Campaign Finance Report

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

Filer Identificat Number :	ion	20230	C0223			Repor Filed I		CANDI	DATE	✓	COMMITTE	E	LOBI	BYIST	
Name of Filing (Committee	e, Candida	ate or Lo	obbyist:	J	ACK P	ANELI	_A							
Street Address:															
City:								State:			Zip Cod	l e: 18	045		
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 DA PRIM		POST-	3.	AMENDM REPORT?		Yes	No	\checkmark
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA ELECTION				AY F TION	POST-	6.		TERMINATION REPORT?		No	\checkmark
report type)	ANNUAL	REPORT	7.	Year 2023				NG METHO CHECK O			PAPER		\checkmark	DISKE	TTE
Name of Office S	⊥ Sought by	Candidat	:e:					DATE O	F ELEC	TION	District Number	Office Code	Par	ty Code	County Code
			-					мо	DAY	YEAR	-1	SPR			
JUDGE OF THE	SUPERIC							11		7 202	3	(SEE INS	TRUCTI	ONS FOR C	ODES)
Summary of		s and	мо	DAY	YEAR			мо	DAY	YEAR	FO	R OFFIC	E USE	ONLY	
Expenditures	s from:			9 19	20	23 T	0	10	2	3 202	3				
A. Amount Bro	ught Forv	ward From	n Last R	eport			\$			0.0	0				
B. Total Monet	ary Contr	ibutions A	And Rec	eipts (Fron	n Sched	lule I)	\$	5		0.0	0				
C. Total Funds	Available	e (Sum Of	Lines A	and B)			\$			0.0	0				
D. Total Expen	ditures (F	From Sche	edule II	I)			\$;		1,360.00	D				
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)		\$;		0.00)				
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedule	e II)	\$;		0.00)				
G. Unpaid Deb	ts And Ob	ligations	(From S	Schedule IV	')		\$;		0.00	0				
					AFFI	[DAVI	T SE	CTION							
PART I - If this is		-		-					• •		-		dadaa		6 4
I swear (or affirm correct and compl		report, inch	uaing the	attached sc	nequies	mea on	paper	or by elect	ronic me	uium, are u	o the best of	ту кноч	vieuge		er, true
Sworn to and subs	cribed befo day of	ore me this		20						Signatu	re of Persor	1 Submitt	ing Rep	oort	
		Signatur	e				_				Print	ed Name			
My Commission E	xpires	_					_				Emai	I			
		МО	D/	AY	YR				Area	a Code	Daytim	e Teleph	one Nu	mber	
Part II- If this is	a report	of a cand	lidate's	authorized	Commi	ittee, C	Candid	late shall	sign he	re.					
I swear (or affirm) No 320) as amend		e best of m	iy knowle	edge and beli	ef this p	political	comm	nittee has n	ot violate	ed any prov	isions of the	e act of Ju	ine 3,1	937 (P.L.	. 1333,
Sworn to and subscribed before me this Signature of Candidate															
	day of						_				Printe	d Name			
My Commission Exp		Signature					_				Emai	1			
							_								
		мо	DA	AY	YR				Area C	ode	Da	iytime Te	elephon	e Numbo	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** JACK PANELLA From: <u>9/19/2023</u> To: 10/23/2023 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Candidate				Reporting Period						
				From:			Го:			
					DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
								PAGE TOTAL		
nter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	0.00		

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. (Exclude contributions from political committees reported in Part A)										
Name of Filing Committee or Candidate Repo					orting Period					
			From: To):				
					DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address	_	_					\$	0.00		
City	State	Zip Code (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								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 Candidate			Reporting Period						
				То:					
				DA	TE		A	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
							PAGE TOTAL		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							\$	0.00	

PART D 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					
From:				om:			То:		
				D	ATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Place of Business City				•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							PAGE TOTAL \$ 0.00		

PART E **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 Ca	Name of Filing Committee or Candidate			Reporting Period							
				m: To:							
				C	ATE			AMOUNT			
Full Name				мо	DAY	YEAR	\$		0.00		
Mailing Address											
City	State	Zip Code (Plus 4)								
Receipt Description	I					1	1				
			.					PAGE TO	ΓAL		
Enter Grand Total of Part E on	Schedule I, Detalled	i 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										
JACK PANELLA	From:	<u>9/19/2023</u> то:	<u>10/23/2023</u>								
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR											
TOTAL for the Reporting Pe	riod (1)	\$	0.00								
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ſF)										
TOTAL for the Reporting Pe	riod (2)	\$	0.00								
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)											
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00								

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	Period	·							
				From:			То:					
				DATE			AMOUNT					
Full Name of Contributor				DAY	YEAR							
Mailing Address		_				7 \$		0.00				
City	State	Zip Code (Plus 4)										
Description of Contribution:			1									
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.							PAGE TOTAL					
						\$		0.00				

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period						
				From:						
					DATE		AMOUNT			
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$ 0.00			
City	State	Zip Code(Plus 4)								
Employer of Contributor		•		Occupa	ation					
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution			
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00				

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	andidate		Reporting Period						
JACK PANELLA	JACK PANELLA			<u>9/19/2023</u>		То:	<u>10/23/2023</u>		
				DATE			AMOUNT		
To Whom Paid			мо	DAY	YEAR				
SUSAN WILD FOR CONGRESS									
Mailing Address 1636 N. CEDAR CRENT BLVD. #183				22	2023	\$	110.00		
City ALLENTOWN State Zip Code (Plus 4)			Description of Expenditure						
	PA	18104	EVENT 10-22-2023						
To Whom Paid DAUPHIN COUNTY DEMOCRATIC COMMITTEE			мо	DAY	YEAR				
Mailing Address 4811 JOHNS	STOWN RD SUITE 233		10	1	2023	\$	250.00		
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure						
	PA	17109	TICKET & amp; AD REGISTRATION						
To Whom Paid ALLEGHENY COUNTY DEMOCRA	ATIC COMMITTEE		мо	DAY	YEAR				
Mailing Address 22 WASHAS	GH ST SUITE 205		9	20	2023	\$	1,000.00		
City PITTSBURGH	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•			
	PA	15220	CANDIE	DATE CONT	RIBUTIO	N			
						PAGE TOTAL			
Enter Grand Total of Expend	litures on Page 1, Rep	oort Cover Page, Item I).			\$	1,360.00		