

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.

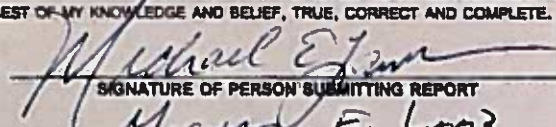
FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	<input checked="" type="checkbox"/>	COMMITTEE	<input type="checkbox"/>	LOBBYIST	<input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST MICHAEL E. LAMB									
STREET ADDRESS 1015 GRANDVIEW AVENUE									
CITY PITTSBURGH			STATE PA		ZIP CODE 15211				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY		DATE OF ELECTION			
	CONTROLLER		CITY	DEM		NO.	DAY	YEAR	
	6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD					FOR OFFICE USE ONLY	
	2ND FRIDAY PRE-PRIMARY	2.	MO.	DAY	YEAR				
	30 DAY POST-PRIMARY	3.	8	31	19	TO	9	30	19
	6TH TUESDAY PRE-ELECTION	4.	CASH BALANCE AT END OF REPORTING PERIOD:		\$ 0		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 01 2019 ETHICS HEARING BOARD </div>		
	2ND FRIDAY PRE-ELECTION	5.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ 0				
30 DAY POST-ELECTION	6.	AMENDMENT REPORT?		YES	NO				
ANNUAL REPORT	7.	TERMINATION REPORT?		YES	NO				

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 COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Emma Menges, Notary Public Braddock Boro, Allegheny County My Commission Expires 11/15/2020 ASSOCIATION OF NOTARIES	SIGNATURE OF PERSON SUBMITTING REPORT  MICHAEL E. LAMB PRINTED NAME
MO. DAY YR. _____ 2019	AREA CODE DAYTIME TELEPHONE NUMBER 412 670-2747

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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