Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on	2019	0345			Repor Filed I		CAN	NDI	DATE		COMM	4ITTEE	✓	LOBE	BYIST	
Name of Filing C	Committee	e, Candida	ate or L	obbyist:		LAMB F	OR P	A									•
Street Address:	1015	GRAND	/IEW A	VENUE													
City:	PITTS	SBURGH						State	:	PA			Zip Co	le: 15	211		
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	AY PRE	- 2.	30 D PRIM		Ρ	OST-	3.		AMENDM REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRID		- 5.	30 D ELEC	AY TION	Р	OST-	6.		TERMIN/ REPORT		Yes	No	\checkmark
report type)	ANNUAL	REPORT	7. X	Year 2020)			NG ME CHECI					PAPER		\checkmark	DISKE	TTE
Name of Office S	bought by	Candidat	e:					DAT	E O	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	County Code
								мо		DAY	YE	AR	-1	AUD	DEN	1	02
AUDITOR GENE	ERAL								11		3	2020		(SEE INS	TRUCTIO	ONS FOR	CODES)
Summary of		and	мо	DAY	YEAR	2		мо		DAY	YE	AR	FC	R OFFIC	E USE	ONLY	
Expenditures	s from:			11 24	4 2	020 1	0		12	3	81	2020					
A. Amount Bro	ught Forv	vard Fron	n Last F	Report			\$	5			38,4	409.53					
B. Total Moneta	ary Contri	ibutions A	And Ree	ceipts (Fro	m Sche	dule I)	\$	5			9,0)32.76					
C. Total Funds	Available	(Sum Of	Lines A	A and B)			4	5			47,4	142.29					
D. Total Expen	ditures (F	rom Sche	edule I	[])			4	5			12,3	30.04					
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)		4	5			35,1	12.25					
F. Value Of In-	Kind Cont	tributions	Receiv	ved (From S	Schedu	le II)	4	5				0.00					
G. Unpaid Debt	s And Ob	ligations	(From	Schedule I	V)		4	5				0.00					
					AFF	IDAVI	T SI	ECTIC	ΟN								
PART I - If this is		-	•	-								-					
I swear (or affirm) correct and comple		eport, incl	uding th	e attached s	chedules	s filed on	paper	or by e	lectr	onic me	edium,	, are to t	he best o:	f my knov	/ledge	and beli	ef , true
Sworn to and subs	cribed befo day of	ore me this		20					•		S	ignature	e of Perso	n Submitt	ing Rep	oort	
		Signatur	re				_						Prin	ted Name			
My Commission Ex	cpires	-					_		-				Ema	il			
		мо	D	YAY	YR					Are	a Cod	le	Daytim	e Teleph	one Nu	mber	
Part II- If this is	a report	of a cand	lidate's	authorized	d Comn	nittee, G	Candio	late sh	nall s	sign he	ere.						
I swear (or affirm) No 320) as amende	ed.		iy know	ledge and be	lief this	political	comn	nittee ha	as no	ot violat	ed an	y provis	ions of th	e act of Ju	ine 3,19	937 (P.L	. 1333,
Sworn to and subsc	ribed befoi day of	re me this		20								S	ignature o	of Candida	te		
							_						Printe	d Name			
My Commission Exp		Signature					_		-				Ema	il			
	_	мо	C	DAY	YR		-			Area (Code		D	aytime Te	lephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** LAMB FOR PA From: <u>11/24/2020</u> **To:** <u>12/31/2020</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor \$ 168.00 **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 200.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 200.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 8,664.76 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 8,664.76 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 9,032.76 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PAGE 3

PART A CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidat	te		Re	porting	Period			
			Fro	om:		То	:	
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	PAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

