

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 ¹ <input checked="" type="checkbox"/>	COMMITTEE ² <input type="checkbox"/>	LOBBYIST ³ <input type="checkbox"/>		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Erika Strassburger							
STREET ADDRESS 1533 Valmont Street							
CITY Pittsburgh			STATE PA	ZIP CODE 15217			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION		
	Pittsburgh City Council		8	Dem	MO. 5	DAY 18	YEAR 2021
6TH TUESDAY PRE-PRIMARY 1.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY				
2ND FRIDAY PRE-PRIMARY 2. <input checked="" type="checkbox"/>	MO. 01	DAY 01	YEAR 21	TO	MO. 2	DAY 28	YEAR 21
30 DAY POST-PRIMARY 3.	CASH BALANCE AT END OF REPORTING PERIOD: \$ 0 TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0						
6TH TUESDAY PRE-ELECTION 4.							
2ND FRIDAY PRE-ELECTION 5.							
30 DAY POST-ELECTION 6.							
ANNUAL REPORT 7.	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

DAY OF March 2021

SIGNATURE: [Signature]

MY COMMISSION EXPIRES 11 20 24

SIGNATURE OF PERSON SUBMITTING REPORT: [Signature]

PRINTED NAME: Erika Strassburger

DAYTIME TELEPHONE NUMBER: 412-481-4881

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, the 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 _____

SIGNATURE OF CANDIDATE _____

PRINTED NAME _____

AREA CODE _____ DAYTIME TELEPHONE NUMBER _____