

## Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible, it should be typed)

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Numb					N/A	(50000	eport Mark :	Filed B X)	y Ca	ndidate	9		Committ	ee		X	Lol	bbyist	
Name of Filing Committee, Candidate or Lobbyist					Со	Committee To Elect Joe lannello													
	Address					14	04 Oa	akmont	Ave										
City	e de la companya de La companya de la co		Erie						Sta	a <b>te</b> F	PA		Zip Code	165	05				
Type o	f Report (	(Place	e x un	der r	eport type)	_													
					3- 30 Day Po				5- 2 <sup>nd</sup> Fr		6-30 Da Election		7- Annua	CTRACTO STORY SHOWS	ecial 2 <sup>nd</sup> -Electio	<sup>o</sup> Friday on	COTTO COMPANY	ecial 30 Di st-Election	2007/10/2009 02
Pre-Pr	ımary	Pre	-Prim	ary	Primary	Pre	e- Elec	CTION	Pre- Ele	uion								~ <del>  </del>	
					X										mination	วท			
Control of the Control	of Election DD/YYYY	39 Commerce 2			5/16/2023	Yŧ	ear		2023	_ 😄	Amendr Report	nent		Rej	part			$\times$	
780,000 (0.000)	ary of Re	ceipt	s and		From Date			To Date	)				e e de la fili	or Offic	e Use C	inly			
					05/02/20			06,	/05/2023									1000	
Selection.					rom Last Rep		\$	(	6541.60										
**************************************	al Moneta Schedule	200000000000000000000000000000000000000	ontri	butio	ns and Recei	pts	\$		700.00						~	71	3 '3 5. :		
C. Tota	al Funds /	Availa					\$		7241.60			•			OTE		3		
D. Tota	al Expend Schedule	liture	ARCH THAT DOLLARS				\$		7241.60						න් නුදි	7 <b>3</b>			
E. End	ing Cash I	Balar					\$		) 0 ·· l						- <u>E</u> S	<u> </u>	55		<u>.</u>
F. Valu		ind C			ns Received		\$	The state of the s		-							% ₹		٠.
G. Uni	Schedule paid Debt	sano	200	gatio	ns		\$	7	591.1						Ħ				-
(From	Schedule	· IV)			-			<i>U</i> )		avit Sect	ion			<del></del>	===	i	W N		
Part 1-	If this is a	Comn	nittee	repor	t, treasurer sig	n here.	If this	is a Car	ndidate rep	port, car	ndidate sig	gn here.							
I swear	(or affirm)	) that	this re	eport,	including the a	ittache	d sche	dules or	n paper, is	to the b	est of my	knowleds	ge and beli	ef true, c	orrect a	nd comp	olete.		
Sworn	to and sub	scribe	ed befo	ore m	e this 20. <b>1.</b> 3	t		٠,			, W	who.	WL	NL	1	_			
	Luay of	ĺ.	<u>,,,</u>	T)	20 <u>_23</u> illean	<u> </u>				— Ani	Si ita M. Rea		of Person S	ubmitting	g report				
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			М	\.\frac{1}{\gamma}		YR.	<del></del>				rea Code			vayume	reiepno	ZIIG MUIT			
Part II- I sweai	(or affill	wpal NXIA	<b>TOYIN</b>	igigs	HONDARA CONTRACTOR	edSeand Be and	hmitte Belief	ee, cano this po	lidate shall litical comr	l sign he mittee h	re. as not vio	lated any	provisions	of the A	ct of Jun	e 3#193	7 (P.L.	1333, NO.3	20) as
amenợ	ed. <b>My com</b> r	missi	Eri on ex	ie Cou pires	unty November 1	9, 2 <b>02</b> 4	1					15	National Property Commencer						
Sworn					thers124586 ssociation of N		<u>,</u>				\		7	7	1 Å.	/			
145	day of		1 <i>DI</i>	υ <u>ε</u>	20 25	<u> </u>		1			<del></del>	Sign	ature of Ca	andidate					
17	Kuy	Signa	ature	U	ullian	<u> </u>				<u>Jos</u>	eph C. Iar	nnello	Printed Na						
My Cor	nmission e	Ū	,		19 20	224	!	• •		81		_	_	50-8619					
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r	Common	WOO!	h of C	-enne	ylvania - Nota	ry See	<del>-</del>									· .		P	
			. Willi		Notary Publ		-									To Name of		,	

