

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 <sup>2</sup> <input type="checkbox"/>	LOBBYIST <sup>3</sup> <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 Pittsburgh City Council		DISTRICT NO. 3	PARTY Dem	
DATE OF ELECTION		MO.		DAY		YEAR
11		05		2019		
6TH TUESDAY PRE-PRIMARY		1				
2ND FRIDAY PRE-PRIMARY		2		X		
30 DAY POST-PRIMARY		3				
6TH TUESDAY PRE-ELECTION		4				
2ND FRIDAY PRE-ELECTION		5				
30 DAY POST-ELECTION		6				
ANNUAL REPORT		7				
DATES OF REPORTING PERIOD		MO. DAY YEAR		TO		MO. DAY YEAR
		04 01 19				04 30 19
CASH BALANCE AT END OF REPORTING PERIOD: \$ 0				RECEIVED		
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0				MAY 01 2019		
				ETHICS HEARING BOARD		
AMENDMENT REPORT?		YES	NO	X		
TERMINATION REPORT?		YES	NO	X		

**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 May 2019

SIGNATURE [Signature]

MY COMMISSION EXPIRES 11 20 2020

MO. DAY YR.

SIGNATURE OF PERSON SUBMITTING REPORT [Signature]

PRINTED NAME Bruce A Kraus

AREA CODE 412 DAYTIME TELEPHONE NUMBER 583.6082

**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 \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_

MO. DAY YR. AREA CODE DAYTIME TELEPHONE NUMBER