

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 MICHAEL E LAMB							
STREET ADDRESS 1015 GRANDVIEW AVENUE							
CITY PITTSBURGH			STATE PA	ZIP CODE 15211			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE CONTROLLER		DISTRICT NO.	PARTY DEM	DATE OF ELECTION		
					MO. 5	DAY 21	
1 6TH TUESDAY PRE-PRIMARY MARCH	<input checked="" type="checkbox"/>	DATES OF REPORTING PERIOD		YEAR 19		FOR OFFICE USE ONLY	
2 2ND FRIDAY PRE-PRIMARY	<input type="checkbox"/>	MO. 1	DAY 1	YEAR 19	TO		MO. 2
3 30 DAY POST-PRIMARY	<input type="checkbox"/>	DAY 28	YEAR 19				
4 6TH TUESDAY PRE-ELECTION	<input type="checkbox"/>	CASH BALANCE AT END OF REPORTING PERIOD:		\$ - 0 -			
5 2ND FRIDAY PRE-ELECTION	<input type="checkbox"/>	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ - 0 -			
6 30 DAY POST-ELECTION	<input type="checkbox"/>	AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>		
7 ANNUAL REPORT	<input type="checkbox"/>	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>		

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
 1st DAY OF March 20 19

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 SIGNATURE Gina DiNardo, Notary Public
 City of Pittsburgh, Allegheny County
 My Commission Expires May 14, 2020
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SIGNATURE OF PERSON SUBMITTING REPORT
 Michael E Lamb
 PRINTED NAME
 Michael E. Lamb

412 AREA CODE
 670-2747 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 _____