

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 MICHAEL E LAMB									
STREET ADDRESS 1015 GRANDVIEW AVENUE									
CITY PITTSBURGH			STATE PA	ZIP CODE 15211					
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY	DATE OF ELECTION			
	CONTROLLER			CITY	DEM	MO.	DAY	YEAR	
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD			FOR OFFICE USE ONLY				
2ND FRIDAY PRE-PRIMARY	2.								
30 DAY POST-PRIMARY	3.	MO. DAY YEAR		MO. DAY YEAR					
6TH TUESDAY PRE-ELECTION	4.	1 1 19		3 31 19					
2ND FRIDAY PRE-ELECTION	5.	CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u>							
30 DAY POST-ELECTION	6.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>							
ANNUAL REPORT	7.	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
1st DAY OF April 2019

Gina DiNardo
 COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 SIGNATURE
 Gina DiNardo, Notary Public
 City of Pittsburgh, Allegheny County
 My Commission Expires May 14, 2020

Michael E Lamb
 SIGNATURE OF PERSON SUBMITTING REPORT
 Michael E. Lamb
 PRINTED NAME

412 670-2747
 AREA CODE DAYTIME TELEPHONE NUMBER

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
1st DAY OF April 2019

Gina DiNardo
 COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 SIGNATURE
 Gina DiNardo, Notary Public
 City of Pittsburgh, Allegheny County
 My Commission Expires May 14, 2020

Michael E Lamb
 SIGNATURE OF CANDIDATE
 MICHAEL E. LAMB
 PRINTED NAME

412 670-2747
 AREA CODE DAYTIME TELEPHONE NUMBER

