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Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	41 2981798	Report Filed By (Mark X)	Candidate		Committee	X	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	JESS JIULIANTE CAMPAIGN COMMITTEE						
Street Address	1703 SUNRISE LAKES DRIVE #5A						
City	ERIE	State	PA	Zip Code	16509		

Type of Report (Place x under report type)

1- 6th Tuesday Pre-Primary	2- 2nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6th Tuesday Pre-Election	5- 2nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2nd Friday Pre-Election	Special 30 Day Post-Election
					X			

Date Of Election (MM/DD/YYYY)	11-07-17	Year	2017	Amendment Report		Termination Report	

Summary of Receipts and Expenditures	From Date 10-24-17	To Date 11-27-17	For Office Use Only
A. Amount Brought Forward From Last Report	$	8,482.46	
B. Total Monetary Contributions and Receipts (From Schedule I)	$	450-	
C. Total Funds Available (Sum of Lines A and B)	$	8932.46	
D. Total Expenditures (From Schedule III)	$	8874.05	
E. Ending Cash Balance (Subtract Line D from Line C)	$	58.41	
F. Value of In-Kind Contributions Received (From Schedule II)	$	-0-	
G. Unpaid Debts and Obligations (From Schedule IV)	$	37,050.00	

2017 DEC -6 PM 12:17
ERIE COUNTY
VOTER REGISTRATION
KA

Affidavit Section

Part 1- 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 6th day of December 20 17

Kimberly S Alexander
Signature

My Commission expires 10 31 2019
MO. DAY YR.

Signature of Person Submitting report

EILEEN IAGRESTI
Printed Name

814
Area Code

512-0307
Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Kimberly S. Alexander, Notary Public
City of Erie, Erie County
My Commission Expires Oct. 31, 2019
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Part II- If this is a report of a **Candidate's Authorized Committee**, 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.

Sworn to and subscribed before me this 6th day of December 20 17

Kimberly S Alexander
Signature

My Commission expires 10 31 2019
MO. DAY YR.

Signature of Candidate

JESS JIULIANTE
Printed Name

814
Area Code

814-7476
Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Kimberly S. Alexander, Notary Public
City of Erie, Erie County
My Commission Expires Oct. 31, 2019
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	47-2981798

1. Unitemized Contributions and Receipts $50.00 or Less per Contributor		
Total for the reporting period (1)	$	-0-
2. Contributions of $50.01 to $250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	$	
All Other Contributions (Part B)	$	
Total for the reporting period (2)	$	-0-
3. Contributions Over $250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	$	-0-
All Other Contributions (Part D)	$	450 00
Total for the reporting period (3)	$	
4. Other Receipts Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	$	-0-
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, Report Cover Page, Item B)*	$	$ 450 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.

Filer Identification Number	47-2981798

Full Name of Contributing Committee							Date [MM/DD/YYYY]	$	Amount
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:	47-2981798

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]	$
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	47-2981798

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:	47-2981798

Full Name of Contributor	JESS JIULIANTE					Date [MM/DD/YYYY] 11-03-2017	$ $450.00
House # 1703	Street Address SUNRISE LAKES DR. #5A					Date [MM/DD/YYYY]	$
City ERIE	State PA	Zip Code 16509				Date [MM/DD/YYYY]	$
Employer Name N/A						Occupation RETIRED	
Employer Mailing Address / Principal Place of Business N/A							
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							
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							
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							

PART E

Other Receipts

REFUNDS, INTREST 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:	47-2981798

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 RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD

DETAILED SUMMARY PAGE

Filer Identification Number:	47-2981798

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 F)			
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:	47-2981798

Full Name of Contributor					Date [MM/DD/YYYY]	$	
House #		Street Address			Date [MM/DD/YYYY]	$	
City		State		Zip Code	Date [MM/DD/YYYY]	$	
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]	$	
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]	$	
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]	$	
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]	$	
Description of Contribution							

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER $250

Filer Identification Number	47-2981798

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	
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	

SCHEDULE III

Statement of Expenditures

Pg 1 of 2.

Filer Identification Number: 47-2981798

To Whom Paid	House #	Street Address	City	State	Zip Code	Date [MM/DD/YYYY]	$	Description of Expenditure
DeSantis Signs & Graphics	540	W. 18th St.	Erie	PA	16502	10-27-17	170.00	Signs
Cumulus Media	471	Robison Rd.	Erie	PA	16509	10.27.17	331.50	Radio Ads
Printing Concepts	4982	Pacific Ave	Erie	PA	16506	10.30.17	4,112.61	Mailing #3
Pro Forma		PO Box 640814	Cincinnati	OH	45264	10.24.17	605.15	Notepads w/ Pen
Connoisseur Media	One	Boston Store Place	Erie	PA	16501	11-03.17	408 -	Radio Ads
Pro Forma		PO Box 640814	Cincinnati	OH	45264	11-07-17	281.54	Note Pads w/ Pen
Jess Giuliante	1703	Sunrise Lakes Dr #5A	Erie	PA	16509	11-13-17	$2,000.00	Partial Repayment/Loan
Jess Giuliante	1703	Sunrise Lakes #5A	Erie	PA	16509	11-16-17	$400.00	Partial Repayment of Loan

Total Pg 1 of 2 $8,308.80

SCHEDULE III

Statement of Expenditures

Pg 2 of 2

Filer Identification Number:	47-2981798

To Whom Paid	Connoiseur Media	Date [MM/DD/YYYY]	$ 565.25
House # ONE	Street Address BOSTON STORE PLACE	Description of Expenditure	
City ERIE	State PA	Zip Code 16501	RADIO ADS

To Whom Paid		Date [MM/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	

To Whom Paid		Date [MM/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	

To Whom Paid		Date [MM/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	

To Whom Paid		Date [MM/DD/YYYY]	$
House #	Street Address	Description of Expenditure	
City	State	Zip Code	

TOTAL · Pgs 1 & 2 $ 8,874.05

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:	47-2981798

Name of Creditor	JESS JULIANTE						Outstanding Balance of Debt
House #	1703	Street Address	SUNRISE LAKE DR. # 5A	DATE DEBT INCURRED [MM/DD/YYYY]	VARIOUS	$	37,050.00
City	ERIE	State	PA	Zip Code	16509		
Description of Debt	LOAN FROM CANDIDATE TO COMMITTEE						
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							