

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 ² | LOBBYIST ³ | |
| NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Bobby Wilson | | | | | | |
| STREET ADDRESS 1123 Haslage Avenue | | | | | | |
| CITY Pittsburgh | | | STATE PA | ZIP CODE 15212 | | |
| TYPE OF REPORT (CHECK ONE) | NAME OF OFFICE SOUGHT BY CANDIDATE Pittsburgh City Council | | DISTRICT NO. 1 | PARTY Dem | | |
| | DATE OF ELECTION | | | | | |
| | MO. DAY YEAR | | 11 05 2019 | | | |
| | 6TH TUESDAY PRE-PRIMARY | | 1 | | | |
| | 2ND FRIDAY PRE-PRIMARY | | <input checked="" type="checkbox"/> | | | |
| | 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 | | | | |
| 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"/> | | |
| FOR OFFICE USE ONLY | | | | | | |
| <div style="border: 2px solid blue; padding: 10px; width: fit-content; margin: auto;"> <p style="color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="color: red; font-weight: bold; font-size: 1.2em;">MAY 01 2019</p> <p style="color: blue; font-weight: bold; font-size: 1.2em;">ETHICS HEARING BOARD</p> </div> | | | | | | |

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 TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

1 DAY OF May 20 2019

Robert C. Wilson
SIGNATURE

MY COMMISSION EXPIRES 11 20 25

MO. DAY YR.

Robert C. Wilson
SIGNATURE OF PERSON SUBMITTING REPORT

Robert C. Wilson
PRINTED NAME

412 999-9307
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

DAY OF 20

SIGNATURE

PRINTED NAME

MY COMMISSION EXPIRES MO. DAY YR.

AREA CODE DAYTIME TELEPHONE NUMBER