

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

AFFIDAVIT SECTION

PART I - COMMONWEALTH OF PENNSYLVANIA
 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** 20**19**
 Signature: *Melissa C. Lewis*
 MY COMMISSION EXPIRES **12** **11** **2019**
 MO. DAY YR.

SIGNATURE OF PERSON SUBMITTING REPORT: *Cheryl Fuller*
 PRINTED NAME: **Cheryl Fuller**
 AREA CODE: **412** DAYTIME TELEPHONE NUMBER: **390 5401**

COMMONWEALTH OF PENNSYLVANIA
PART II -
 If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

CITY OF PITTSBURGH - ALLEGHENY COUNTY
 My Commission Expires Dec 11, 2019

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 27, 1907 (P.L. 1908, NO. 92) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
1 DAY OF **March** 20**19**
 Signature: *Melissa C. Lewis*
 MY COMMISSION EXPIRES **12** **11** **2019**
 MO. DAY YR.

SIGNATURE OF CANDIDATE: *Cheryl Fuller*
 PRINTED NAME: **Cheryl Fuller**
 AREA CODE: **412** DAYTIME TELEPHONE NUMBER: **390-5401**