

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	<input checked="" type="checkbox"/>	COMMITTEE	<input type="checkbox"/>	LOBBYIST	<input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST JERRY VILLELLA								
STREET ADDRESS 3216 Harvard Rd.								
CITY Erie			STATE PA		ZIP CODE 16508			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION		
1. 5TH 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 <input checked="" type="checkbox"/> 7. ANNUAL REPORT		Magisterial DISTRICT JUSTICE			IAW	MO.	DAY	YEAR
		DATES OF REPORTING PERIOD				MO.	DAY	YEAR
		07 07 2017 TO 10 23 2017				FOR OFFICE USE ONLY		
		CASH BALANCE AT END OF REPORTING PERIOD: \$ 1,171.02				2017 OCT 27 PM 1:39 ERIE COUNTY VOTER REGISTRATION TF		
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0						
		AMENDMENT REPORT?		YES	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
		TERMINATION REPORT?		YES	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
 27 DAY OF October 2017

Signature: *[Signature]*
 MY COMMISSION EXPIRES 4-3-19 MO. DAY YR.

Signature: *[Signature]*
 SIGNATURE OF PERSON SUBMITTING REPORT

Printed Name: Gerald J. Villella
 PRINTED NAME

Notary Seal: Tonia Witt, Notary Public, City of Erie, Erie County, Commission Expires April 3, 2019

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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
 _____ DAY OF _____ 20____

Signature: _____
 SIGNATURE

MY COMMISSION EXPIRES _____ MO. DAY YR.

Signature: _____
 SIGNATURE OF CANDIDATE

Printed Name: _____
 PRINTED NAME

Area Code: _____ Daytime Telephone Number: _____