

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 Friends of Deb Gross																						
STREET ADDRESS 5800 Wayne Road																						
CITY Pittsburgh			STATE PA		ZIP CODE 15206																	
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY		DATE OF ELECTION														
6TH TUESDAY PRE-PRIMARY		Pittsburgh City Council			7	Dem		MO.	DAY	YEAR												
2ND FRIDAY PRE-PRIMARY		<table border="1"> <tr> <td>MO.</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td>01</td> <td>01</td> <td>19</td> </tr> </table> TO <table border="1"> <tr> <td>MO.</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td>02</td> <td>28</td> <td>19</td> </tr> </table>			MO.	DAY	YEAR	01	01	19	MO.	DAY	YEAR	02	28	19						
MO.	DAY	YEAR																				
01	01	19																				
MO.	DAY	YEAR																				
02	28	19																				
30 DAY POST-PRIMARY																						
6TH TUESDAY PRE-ELECTION																						
2ND FRIDAY PRE-ELECTION																						
30 DAY POST-ELECTION																						
ANNUAL REPORT																						
		CASH BALANCE AT END OF REPORTING PERIOD: \$ 0																				
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0																				
		<table border="1"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>			AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>										
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
 28 DAY OF February 20 20

SIGNATURE: *[Signature]*
 MY COMMISSION EXPIRES: MO. DAY YR. 1 20 20

SIGNATURE OF PERSON SUBMITTING REPORT: *[Signature]*
 PRINTED NAME: Deborah L Gross
 AREA CODE: 412 DAYTIME TELEPHONE NUMBER: 228-0682

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: _____