0.00

\$

Use this Part to ite	emize all other 50.01 to \$250.0	1 TO \$250.00 contribution 00 in the repo	s w ortir	ith an 1g peri	aggrega od.			rom
Name of Filing Committee or Candida	te		Rep	orting Pe	eriod			
LAMB FOR PA			Fro	rom: <u>11/24/2020</u> To			•: <u>12/31/2020</u>	
					DATE			AMOUNT
Full Name of Contributor GREGG BROUJOS				мо	DAY	YEAR		
Mailing Address 662 ARBOR CT				c c	20	2020	\$	100.00
City PITTSBURGH	State PA	Zip Code (Plus 4) 152386130		6	30	2020		
Full Name of Contributor ALBERT C. GAUDIO				мо	DAY	YEAR		
Mailing Address 513 SCHOONMAKE	R AVE			_			\$	100.00
City MONESSEN	State PA	Zip Code (Plus 4)		7	28	2020		
								PAGE TOTAL
Enter Grand Total of Part A on	Schedule I, Detail	ed Summary Pag	je, S	ection 2			\$	200.00

PART C Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting) Period				
LAMB FOR PA			From:	<u>11/2</u>	4/2020	То:	<u>12</u>	/31/2020
				DA	TE		А	MOUNT
Full Name of Contributing Committee DUANE MORRIS LLP GOVERNMENT CO	MMITTEE STATE &	o; LOCAL	FUND	мо	DAY	YEAR		
Mailing Address 30 S 17TH ST							\$	2,000.00
City PHILADELPHIA	State PA	Zip Cod 191034	e (Plus 4) 001	7	28	2020)	
Full Name of Contributing Committee FRIENDS OF BARBARA DALY DANKO	<u> </u>			мо	DAY	YEAR		
Mailing Address 425 E END AVE	State PA	Zip Cod 152213	e (Plus 4) 142	7	28	2020	\$	3,664.76
Full Name of Contributing Committee GENUINE LEADERSHIP PAC				мо	DAY	YEAR		
Mailing Address 434 LACKAWANNA A	VE STE 300						\$	2,000.00
City SCRANTON	State PA	Zip Cod 185032	e (Plus 4) 052	7	28	2020)	
Full Name of Contributing Committee INDEPENDENCE POLITICAL ACTION CO	OMMITTEE			мо	DAY	YEAR		
Mailing Address 1901 MARKET ST							\$	1,000.00
City PHILADELPHIA	State PA	Zip Cod 191031	e (Plus 4) 480	7	28	2020)	
								PAGE TOTAL
Enter Grand Total of Part C on Sche	dule I, Detailed Sum	nmary Pa	age, Sectio	n 3.			\$	8,664.76

PART D **ALL OTHER CONTRIBUTIONS**

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of

over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting Period	
	From:	То:

			D	ATE		АМС	DUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Employer Name			Occupat	tion			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip Code ((Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	ummary Page, Sectio	on 3.		\$		бе тота L 0.00

PART E **OTHER RECEIPTS**

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC. Use this Part to report refunds received, interest earned, returned checks and

prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate			Report	ing Perio	od			
			From:			То:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR		
Mailing Address							\$ i	0.00
City	State	Zip Code (Plus 4)					
Receipt Description						•		
Enter Grand Total of Part E on Schedu	le T. Detailed Sumn	nary Page	Section	4			PAGE TO	FAL
		iaiy raye,	Section	7.			\$	0.00

