

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 JESS SIMULANTE								
STREET ADDRESS 1703 SURPRISE LAKES DR. #5A								
CITY ERIE		STATE PA	ZIP CODE 16504					
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION				
				MO.	DAY	YEAR		
6TH TUESDAY PRE-PRIMARY	MILLCREEK TWP. SUPERVISOR	12	DEM.	11	07	2017		
2ND FRIDAY PRE-PRIMARY				FOR OFFICE USE ONLY				
30 DAY POST-PRIMARY				DATES OF REPORTING PERIOD				
6TH TUESDAY PRE-ELECTION				MO.	DAY	YEAR	2019 JAN 25 PM 1:47	
2ND FRIDAY PRE-ELECTION				01	01	2018	VOTER REGISTRATION	
30 DAY POST-ELECTION				TO	12	31	ERIE COUNTY	
ANNUAL REPORT <input checked="" type="checkbox"/>							2018	
CASH BALANCE AT END OF REPORTING PERIOD: \$ 0								
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0								
AMENDMENT REPORT?		YES	NO	X				
TERMINATION REPORT?		YES	NO	X				

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
 25th DAY OF January 2019
 Kimberly S. Alexander
 SIGNATURE
 MY COMMISSION EXPIRES 10 31 2019
 MO. DAY YR.

Jess Simulante
 SIGNATURE OF PERSON SUBMITTING REPORT
 JESS SIMULANTE
 PRINTED NAME
 814 864-7476
 AREA CODE DAYTIME TELEPHONE NUMBER

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
 MY COMMISSION EXPIRES _____
 MO. DAY YR.

 SIGNATURE OF CANDIDATE

 PRINTED NAME

 AREA CODE 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