My commission expires November 19, 2024 Commission number 1245861

Member, Pennsylvania Association of Notaries

# SCHEDULE I Contributions and Receipts

**Detailed Summary Page** 

Filer Identification Number N/A		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 50
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ 0
All Other Contributions (Part B)		450
Total for the reporting period	(2)	\$ 450
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ O
All Other Contributions (Part D)		\$ 0
Total for the reporting period	(3)	\$ 0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC, (From Part E)		
Total for the reporting period	(4)	\$ 200
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Receiver Page, Item B)	port	\$ 700

#### 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.

Filer Identification Number: N/A				
			57 April 14	Amount
Full Name of Contributing		<del></del>	Date [MM/DD/YYYY] \$	
Committee				, .
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing  Committee			Date [MM/DD/YYYY] \$	
	<u> </u>		Data IVINI/Sammand	
House # Street Address			Date [MM/DD/YYYY] \$	
		7TW FARE	Date [MM/DD/YYYY] \$	
City	State	Zip Code	Sacc IMMAN DESTERNAL S	
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee		· · · · · · · · · · · · · · · · · · ·		
House # Street Address			Date [MM/DD/YYYY] \$	
Bhiseadaidhe Canadaigh an Shialann an Aireann an Aireann an Aireann an Aireann an Aireann an Aireann an Airean Aireann an Aireann an				
City :	State	Zip-Code	Date [MM/DD/YYYY] S	
		25 (1995) (1995) (1996) (1995) (1996)		
Full Name of Contributing			Date [MIM/DD/YYYY] \$	
Committee Street Address		33.446666	Date [MM/DD/YYYY]   \$	
House # Street Address			Pare initial/ma/Will 2	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
City	Jiaie			
Full Name of Contributing			Date [MM/DD/YYYY] 5	
Committee				
House # Street Address			Date [MM/DD/YYYY] \$	
City:	State	Zip Code	Date [MM/DD/YYYY] \$	1
Full Name of Contributing	(Acad Spring Laborary)		Date [MM/DD/YYYY] \$	
Committee				: <del>-</del>
House # Street Address		700 .	Date [MM/DD/YYYY] S	
City	State	Zip Code	Date [MM/DD/YYYY] \$	10.14874.4
			n L	1

## PART B All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

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

Filer Identification Nun	nbert N/A		
Full Name of Contrib	utor	Date [MM/DD/YYYY]   \$	
daring karangalan	Tim George	05/09/2023	250.00
House #	Street Address Unknown - Online Donation	Date [MM/DD/YYYY] S	
City	State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contrib	Beth Beard	Date [MM/DD/YYYY] 4 \$ 05/09/2023	100.00
House # 100	Street Address Town Creek Dr	Date [MM/DD/YYYY] \$	
City	State SC Zip Code 29621	Date [MIM/DD/YYYY] \$	
Full Name of Contrib	Utor Betsy Baldwin	Date [MM/DD/YYYY] \$ 05/09/2023	100,00
House # ( 100	Street Address Town Creek Dr	Date [MM/DD/YYYY] \$	
City Anderson	State SC Zip Code 29621	Date [MM/DD/YYYY] \$	
Full Name of Contrib	utor:	Date [MM/DD/YYYY] \$	
House #	Street Address	Date [MM/DD/YYYY] \$	
City	State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contrib	utor	Date [MM/DD/YYYY] \$	
House #	Street Address	Date [MM/DD/YYYY] \$	
City 4	State Zip Code :	Date [MM/DD/YYYY] \$	
Full Name of Contrib	utor	Date [MM/OD/YYYY] \$	
House #	Street Address	Date [MM/DD/YYYY] \$	

State

Zip Code

Date [MM/DD/YYYY]

#### 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 over \$250.00 in the reporting period.

Filer Identification Number:

	N/A			
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee			Date [MM/DD/YYYY] 5	
House # Stre	eet Address		Date IMM/DD/ Firi	
City	'State	Zip Code	Date [MM/DD/YYYY] \$	\\
Full Name of Contributing Committee	File of the second	- Company of the Comp	Date [MM/DD/YYYY] .\$	
House # Stre	eet Address		Date [MM/DD/YYYY] \$	M <u>e</u> 96
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	A ROSSON RESIDENCE	Without Harmon Street, and the	Date [MM/DD/YYYY] ; \$	
House # Stre	eet Address		Date [MM/DD/YYYY] \$	
City.	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Stre	et Address		Date [MIM/DD/YYYY] \$	
City	State	Zip Code	Date [MIV/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] S	
House # Stre	et Address		Date [MIM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY]   \$	
House # Stree	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	

