

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 <sup>1</sup>	COMMITTEE <sup>2</sup> <input checked="" type="checkbox"/>	LOBBYIST <sup>3</sup>		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>FRIENDS OF CHERYLIE FULLER</b>							
STREET ADDRESS <b>7043 HAMILTON AVE</b>							
CITY <b>PITTSBURGH</b>		STATE <b>PA</b>	ZIP CODE <b>15208-1883</b>				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION		
	<b>CITY COUNCIL</b>		<b>9</b>	<b>D</b>	MO.	DAY	YEAR
	6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY		
	2ND FRIDAY PRE-PRIMARY	2.	MO.	DAY	YEAR		
	30 DAY POST-PRIMARY	3.	TO	MO.	DAY		YEAR
	6TH TUESDAY PRE-ELECTION	4.	CASH BALANCE AT END OF REPORTING PERIOD: \$ <b>-0-</b>				
	2ND FRIDAY PRE-ELECTION	5.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <b>-0-</b>				
30 DAY POST-ELECTION	6.	AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>		
ANNUAL REPORT	7.	TERMINATION REPORT?	YES	NO			

**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  
1 DAY OF March 2019  
 SIGNATURE: [Signature]  
 MY COMMISSION EXPIRES 12 11 2019  
 MO. DAY YR.

SIGNATURE OF PERSON SUBMITTING REPORT: [Signature]  
 PRINTED NAME: Cherylle Fuller  
 AREA CODE: 412 DAYTIME TELEPHONE NUMBER: 390-5401

**COMMONWEALTH OF PENNSYLVANIA**  
**NOTARIAL SEAL**  
**MELISSA C LEWIS**  
 Notary Public  
 CITY OF PITTSBURGH, ALLEGHENY COUNTY  
 My Commission Expires Dec 11, 2019

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  
1 DAY OF March 2019  
 SIGNATURE: [Signature]  
 MY COMMISSION EXPIRES 12 11 2019  
 MO. DAY YR.

SIGNATURE OF CANDIDATE: [Signature]  
 PRINTED NAME: Cherylle Fuller  
 AREA CODE: 412 DAYTIME TELEPHONE NUMBER: 390-5401

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