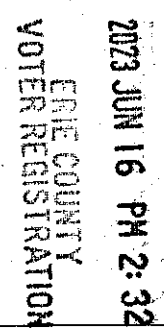


Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	N/A	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>	
Name of Filing Committee, Candidate or Lobbyist	Committee To Elect Joe Iannello								
Street Address	1404 Oakmont Ave								
City	Erie	State	PA	Zip Code	16505				
Type of Report (Place x under report type)									
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre- Election	Special 30 Day Post-Election	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)	5/16/2023		Year	2023		Amendment Report	<input type="checkbox"/>	Termination Report	<input checked="" type="checkbox"/>
Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only						
	05/02/2023	06/05/2023							
A. Amount Brought Forward From Last Report	\$	6541.60							
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	700.00							
C. Total Funds Available (Sum of Lines A and B)	\$	7241.60							
D. Total Expenditures (From Schedule III)	\$	7241.60							
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0.00							
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00							
G. Unpaid Debts and Obligations (From Schedule IV)	\$	2359.60							

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

14th day of JUNE 20 23
 Sheryl A. Williams
 Signature

My Commission expires 11 19 2024
 MO. DAY YR.

Anita M. Rea
 Signature of Person Submitting report

Printed Name

814

Area Code

449-2527

Daytime Telephone Number

Part II- If this report is a Candidate report, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

My commission expires November 19, 2024
 Commission number 1245861
 Sworn to and subscribed before me this
 14th day of JUNE 20 23
 Sheryl A. Williams
 Signature

My Commission expires 11 19 2024
 MO. DAY YR.

Joseph C. Iannello
 Signature of Candidate

Printed Name

814

Area Code

450-8619

Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
 Sheryl A. Williams, Notary Public
 Erie County
 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)			\$ 0
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 <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>			\$ 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
-----------------------------	-----

						Amount
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State		Zip Code	Date [MM/DD/YYYY]	\$	

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 Number:	N/A
------------------------------	-----

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Tim George					05/09/2023			250.00
House #		Street Address	Unknown - Online Donation			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Beth Beard					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 Contributor					Date [MM/DD/YYYY]		\$	
Betsy Baldwin					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 Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		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 Contributing Committee				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #		Street 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
------------------------------	-----

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #				Street Address		Date [MM/DD/YYYY]	\$
City				State		Zip Code	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #				Street Address		Date [MM/DD/YYYY]	\$
City				State		Zip Code	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #				Street Address		Date [MM/DD/YYYY]	\$
City				State		Zip Code	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #				Street Address		Date [MM/DD/YYYY]	\$
City				State		Zip Code	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							

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	Street Address	W 26th St						
City	Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	06/05/2023	\$	200.00
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									
Full Name									
House #		Street Address							
City		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 CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART E)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on 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]	\$	
House #				Date [MM/DD/YYYY]	\$	
Street Address						
City		State		Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #				Date [MM/DD/YYYY]	\$	
Street Address						
City		State		Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #				Date [MM/DD/YYYY]	\$	
Street Address						
City		State		Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #				Date [MM/DD/YYYY]	\$	
Street Address						
City		State		Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #				Date [MM/DD/YYYY]	\$	
Street Address						
City		State		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 Code	
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	
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	
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	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	N/A
------------------------------	-----

To Whom Paid	DeSantis Signs and Graphics	Date [MM/DD/YYYY]	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 Banquet & Catering	Date [MM/DD/YYYY]	05/02/2023	\$	150.00
House #	3014	Street Address	W 12th St	Description of Expenditure	
City	Erie	State	PA	Zip Code	16505
					Fundraiser
To Whom Paid	Walmart	Date [MM/DD/YYYY]	05/04/2023	\$	76.97
House #	5350	Street Address	W Ridge Rd	Description of Expenditure	
City	Erie	State	PA	Zip Code	16505
					Letter Supplies
To Whom Paid	Amazon.com	Date [MM/DD/YYYY]	05/04/2023	\$	133.32
House #		Street Address	N/A	Description of Expenditure	
City		State		Zip Code	
					Printer Ink
To Whom Paid	Bizzarro's Ringside Restaurant	Date [MM/DD/YYYY]	05/16/2023	\$	387.98
House #	3202	Street Address	Sterrettania Rd	Description of Expenditure	
City	Erie	State	PA	Zip Code	16506
					Watch Party
To Whom Paid	Staples	Date [MM/DD/YYYY]	05/04/2023	\$	30.51
House #	1924	Street Address	Keystone Dr	Description of Expenditure	
City	Erie	State	PA	Zip Code	15509
					Letter Folding
To Whom Paid	Ross Notary	Date [MM/DD/YYYY]	05/04/2023	\$	16.00
House #	2670	Street Address	W 12th St	Description of Expenditure	
City	Erie	State	PA	Zip Code	16505
					Notary Service
To Whom Paid	Emerald Printing	Date [MM/DD/YYYY]	05/08/2023	\$	1584.50
House #	3212	Street Address	Cherry St	Description of Expenditure	
City	Erie	State	PA	Zip Code	16508
					Postcard Mailing

SCHEDULE III
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		
City		Erie		State		PA		Zip Code
						16506		Description of Expenditure
								Postage - Letter Mailing
To Whom Paid		Millcreek Township				Date [MM/DD/YYYY]	\$	20.00
House #		3608		Street Address		W 26th St		
City		Erie		State		PA		Zip Code
						16506		Description of Expenditure
								Permits - 2 large signs
To Whom Paid		Joseph Iannello				Date [MM/DD/YYYY]	\$	3,438.38
House #		3007		Street Address		Bement St		
City		Erie		State		PA		Zip Code
						16506		Description of Expenditure
								Return of funds lent to campaign
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #				Street Address				
City				State				Zip Code
								Description of Expenditure
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #				Street Address				
City				State				Zip Code
								Description of Expenditure
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #				Street Address				
City				State				Zip Code
								Description of Expenditure
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #				Street Address				
City				State				Zip Code
								Description of Expenditure

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.

Filer Identification Number:	N/A
------------------------------	-----

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							

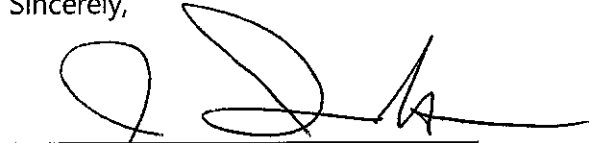
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							

June 14, 2023

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,

A handwritten signature in black ink, appearing to read 'J. Iannello', written over a horizontal line.

Joseph C. Iannello