#### PART D

#### **All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:	N/A				
			1		
Full Name of Contributor				Date [MM/DD/YYYY] S	
House # Stre	et Address			Date [MM/DD/YYYY] \$	
Ciry		itate	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	and the state of			Occupation	
Employer Mailing Address Principal Place of Business					
Full Name of Contributor			<del>-</del>	Date [MM/DD/YYYY] \$	-
House # Stre	et Address			Date [MM/DD/YYYY] \$	
City		itate	Zip Code	Date [MM/DD/YYYY]   \$	
Employer Name			•	Occupation	
Employer Mailing Address Principal Place of Business					
Full Name of Contributor		Þ		Date [MM/DD/YYYY] 5	
House # Stre	et Address			Date [MM/DD/YYYY] \$	
City		itate	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	er frança			Occupation	
Employer Mailing Address Principal Place of Business					
Full Name of Contributor				Date [MIM/DD/YYYY] \$	
	et Address			Date [MM/DD/YYYY] 5	
City -		itatė	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailing Address	nder plante de la constante de			Occupation	

#### **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. Filer Identification Number: N/A

Full Name		Millcreek Township				
House # 3608	Stre	et Address W 26th St				
City History and Add State History published and Add State		Erie	State PA	Zip Code 16506	Date [MM/DD/YYYY] 06/05/2023	<b>\$</b> 200.00
Receipt Description	i					<b>3</b> 000 Hz-
Full Name						
House #	Stre	et Address				
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description			' <i>y</i>			· .
Full Name		•				
House #	Stre	et Address				
City (Control of the Control of the		Page 1992 of the Section of the Sect	State	Zip Code	Date [MM/DD/YYYY]	S
Receipt Description	1					
Full Name						
House #	Stre	et Address			W . (Tr. )	
City			State	Zip Code	Date [MM/DD/YYYY]	S
Receipt Description						
Full Name						
Hause #	Stre	et Address	•			10/8 WEFF
City			State	Zip . Code	Date [MM/DD/YYYY]	\$
Receipt Description		***		, Butterstranger and the authority MAC 4		
Full Name						
House #	Stree	et Address				
City The Land of the Land			State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description						

#### 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

Filer Identification Number: N/A				
1. UNITEMIZED IN-KIND CONTRU	BUTIONS RECEIVED-VA	LUE OF \$50.00 OR LESS PER (	CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$		
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	11 TO \$250.00 (PROM PART F	) korzak postoski sk	
TOTAL for the reporting period	(2)	\$     \$		
3. IN KIND CONTRIBUTION RECE	IVED-VALUE OVER \$25	0.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)				

#### SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer identification Number:	N/A			
Full Name of Contributor			Date [MM/DD/YYYY]	<b>5</b>
House#	et Address		Date [MM/DD/YYYY]	\$
City	State :	Zip Çade	Date [MM/DD/YYYY]	\$
Description of Contribution	n sasa paga paga		100	
Full Name of Contributor	And the second s		Date [MM/DD/YYYY]	\$
House # Stre	et Address	40.00	Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution	n	10.101.01.01.01.01.01.01.01.01.01.01.01.		
Full Name of Contributor	3		Date [MM/DD/YYYY]	\$
House # Stre	et Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor				\$
House # Stre	et Address			<b>\$</b>
City	State	Zip Code		\$
Description of Contribution	A company of the comp			v,
Full Name of Contributor			Date [MM/DD/YYYY]	
ALCONOMICS STATES	et Address			<b>\$</b>
City.	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				

## SCHEDULE II Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number: N/A	· .

Full Name of Contributor		Date [MM/DD/YYYY]
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip €ode	Date [MM/DD/YYYY] \$
Employer Name	\$200 M. T. S.	Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
Gity	State Zip Code 1	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY]   \$
City	State Zip Code	Date [MM/DD/YYYY) \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City.	State Zip Code	Date [MM/DD/YYYY]   \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution

