

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 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			DISTRICT NO.	PARTY		DATE OF ELECTION	
6TH TUESDAY PRE-PRIMARY		Pittsburgh City Council			1	Dem		MO. DAY YEAR 11 05 2019	
2ND FRIDAY PRE-PRIMARY		DATES OF REPORTING PERIOD		MO. DAY YEAR		TO		MO. DAY YEAR	
30 DAY POST-PRIMARY		09 01 19		09 30 19					
6TH TUESDAY PRE-ELECTION		CASH BALANCE AT END OF REPORTING PERIOD: \$ 0 TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0							
2ND FRIDAY PRE-ELECTION									
30 DAY POST-ELECTION		TERMINATION REPORT?		YES		NO		X	
ANNUAL REPORT		RECEIVED OCT 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 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

1 DAY OF October 20 2019

Signature: [Handwritten Signature]

MY COMMISSION EXPIRES MO. DAY YR. 20 20

NOTARIAL SEAL
 Lisa J. Alekowsky, Notary Public
 City of Pittsburgh - Allegheny County
 My Commission Expires Nov. 20 2019
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SIGNATURE OF PERSON SUBMITTING REPORT: [Handwritten Signature]

PRINTED NAME: Robert C. Wilson III

DAYTIME TELEPHONE NUMBER: 999-9307

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 20

SIGNATURE

MY COMMISSION EXPIRES MO. DAY YR.

SIGNATURE OF CANDIDATE

PRINTED NAME

AREA CODE DAYTIME TELEPHONE NUMBER