FORM B FINANCIAL DISCLOSURE STATEMENT For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTES
Name: Juliet Ofta Gresmanotta Daytime Telephone	
New Member of or Candidate for State: Wiscon Site U.S. House of Representatives District: 3 Check if Amendment	(Office Use Only)
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to To The standard of th	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Or b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period? **E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? period or in the current calendar year up through the date of filing?	uring the reporting rough the date of filing?
C. Did you or your spouse have "earmed" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	portable agreement or arrangement with an eraporting period or in the current calendar Yes No No le of filing?
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? Yes No J. Did you receive compensation of more than \$5,000 single source in the current year and two prior years?	pensation of more than \$5,000 from a Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO	ANSWER "YES" REQUIRED TO COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THE	TH OF THESE QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclose from this report details of such a trust that benefits you, your spouse, or dependent child?	ed not be disclosed. Have you excluded Yes No No
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	meet all three tests for Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME" Oita Germanotta Page_ ᅌ

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						Examples:			optional colun detailed discus e refer to the in	so choose, y e source is dent child (DC	have a private ment Fund, pi	de: Your personal r s and vacation home e during the reportin st in, or income nent program, include	For an ownership interest in a p that is not publicly traded, st business, the nature of its geographic location in Block A.	ntal and other e a complete property," an	erest-bearing brest-bearing 0, list every fil than \$1,000 in	count that exc	do not use only ticker symbols).	saxeeding \$1, out at the and (b) any other reports which generated more income during the year. Provide complete name	identify (a) each asset held production of income and with	ssets and	
				0 0 0 0 0 0 0	ABC Hedge Fund	Simon & Schuster	Mega Corp Stock		in the optional column on the far left. For a detailed discussion of Schedule A requirements please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT),	If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second nomes and varcation homes (unless there was renta income during the reporting period); and any financia interest in, or income derived from, a federa retirement program, including the Thrift Savings Plan.	rivately-held busin ate the name of activities, and	For rental and other real property held for investment provide a complete address or description, e.g. rental property," and a city and state.	ron earn, and other cash excounts, total the amount in all interest-beering accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	the account that exceeds the reporting thresholds.	do not use only ticker symbols). For all IRAs and other retirement plans (such as	acceding \$1,000 at the end of the reporting period, and (fi) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds	asset held for investment or re and with a fair market value	Assets and/or Income Sources	
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					Partnership Income	Royalties			Other Type of	f Income (S	pecify: e.	g., Partnership Inco	ome or Farm Inc	ome)				au (ix), inA, or oze accounts), you net y circuit, the "Tax-Defered" column. Dividents, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income	Check all columns that apply. For accounts that generate tax-deferred income (such as		
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE C - EARNED INCOME

Name: Juliet Oita Germanotta Page of

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

	1		Amount
Source (include date of receipt for nonoraria)	lype	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	000 00\$	\$500 \$500
Examples: Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	NA
	N/A	N/A	NA
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SCHEDULE D - LIABILITIES

Name: Julist Oita Germanotta Page of

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence. exceeded \$10,000. liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and

2						SP, DC, JT		
			>		Example			
	/ /			, //	First Bank of Wilmington, DE	Creditor		
	1, 7, 1	N//6	11/1	/ ,	5/98	Date Liability Incurred MO/YR		
	, , ,	// // J	\	// /	Mortgage on Rental Property, Dover, DE	Type of Liability		
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SCHEDULE E - POSITIONS

or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

SCHEDULE F - AGREEMENTS

Name: Juliet
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Germanotta
Pageof

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date <i>∧/</i> ∱	Parties to Agreement
	N/A

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

1		
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
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CAMPAIGN NOTICE REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

NOV 1 3 2017

The Honorable Karen L. Haas, Clerk
Office of the Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601

2017 NOV 22 PM 12: 33

OFFEIDS OF THE CLERK TWE

Indicate Your Status: (Select One) Dear Madam Clerk:

Over \$5,000 Threshold Not Exceeded This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.

I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.

	Withdrawal
ш	of Candidacy

This is to notify you that under the laws of the state of	·
I withdrew my candidacy for the U.S. House of Representatives on	

[Note: If your Financial Disclosure Statement was due **before** the date on which you withdrew from the race, you still must file a Financial Disclosure Statement with the House.]

Name (Please Print or Type): Juliet	Dita	Germanotta	
State: Wis Con Sin		District: 3	

Date: 11/10/2017

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO:
The Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601