

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.

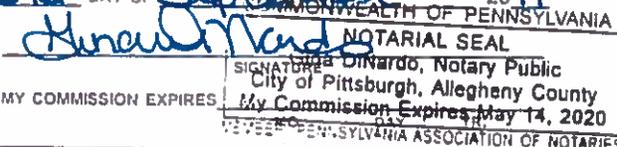
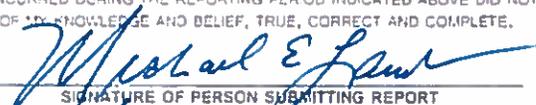
FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE	<input type="checkbox"/> LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST MICHAEL E. LAMB					
STREET ADDRESS 1015 GRANDVIEW AVENUE					
CITY PITTSBURGH		STATE PA	ZIP CODE 15211		
TYPE OF REPORT (CHECK ONE) <input type="checkbox"/> 6TH TUESDAY PRE-PRIMARY <input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY <input type="checkbox"/> 30 DAY POST-PRIMARY <input type="checkbox"/> 6TH TUESDAY PRE-ELECTION <input type="checkbox"/> 2ND FRIDAY PRE-ELECTION <input type="checkbox"/> 30 DAY POST-ELECTION <input type="checkbox"/> ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE CONTROLLER		DISTRICT NO. CITY	PARTY DEM	
	DATE OF ELECTION				
	MO. DAY YEAR		NOV 5 2019		
	DATES OF REPORTING PERIOD				
	MO. DAY YEAR		5 1 19 TO 9 2 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					
RECEIVED SEP 03 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 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 3rd DAY OF September 20 19  MY COMMISSION EXPIRES _____	SIGNATURE OF PERSON SUBMITTING REPORT  Michael E. Lamb PRINTED NAME 412 8670 2747 AREA CODE DAYTIME TELEPHONE NUMBER
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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 _____
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