

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 15206			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION		
6TH TUESDAY PRE-PRIMARY		Pittsburgh City Council		7	Dem	MO.	DAY	YEAR
2ND FRIDAY PRE-PRIMARY						11	05	2019
30 DAY POST-PRIMARY						FOR OFFICE USE ONLY		
6TH TUESDAY PRE-ELECTION								
2ND FRIDAY PRE-ELECTION								
30 DAY POST-ELECTION								
ANNUAL REPORT								
		DATES OF REPORTING PERIOD		MO. DAY YEAR		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	X		
		TERMINATION REPORT?		YES	NO	X		

RECEIVED
MAY 01 2019
ETHICS HEARING BOARD

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 EXCEEDED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

DAY OF 11 2020

SIGNATURE [Signature]

MY COMMISSION EXPIRES MO. DAY YR. 11 20 20

SIGNATURE OF PERSON SUBMITTING REPORT [Signature]

PRINTED NAME Deborah L Gross

AREA CODE 412 DAYTIME TELEPHONE NUMBER 228-0682

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 _____