

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 William Peduto								
STREET ADDRESS 1427 Hasting Street								
CITY Pittsburgh			STATE PA	ZIP CODE 15206				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION			
	Pittsburgh Mayor		n/a	Dem	MO. 5	DAY 18	YEAR 2021	
6TH TUESDAY PRE-PRIMARY	1.							
2ND FRIDAY PRE-PRIMARY	2. <input checked="" type="checkbox"/>							
30 DAY POST-PRIMARY	3.							
6TH TUESDAY PRE-ELECTION	4.							
2ND FRIDAY PRE-ELECTION	5.							
30 DAY POST-ELECTION	6.							
ANNUAL REPORT	7.							
DATES OF REPORTING PERIOD		MO. 03	DAY 01	YEAR 21	TO	MO. 03	DAY 31	YEAR 21
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

DAY OF April 20 2021

SIGNATURE OF PERSON SUBMITTING REPORT

PRINTED NAME

MY COMMISSION EXPIRES MO. DAY YR. 20 24

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 20

SIGNATURE OF CANDIDATE

PRINTED NAME

MY COMMISSION EXPIRES MO. DAY YR.

AREA CODE DAYTIME TELEPHONE NUMBER

Notary Public
 Lisa Jayne Mekovsky, Notary Public
 Allegheny County
 My commission expires November 20, 2024
 Commission number 1273148
 Member, Pennsylvania Association of Notaries