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 202	23C0085				eport iled B		CA	ANDIDATE COMMITTEE LOBBYIST									
Name of Filing C	ommittee, Cand	date or L	obbyist:	l	PA	ANELLA	A, BR	IAN										
Street Address:																		
City:	_							State	e:				Zip Cod	e : 18	3040			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FR PRIMAR		PRE-	2.	30 DA PRIMA		Р				AMENDM REPORT?	Yes		No	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FR ELECTION		PRE-	5. X	30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	 	No	/
report type)	ANNUAL REPOR	T 7.	Year 20	023				FILING METHOD () CHECK ONE							\	DISI	ETTE	
Name of Office S	ought by Candid	ate:						DAT	ΕO	F ELE	CTI	ON	District Number	Office Code	Pai	rty Coo	le Cou	
								МО		DAY	Y	/EAR	3	СРЈ	DEI	М	48	
JUDGE OF THE COURT OF COMMON PLEAS									11		7	2023	 	(SEE IN	STRUCTI	ONS FO	R CODES	5)
Summary of	•	МО	DAY	,	YEAR			МО		DAY)	/EAR	FO	R OFFI	CE USE	ONL	Y	
Expenditures	from:		6	16	202	<u>3</u> T	0		10	:	23	2023						
A. Amount Bro	ught Forward Fro	om Last R	eport				\$				•	0.00						
B. Total Moneta	ary Contributions	s And Rec	eipts (F	rom s	Schedu	ıle I)	\$				31	,954.00						
C. Total Funds	Available (Sum (Of Lines A	and B)				\$				31	,954.00						
D. Total Expend	ditures (From Sc	hedule II	I)				\$				31,	,954.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Li	ine C))		\$					0.00						
F. Value Of In-	Kind Contributio	ns Receiv	ed (Fror	m Sch	hedule	II)	\$					0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule	e IV)			\$					0.00						
					AFFIC	OAVI	ΓSE	CTI	NC									
PART I - If this is	a Committee re	port, trea	surer si	ign he	ere. If t	this is	a Car	ndida	te re	port, o	cand	lidate sig	gn here.					
I swear (or affirm) correct and comple	that this report, ir ete.	cluding the	attache	d sche	edules fil	led on p	paper	or by e	electr	onic m	ediui	m, are to	the best of	my kno	wledge	and b	elief , tı	rue
Sworn to and subs	cribed before me tl day of	nis	20									Signature	e of Persor	Submit	ting Re	port		
	Signa	ture					-						Print	ed Name	•			_
My Commission Ex	-								-				Emai	ı				-
	мо	D.	AY		YR		-			Ar	ea Co	ode	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authori	zed C	Commit	tee, Ca	andid	ate sl	nall s	sign h	ere.							
I swear (or affirm) No 320) as amende		my knowle	edge and	belief	f this po	olitical	comm	ittee h	as no	ot viola	ted a	iny provis	ions of the	act of J	une 3,1	937 (F	P.L. 133	з,
Sworn to and subsc		s										s	ignature o	f Candid	ate			- $ $
	day of ————————————————————————————————————		_ 20 				-						Printe	d Name				_
	Signature						-											_
My Commission Exp	ires												Emai	I				
	мо	D	AY		YR		•			Area	Code	2	Da	ytime T	elephor	ne Nun	nber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
PANELLA, BRIAN	From:	6/16/202	<u>3</u> To:	10/23/2023
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	(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)			\$	31,954.00
TOTAL for the Reporting) Period	(3)	\$	31,954.00
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			\$	31,954.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	is Part to itemize onl vith an aggregate valu									
Name of Filing Commit	tee or Candidate		Re	Reporting Period						
				om:) :				
		<u> </u>			DATE			AMOUNT		
Full Name of Contributing	g Committee			МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)							
	•	•			•	-				

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

PAGE TOTAL

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.

