

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 ² <input type="checkbox"/>	LOBBYIST ³ <input type="checkbox"/>																	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Friends of Bruce Kraus																					
STREET ADDRESS 157 S. 18th Street																					
CITY Pittsburgh		STATE PA	ZIP CODE 15203																		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY																	
	<table border="1" style="width: 100%; text-align: center;"> <tr> <th>MO.</th><th>DAY</th><th>YEAR</th> <th>MO.</th><th>DAY</th><th>YEAR</th> </tr> <tr> <td>01</td><td>01</td><td>19</td> <td>02</td><td>28</td><td>19</td> </tr> </table>		MO.	DAY	YEAR	MO.	DAY	YEAR	01	01	19	02	28	19	3	Dem					
MO.	DAY	YEAR	MO.	DAY	YEAR																
01	01	19	02	28	19																
<table border="1" style="width: 100%; text-align: center;"> <tr> <th colspan="3">DATE OF ELECTION</th> </tr> <tr> <th>MO.</th><th>DAY</th><th>YEAR</th> </tr> <tr> <td>11</td><td>05</td><td>2019</td> </tr> </table>		DATE OF ELECTION			MO.	DAY	YEAR	11	05	2019	<div style="border: 1px solid black; padding: 5px;"> <p>CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u></p> <p>TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u></p> <table border="1" style="width: 100%; text-align: center; margin-top: 10px;"> <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> </div>			AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>
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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.																				

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 _____ 20____ _____ SIGNATURE MY COMMISSION EXPIRES _____ MO. DAY YR.	SIGNATURE OF PERSON SUBMITTING REPORT _____ PRINTED NAME _____ AREA CODE _____ DAYTIME TELEPHONE NUMBER _____
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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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