



## Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Committee to Elect Michael Lamb							
Street Address		1015 Grandview Avenue							
City	Pittsburgh	State	PA	Zip Code	15211				

Type of Report (Place x under report type)									
1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/5/2019	Year	2019	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only	
	09/03/2019	09/30/2019		
A. Amount Brought Forward From Last Report	\$	40,946.69	<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;">OCT 01 2019</p> <p style="color: blue; font-weight: bold; font-size: 1.2em;">ETHICS HEARING BOARD</p> </div>	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0		
C. Total Funds Available (Sum of Lines A and B)	\$	40,946.69		
D. Total Expenditures (From Schedule III)	\$	3,305.00		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	37,641.69		
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	30,000		

### Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 1st day of October, 2019.

Signature: Gina DiNardo

Signature of Person Submitting report  
Douglas W. Anderson, III

Printed Name

412 \_\_\_\_\_ 4806833 \_\_\_\_\_  
Area Code Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall 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 1st day of October, 2019.

Signature: Gina DiNardo

Signature of Candidate  
Michael E. Lamb

Printed Name

412 \_\_\_\_\_ 255-2054 \_\_\_\_\_  
Area Code Daytime Telephone Number



SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

<b>Filer Identification Number</b>	Committee to Elect Michael Lamb
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<b>1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor</b>		
Total for the reporting period	(1)	\$ 0
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)		\$ 0
All Other Contributions (Part B)		\$ 0
Total for the reporting period	(2)	\$ 0
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)		\$ 0
All Other Contributions (Part D)		\$ 0
Total for the reporting period	(3)	\$ 0
<b>4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
Total for the reporting period	(4)	\$ 0
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$ 0

SCHEDULE II

**IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD  
DETAILED SUMMARY PAGE

File/Identification Number:	Committee to Elect Michael Lamb
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 0

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 0

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$ 0
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**SCHEDULE III**  
**Statement of Expenditures**

<b>Filer Identification Number:</b>	Committee to Elect Michael Lamb
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<b>To Whom Paid:</b>		SEE ATTACHED			<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>				
<b>To Whom Paid:</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>				
<b>To Whom Paid:</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>				
<b>To Whom Paid:</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>				
<b>To Whom Paid:</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>				
<b>To Whom Paid:</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>				
<b>To Whom Paid:</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>				
<b>To Whom Paid:</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>				

Schedule III  
Statement of Expenditures

To Whom Paid	Address 1	Address 2	City	State	Zip	Date	Amount	Description
Christine Allen for Allegheny County Council	P.O. Box 264		Sewickley	PA	15143	9/10/2019	\$ 250.00	Donation
Washington County Democratic Committee	P.O. Box 4093		Washington	PA	15301	9/10/2019	\$ 110.00	Donation
Carlisle Area Democratic Committee	P.O. Box 993		Carlisle	PA	17013	9/10/2019	\$ 100.00	Donation
Centre County Democratic Committee	315 S. Allen Street #116		State College	PA	16801	9/10/2019	\$ 120.00	Donation
Alexia Olson	620 Whitney Ave.		Pittsburgh	PA	15221	9/14/2019	\$ 1,112.50	Consulting
Char-Valley Democratic Chairs	399 Luann Drive		McKees Rocks	PA	15136	9/18/2019	\$ 200.00	Donation
Allegheny County Labor Council	1459 Woodruff Street		Pittsburgh	PA	15220	9/25/2019	\$ 250.00	Donation
Bedford County Democrats	312 Shoemaker Rd		Bedford	PA	15522	9/26/2019	\$ 50.00	Donation
Alexia Olson	620 Whitney Ave.		Pittsburgh	PA	15221	9/27/2019	\$ 1,112.50	Consulting
						Total	\$ 3,305.00	

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

<b>Filer Identification Number:</b>	Committee to Elect Michael Lamb
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<b>Name of Creditor</b>		Michael E. Lamb				<b>Outstanding Balance of Debt</b>	
<b>House #</b>	1015	<b>Street Address</b>	Grandview Avenue		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$
				12/31/2012			
<b>City</b>	Pittsburgh	<b>State</b>	PA	<b>Zip Code</b>	15211	30,000	
<b>Description of Debt</b>		Loan					
<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>			<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt</b>							
<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>			<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt</b>							
<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>			<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt</b>							
<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>			<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt</b>							
<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>			<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt</b>							