

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

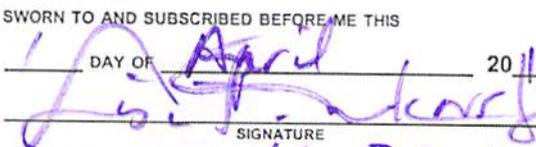
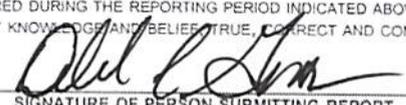
File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

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 Deb Gross																			
STREET ADDRESS 5800 Wayne Road																			
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		7	Dem	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>11</td> <td>05</td> <td>2019</td> </tr> </table>		MO.	DAY	YEAR	11	05	2019						
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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">CASH BALANCE AT END OF REPORTING PERIOD:</td> <td style="text-align:right;">\$ <u>0</u></td> </tr> <tr> <td colspan="2">TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:</td> <td style="text-align:right;">\$ <u>0</u></td> </tr> </table>		CASH BALANCE AT END OF REPORTING PERIOD:		\$ <u>0</u>	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ <u>0</u>										
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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 EXCEEDED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS NOT TRUE, CORRECT AND COMPLETE.		I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS EXCEEDED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS NOT TRUE, CORRECT AND COMPLETE.	
SWORN TO AND SUBSCRIBED BEFORE ME THIS DAY OF <u>April</u> 20 <u>19</u>  SIGNATURE MY COMMISSION EXPIRES <u>11</u> <u>20</u> <u>20</u> MO. DAY YR.		SIGNATURE OF PERSON SUBMITTING REPORT  PRINTED NAME <u>Deborah L. Gross</u> AREA CODE <u>412</u> DAYTIME TELEPHONE NUMBER <u>228-0682</u>	

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 _____	