

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 COREY O'CONNOR							
STREET ADDRESS 1108 GOODMAN ST							
CITY PITTSBURGH			STATE PA	ZIP CODE 15218			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION		
	CITY COUNCIL		5	D	MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY			
2ND FRIDAY PRE-PRIMARY	2.	MO.	DAY	YEAR	MO.	DAY	YEAR
30 DAY POST-PRIMARY	3.	1	1	19	2	28	19
6TH TUESDAY PRE-ELECTION	4.	CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u>					
2ND FRIDAY PRE-ELECTION	5.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>					
30 DAY POST-ELECTION	6.	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
ANNUAL REPORT	7.	TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidate's Authorized 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
15th DAY OF March 2019
 SIGNATURE OF PERSON SUBMITTING REPORT
[Signature]
 MY COMMISSION EXPIRES 10 MO. 20 DAY 2021 YR.
 PRINTED NAME
Corey O'Connor
 DAYTIME TELEPHONE NUMBER
613-5982

*Commonwealth of Pennsylvania - Secretary of State
 Brenda Faye Price, Notary Public
 Allegheny County
 My commission expires October 30, 2020
 Commission number: 1522213
 Member, Pennsylvania Association of Notaries*

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 OF CANDIDATE

 PRINTED NAME

 MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR. _____
 AREA CODE _____ DAYTIME TELEPHONE NUMBER _____

THE UNITED STATES OF AMERICA

TO THE HONORABLE SENATOR FROM THE STATE OF NEW YORK

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OFFICE OF THE SENATOR
STATE OF NEW YORK
ALBANY, NEW YORK

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