

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	MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY						11	5	2019
2ND FRIDAY PRE-PRIMARY								
30 DAY POST-PRIMARY								
6TH TUESDAY PRE-ELECTION								
2ND FRIDAY PRE-ELECTION								
30 DAY POST-ELECTION								
ANNUAL REPORT								
DATES OF REPORTING PERIOD		MO.	DAY	YEAR	TO	MO.	DAY	YEAR
		10	1	19		10	31	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"/>			
AFFIDAVIT SECTION								

RECEIVED
 NOV 1 2019
 ETHICS HEARING BOARD

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
31st DAY OF **October**, 20**19**

[Signature]
 Notarial Seal
 City of Pittsburgh, Allegheny County
 My Commission Expires **May 14, 2020**

[Signature]
 Michael E. Lamb
 PRINTED NAME

412 **670-2747**
 AREA CODE DAYTIME TELEPHONE NUMBER

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

101
7000
7000

SEVEN PENNSYLVANIA ASSOCIATION OF NOTARIES
NOTARIAL SEAL
City of Pittsburgh, Allegheny County
Civil District, Notary Public
My Commission Expires May 14, 2020
COMMONWEALTH OF PENNSYLVANIA