(Exclude contributions from political committees reported in Part A)

Name of Filling Committee of Candidate				Reporting Period From: To:							
					DATE		AN	4OUNT			
Full Name of Contributor				МО	DAY	YEAR					
Mailing Address							\$ \$	0.00			
City State Zip Code (Plus 4)											

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

PAGE TOTAL \$0.00

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 Candi	ame of Filing Committee or Candidate		Reporting Period						
			From:			То:			
				DA	TE		Α	MOUNT	
Full Name of Contributing Commit	tee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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					Rep	orting Pe	riod				
PANELLA, BRIAN					Fron	n:	<u>6/16/2</u>	023 T o) :	10/2	23/2023
						D/	ATE			AMOUN	IT
Full Name of Contril Brian Panella	butor					мо	DAY	YEAR			
Mailing 9 Address	05 Iron Lane								\$		21,284.00
City Easton		State PA		p Code (Plus 3040	s 4)	10	11	2023			
Employer Name Goudsouzian & Associates						Occupat	tion A	ttorney	,		
Employer Mailing Address/Principal Place of Business City						State		Zip C	ode (Plu	ıs 4)	
2940 William Penn Highway Easton					PA		18045				
Full Name of Contributor Brian Panella						МО	DAY	YEAR			
Mailing Address	05 Iron Lane								\$		6,670.00
City Easton		State PA		p Code (Plus	s 4)	10	20	2023			
Employer Name G	Goudsouzian & Associa	ates				Occupation Attorney					
Employer Mailing Ad Business	ddress/Principal Place	e of		City		State				ode (Plu	ıs 4)
2940 William Penn	Highway			Easton			PA		180	45	
Full Name of Contril Brian Panella	butor					МО	DAY	YEAR			
Mailing Address	05 Iron Lane								\$		1,500.00
City Easton		State Zip Code (Plus 4) PA 18040			s 4)	10	23	2023			
Employer Name Goudsouzian & Associates				Occupation Attorney							
Employer Mailing Address/Principal Place of City Business				State Zi			Zip Code (Plus 4)				
	940 William Penn Highway Easton					PA 18045					

Full Name of Contributor Brian Panella	rian Panella ailing 905 Iron Lane								
Mailing 905 Iron Lane Address	9	28		\$ 2,500.00					
City Easton	n State Zip Code (Plus 4) PA 18040				2023				
Employer Name Goudsouzian & Associ		Occupation Attorney							
Employer Mailing Address/Principal Place Business	City		State		Zip Code (Plus 4)				
2940 William Penn Highway	Easton	PA			18045				

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL	
\$ 31,954.00	

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	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	-	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			,	PAGE TOTAL
	m Schedule 1, Betailet	<i>z</i> 50a. y 1 dgc,	Section				\$	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 Perio	od							
PANELLA, BRIAN	From:	<u>6/16/2023</u> To:	10/23/2023						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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 Candidat	:e		Reporting	Reporting Period					
			From:			То:			
				DATE			AMOUNT		
Full Name of Contributor			МО	DAY	YEAR				
Mailing Address				\$	0.00				
City	State	Zip Code (Plus 4)							
Description of Contribution:									
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL		
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL		
						\$	0.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candida	ame of Filing Committee or Candidate				Re	porting	Period				
					Fro	m:		То	То:		
							DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State	Zip Code(Plus 4)									
Employer of Contributor	•		•		Occupation						
Employer Mailing Address/Principal Place of Business City State				State	Zip Code(Plus 4)		Desc	Description of Contribution			
Enter Grand Total of Part G on S	Enter Grand Total of Part G on Schedule II, In-Kind Contributions Deta					ed					PAGE TOTAL
Summary Page, Section 3.								0.00			

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate PANELLA, BRIAN			Reporting Period				
			From	<u>6/1</u> 0	<u>5/2023</u>	То:	10/23/2023
			DATE				AMOUNT
To Whom Paid The Bipartisan Committee to Elect Brian Panella			мо	DAY	YEAR		
Mailing Address 2940 William Penn Highway			10	11	2023	\$	21,284.00
City Easton	State PA	Zip Code (Plus 4) 18045	Description of Expenditure WFMZ - TV commercial services				
To Whom Paid The Bipartisan Committee to Elect Brian Panella			МО	DAY	YEAR		
Mailing Address 2940 William Penn Highway			10	20	2023	\$	6,670.00
City Easton	State PA	Zip Code (Plus 4) 18045	Description of Expenditure Cumulus Media				
To Whom Paid The Bipartisan Committee to Elect Brian Panella			мо	DAY	YEAR		
Mailing Address 2940 William Penn Highway			10	23	2023	\$	1,500.00
City Easton	State PA	Zip Code (Plus 4) 18045	Description of Expenditure services rendered				
To Whom Paid The Bipartisan Committee to Elect Brian Panella			мо	DAY	YEAR		
Mailing Address 2940 William Penn Highway			7	25	2023	\$	2,500.00
City Easton	State PA	Zip Code (Plus 4) 18045	Description of Expenditure loan to campaign				
Enter Grand Total of Exp			1				PAGE TOTAL

31,954.00