

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 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	DATE OF ELECTION														
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		Pittsburgh City Council		3	Dem	MO.	DAY	YEAR												
		DATES OF REPORTING PERIOD <table border="1"> <tr> <td>MO.</td><td>DAY</td><td>YEAR</td> <td>TO</td> <td>MO.</td><td>DAY</td><td>YEAR</td> </tr> <tr> <td>03</td><td>01</td><td>19</td> <td></td> <td>03</td><td>31</td><td>19</td> </tr> </table>		MO.	DAY	YEAR	TO	MO.	DAY	YEAR	03	01	19		03	31	19	DATE OF ELECTION MO. DAY YEAR 11 05 2019		
MO.	DAY	YEAR	TO	MO.	DAY	YEAR														
03	01	19		03	31	19														
		CASH BALANCE AT END OF REPORTING PERIOD: \$ 0		FOR OFFICE USE ONLY																
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0																		
		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 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 April 2019
 SIGNATURE
 MY COMMISSION EXPIRES 11 20 2020
 MO. DAY YR.

SIGNATURE OF PERSON SUBMITTING REPORT
 PRINTED NAME
 AREA CODE 412 DAYTIME TELEPHONE NUMBER 583 6082

Notary Public
 Commonwealth of Pennsylvania - Notary Seal
 Lisa J. Mekovsky, Notary Public
 Allegheny County
 Commission expires November 20, 2020
 Commission number 1273148
 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
 MY COMMISSION EXPIRES _____
 MO. DAY YR.

SIGNATURE OF CANDIDATE
 PRINTED NAME
 AREA CODE _____ DAYTIME TELEPHONE NUMBER _____

Center for Biomedical Research and Education of Högskolan
Commissioendivisionen 4333143
Högskolevägen 1, 413 45 Göteborg
Värdgata 1, 413 45 Göteborg
Commissioendivisionen - Högskolan - Göteborg