

# 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 <sup>2</sup> <input type="checkbox"/>	LOBBYIST <sup>3</sup> <input type="checkbox"/>					
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>Bruce Kraus</b>									
STREET ADDRESS <b>157 S. 18th Street</b>									
CITY <b>Pittsburgh</b>		STATE <b>PA</b>	ZIP CODE <b>15203</b>						
TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/> 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE <b>Pittsburgh City Council</b>		DISTRICT NO. <b>3</b>	PARTY <b>Dem</b>	DATE OF ELECTION				
					MO.	DAY	YEAR		
					<b>11</b>	<b>05</b>	<b>2019</b>		
	FOR OFFICE USE ONLY								
	DATES OF REPORTING PERIOD		MO.	DAY	YEAR	TO	MO.	DAY	YEAR
			<b>01</b>	<b>01</b>	<b>19</b>		<b>02</b>	<b>28</b>	<b>19</b>
	CASH BALANCE AT END OF REPORTING PERIOD:				\$	<b>0</b>			
	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:				\$	<b>0</b>			
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 Candidate'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 MADE BY OR FOR THE POLITICAL COMMITTEE OR CANDIDATE'S COMMITTEE INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 3 DAY OF March 2019

*[Signature]*  
SIGNATURE

*[Signature]*  
SIGNATURE OF PERSON SUBMITTING REPORT

**Bruce A Kraus**  
PRINTED NAME

**412 583 6082**  
AREA CODE DAYTIME TELEPHONE NUMBER

MY COMMISSION EXPIRES 11 20 20  
MO. DAY YR.

### 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 THE POLITICAL COMMITTEE OR CANDIDATE'S 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 3 DAY OF March 2019

*[Signature]*  
SIGNATURE

*[Signature]*  
SIGNATURE OF CANDIDATE

**Bruce A Kraus**  
PRINTED NAME

**412 583 6082**  
AREA CODE DAYTIME TELEPHONE NUMBER

MY COMMISSION EXPIRES 11 20 20  
MO. DAY YR.