## Statement of Expenditures

Filer Identification Number: N/A		

To Whom Paid		<u> · · · · · · · · · · · · · · · · · </u>	Date [MM/DD/YYYY] \$	
	Signs and Graphics		05/12/2023 475.94	
House # 540 Street	Address W 18th St		Description of Expenditure	
City Erie	State PA	Zip . Code 16502	Signs	
To Whom Paid Colony B	anquet & Catering		Date [MM/DD/YYYY] \$ 150.00	
			05/02/2023  Description of Expenditure	
House # 3014 Street	Address W 12th St		pescription of expenditure	
City Erie	State PA	Zip Code 16505	Fundraiser	
To Whom Paid Walmart			Date [MM/DD/YYYY] \$ 76.97	
			05/04/2023  Description of Expenditure	
House # 5350 Street	Address W Ridge Rd			
City Erie	State PA	Zip Code 16505	Letter Supplies	
To Whom Paid Amazon.	com		Date [MM/DD/YYYY] \$ 133.32	
100			05/04/2023	
House# Street	Address N/A		Description of Expenditure	
City 1	State	Zip Code	Printer Ink	
To Whom Paid	s Ringside Restaurant		Date [MM/DD/YYYY] \$ 387.98	
A Part of the State of the Stat			05/16/2023  Description of Expenditure	
House # 3202 Street	Address Sterrettania Rd		A STATE OF THE PROPERTY OF THE PARTY OF THE	
City Erie	State PA	Zip Code 16506	Watch Party	
To Whom Paid Staples			Date [MM/DD/YYYY] \$ 30.51	
Science Burkers &			05/04/2023  Description of Expenditure	
House# 1924 Street	Address Keystone Dr		Description of experiment	
City Erie	State PA	Zip Code 15509	Letter Folding	
To Whom Paid Ross Not		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$	
	ary		16.00	
Govern Presser	•		05/04/2023	
House # 2670 Street	Address W 12th St		05/04/2023 16.00  Description of Expenditure	
House # 2670 Street City Erie	Address	Zip Code 16505	05/04/2023  Description of Expenditure  Notary Service	
2670 City	Address W 12th St State PA	Zíp Code 16505	Description of Expenditure	12
City Erie  To Whom Paid Emerald	Address W 12th St State PA	Zip Code 16505	05/04/2023  Description of Expenditure  Notary Service  Date [MM/DD/YYYY] \$	

## Statement of Expenditures

Filer Identification Number:		
N/A		

To Whom Paid	United States Postal Service		Date [MM/DD/YYYY] \$ 882.00
House # 2711	Street Address Legion Rd	gradient and the second	Description of Expenditure
City Erie	State PA	Zip Code 16506	Postage - Letter Mailing
To Whom Paid	Millcreek Township		Date [MM/DD/YYYY] 5 05/12/2023 20.00
House # 3608	Street Address W 26th St		Description of Expenditure
City Erie	State PA	Zip Code 16506	Permits - 2 large signs
To Whom Paid	Joseph lannello		Date [MM/DD/YYYY] 5 06/05/2023 3,438.38
House # 3007	Street Address Bement St		Description of Expenditure
City Erie	State PA	Zip Code 16506	Return of funds lent to campaign
To Whom Paid			Date [MM/DB/YYYY] \$
House #	Street Address		Description of Expenditure
City	State	Zip Code	
To Whom Paid			Pate [MM/DD/YYYY] S
House #	Street Address		Description of Expenditure
City	State	Zip	
To Whom Paid			Date [MM/DD/YYYY] \$
House #	Street Address		Description of Expenditure
City,	State	Zip Code	
To Whom Paid			Date [MIVI/DD/YYYY] \$
House #	Street Address		Description of Expenditure
City	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$
House #	Street Address		Description of Expenditure
City	State	Zip Code	

#### **SCHEDULE IV**

### **Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

	N/A		
City Description of Debt	Address State	DATE DEBT INCURRED [IMM/DD/YYYY]  Zip Code	Outstanding Balance of Debt  \$
Name of Creditor  House # Stree  City  Description of Debt  Name of Creditor	State	DATE DEBT INCURRED [WW/DD/YYYY]  Zip Code	Outstanding Balance of Debt  S  Outstanding Balance of Debt
	Address State	DATE DEBT INCURRED [MM/DD/YYYY]  Zip Code	S Outstanding Balance of Debt
	State	DATE DEBT INCURRED [MIM/DD/YYYY]  Zip Code	S  Outstanding Balance of Debt
House # Stree  City  Description of Debt	ot Address State	DATE DEBT INCURRED [MM/DD/YYYY]  Zip Code	<b>\$</b>
Name of Creditor  House # Stree  City  Description of Debt	Address State	DATE DEBT INCURRED [MW/DD/YYYY] Zip Code	Outstanding Balance of Debt  \$

I am writing this statement to forgive the loans I provided to my campaign committee for the purpose of running for magisterial district justice.

2359.60

Sincerely,

Joseph & Iannello