					Ar	ea Co	de	Daytime	Teleph	one Nu	mber	
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	commi	ittee has	not viola	ted a	ny provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subsc		re me this		20								s	ignature of	Candida	te		
	day of —							_					Printed	Name			
		Signature						-									
My Commission Exp	ires												Email				
	_	мо	D	AY	YR	1		-		Area	Code	ı	Day	time Te	lephon	e Numb	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
JACK PANELLA	From:	<u>6/6/202</u>	<u>3</u> To:	9/18/2023
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) 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	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	Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	) 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 of Filing Committee or Candidat	e		Reporting	Period			
		1	From:		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.

### **PART B 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.

Name of Filing Commit	tee or Candidate		Repo	orting P	eriod			
			Fron	n:		To	o:	
		I			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)			ĺ	Ī		

#### **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		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							<b>-</b>   \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	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	2			Rep	orting Pe	riod			
				Fron	n:		To	<b>)</b> :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	<b>(4)</b>					
Employer Name	•				Occupa	tion	-	-	
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumr	mary Page,	Section	on 3.				PAGE TOTAL
								\$	0.00

## 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		Report	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•			•			
Forten Commit Tatal of Boot	F an Cabadala I Batallad	I C B	C					PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, Detalled	summary Page,	Section	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 Period	I						
JACK PANELLA	From:	<u>6/6/2023</u> <b>To:</b>	9/18/2023					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR							
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 Candidate			Reporting	g Period				
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				<b> </b>		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:		•	•			•		
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (	Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Rep	porting	Period			
				Fro	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	ate Reporting Period					
JACK PANELLA	From	6/6/2023	То:	9/18/2023		

				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
ALLEGHENY COUNTY DEMOCRA	ATIC COMMITTEE						
Mailing Address 22 WABASH	I STREET		9	9	2023	\$	150.00
City PITTSBURGH	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	15220	DINNER	TICKET			
To Whom Paid			мо	DAY	YEAR		
ALLEGHENY COUNTY DEMOCRA	ATIC COMMITTEE		MO	DAI	ILAK		
Mailing Address 22 WABASH	I STREET		9	9	2023	\$	205.00
City PITTSBURGH	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1	
	PA	15220	QUARTE	ER PAGE A	D		
To Whom Paid PENNSYLVANIA DEMOCRATIC I	PARTY		мо	DAY	YEAR		
Mailing Address 510 N. THIF	RD STREET		8 15 2023			\$	231.00
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	<u> </u>		
	PA	17101	DINNER	TICKET			
To Whom Paid AREA 11 DEMOCRATIC COMMI	TTEE		МО	DAY	YEAR		
Mailing Address P.O. BOX 89	96		8	26	2023	\$	25.00
City NORRISTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	19404	DINNER	TICKET			
To Whom Paid MONTCO FOR MCCAFFERY			МО	DAY	YEAR		
Mailing Address 21 E. AIRY	STREET		8	20	2023	\$	110.00
City NORRISTOWN	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure	<u> </u>	
	PA	19401	EVENT -	TICKET			
	·	•	•				PAGE TOTAL
Enter Grand Total of Expend	litures on Page 1, Re	port Cover Page, Item D	).			\$	721.00