

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 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				
6TH TUESDAY PRE-PRIMARY		Pittsburgh City Council		8	Dem	MO.	DAY	YEAR		
<input type="checkbox"/>						11	02	2021		
2ND FRIDAY PRE-PRIMARY						FOR OFFICE USE ONLY				
<input type="checkbox"/>										
30 DAY POST-PRIMARY										
<input type="checkbox"/>										
6TH TUESDAY PRE-ELECTION										
<input type="checkbox"/>										
2ND FRIDAY PRE-ELECTION										
<input checked="" type="checkbox"/>										
30 DAY POST-ELECTION										
<input type="checkbox"/>										
ANNUAL REPORT										
<input type="checkbox"/>										
		DATES OF REPORTING PERIOD		MO.	DAY	YEAR	TO	MO.	DAY	YEAR
				08	01	21		08	31	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 TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

DAY OF September 2020

Lisa Jayne Mekovsky SIGNATURE

MY COMMISSION EXPIRES 11 20 24 MO. DAY YR.

Erika Strassburger SIGNATURE OF PERSON SUBMITTING REPORT

Erika Strassburger PRINTED NAME

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