

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 type="checkbox"/>	COMMITTEE <input checked="" 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.	DAY	YEAR
<input checked="" type="checkbox"/> 6TH TUESDAY PRE-PRIMARY (MARCH)				5	21	19
<input type="checkbox"/> 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 type="checkbox"/> 30 DAY POST-ELECTION						
<input type="checkbox"/> ANNUAL REPORT						
DATES OF REPORTING PERIOD		TO				
MO. DAY YEAR		MO. DAY YEAR				
1 1 19		2 28 19				
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			
			<input checked="" 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 Shane DiNardo COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL SIGNATURE Shane 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 AREA CODE 412 DAYTIME TELEPHONE NUMBER 670-2747
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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 _____
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MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES
My Commission Expires May 14, 2020
City of Pittsburgh, Allegheny County
Gina Dinardo, Notary Public
NOTARIAL SEAL
COMMONWEALTH OF PENNSYLVANIA

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Committee to Elect Michael Lamb					
Street Address		1015 Grandview Avenue					
City	Pittsburgh	State	PA	Zip Code	15211		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	05/21/2019	Year	2019		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/01/2019	02/28/2019	
A. Amount Brought Forward From Last Report	\$	54,524.76	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1,850	
C. Total Funds Available (Sum of Lines A and B)	\$	56,374.76	
D. Total Expenditures (From Schedule III)	\$	8,040	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	48,334.76	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	40,000	

Affidavit Section

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

1st day of March 2019

Signature
 COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 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
 Douglas W. Anderson, III

Printed Name
 412 4806833
 Area Code Daytime Telephone Number

Part II- If this is a report of a **Candidate's Authorized Committee**, candidate shall 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

1st day of March 2019

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

Signature of Candidate
 Michael E. Lamb

Printed Name
 412 255-2054
 Area Code Daytime Telephone Number

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

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

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	Committee to Elect Michael Lamb
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
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Total for the reporting period	(1)	\$	225
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
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Contributions Received from Political Committees (Part A)	\$	675
All Other Contributions (Part B)	\$	450
Total for the reporting period	(2)	\$ 1,125

3. Contributions Over \$250.00 (From Part C and Part D)	
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Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	500
Total for the reporting period	(3)	\$ 500

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
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Total for the reporting period	(4)	\$	0
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	1,850

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number	Committee to Elect Michael Lamb
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							Amount
Full Name of Contributing Committee		SEE ATTACHED			Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]

PART D
All Other Contributions
 Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
 (Exclude contributions from political committees reported in Part C)

Filer Identification Number:	Committee to Elect Michael Lamb
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
SEE ATTACHED								
House #	Street Address			Date [MM/DD/YYYY]		\$		
City	State	Zip Code		Date [MM/DD/YYYY]		\$		
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$		
City	State	Zip Code		Date [MM/DD/YYYY]		\$		
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$		
City	State	Zip Code		Date [MM/DD/YYYY]		\$		
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$		
City	State	Zip Code		Date [MM/DD/YYYY]		\$		
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE

Filer Identification Number:	Committee to Elect Michael Lamb
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period	(1)	\$	0
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	0
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	0
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TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$	0
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SCHEDULE III
Statement of Expenditures

Filer Identification Number:	Committee to Elect Michael Lamb
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To Whom Paid		SEE ATTACHED			Date [MM/DD/YYYY]	\$	
House #	Street Address		Description of Expenditure				
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address		Description of Expenditure				
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address		Description of Expenditure				
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address		Description of Expenditure				
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address		Description of Expenditure				
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address		Description of Expenditure				
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address		Description of Expenditure				
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address		Description of Expenditure				
City		State		Zip Code			

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

File Identification Number:	Committee to Elect Michael Lamb
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Name of Creditor		Michael E. Lamb				Outstanding Balance of Debt	
House #	1015	Street Address		Grandview Avenue		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		Pittsburgh	State	PA	Zip Code		
Description of Debt		Loan					

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address				DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State		Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address				DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State		Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address				DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State		Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address				DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State		Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address				DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State		Zip Code		
Description of Debt							