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

Name of Filing Committee or Candidate	Reporting Perio	od	
LAMB FOR PA	From:	<u>11/24/2020</u> то:	<u>12/31/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	Period			
			From:			То:	
				DATE		АМС	DUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	5	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting P	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor	•					Occupat	tion		1	
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	n-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period			
LAMB FOR PA			From	<u>11/24</u>	<u>4/2020</u>	То:	<u>12/31/2020</u>
				DATE			AMOUNT
To Whom Paid ACTBLUE			мо	DAY	YEAR		
Mailing Address PO BOX 441146			7	3	2020	\$	8.65
City WEST SOMERVILLE	State MA	Zip Code (Plus 4) 021440031	Descrip FEE	tion of Exp	penditure	2	
To Whom Paid ACTBLUE			мо	DAY	YEAR		
Mailing Address PO BOX 441146			8 5 2020 \$				1.34
City WEST SOMERVILLE	State MA	Zip Code (Plus 4) 021440031	Descrip FEE	Description of Expenditure FEE			
To Whom Paid NGP VAN INC			мо	DAY	YEAR		
Mailing Address 1445 NEW YORK AV	'E NW STE 200		6	29	2020	\$	2,910.00
City WASHINGTON	State DC	Zip Code (Plus 4) 200052158	Descrip DATAB	otion of Exp ASE	benditure	3	
To Whom Paid NGP VAN INC			мо	DAY	YEAR		
Mailing Address 1445 NEW YORK AV	'E NW STE 200		9	24	2020	\$	3,060.00
City WASHINGTON	State DC	Zip Code (Plus 4) 200052158	Descrip DATAB	otion of Exp ASE	benditure	2	
To Whom Paid NGP VAN INC			мо	DAY	YEAR		
Mailing Address 1445 NEW YORK AV	'E NW STE 200		11	19	2020	\$	3,274.20
City WASHINGTON	State DC	Zip Code (Plus 4) 200052158	Descrip DATAB	otion of Exp ASE	penditure		

To Whom Paid PARAGON SOLUTIONS			мо	DAY	YEAR			
Mailing Address 2141 E BRO	DADWAY RD STE 202		10	2	2020	\$		94.75
City TEMPE	State AZ	Zip Code (Plus 4) 852821895		i otion of Exp ERCHANT I				
To Whom Paid PNC BANK			мо	DAY	YEAR			
Mailing Address 437 GRANT	ST BLDG FRICK		7	1	2020	\$	4	50.00
City PITTSBURGH	State PA	Zip Code (Plus 4) 152196002		Dition of Exp CE CHARGE		1		
To Whom Paid PRINCETON STRATEGIES			мо	DAY	YEAR			
Mailing Address 1500 WALM	NUT ST STE 800		6 29 2020 \$				2,5	00.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191023523	Description of Expenditure CONSULTING					
To Whom Paid VANTIV INC	I		мо	DAY	YEAR			
VANTIV INC	ERNORS HILL DR		мо 7	DAY 9	YEAR 2020	\$		21.09
VANTIV INC	ERNORS HILL DR State OH	Zip Code (Plus 4) 452491384	7 Descrip		2020 penditure			21.09
VANTIV INC Mailing Address 8500 GOVE	State		7 Descrip	9 otion of Exp	2020 penditure			21.09
VANTIV INC Mailing Address 8500 GOVE City SYMMES TWP To Whom Paid VANTIV INC Mailing Address	State		7 Descrip ACH FU	9 Potion of Exi INDS DISE	2020 penditure SURSEME			21.09
VANTIV INC Mailing Address 8500 GOVE City SYMMES TWP To Whom Paid VANTIV INC Mailing Address	State OH		7 Descrip ACH FL MO 8 Descrip	9 btion of Exp UNDS DISE DAY	2020 Denditure SURSEME YEAR 2020 Denditure	NT \$		
VANTIV INC Mailing Address 8500 GOVE City SYMMES TWP To Whom Paid VANTIV INC Mailing Address 8500 GOVE City	State OH ERNORS HILL DR State	452491384 Zip Code (Plus 4)	7 Descrip ACH FL MO 8 Descrip	9 htion of Exp INDS DISE DAY 11	2020 Denditure SURSEME YEAR 2020 Denditure	NT \$		
VANTIV INC Mailing Address 8500 GOVE City SYMMES TWP To Whom Paid VANTIV INC Mailing Address 8500 GOVE City SYMMES TWP To Whom Paid VANTIV INC Mailing Address	State OH ERNORS HILL DR State	452491384 Zip Code (Plus 4)	7 Descrip ACH FL MO 8 Descrip ACH FL	9 ption of Exp NDS DISE DAY 11 ption of Exp NDS DISE	2020 Denditure BURSEME 2020 Denditure BURSEME	NT \$		

To Whom Paid VANTIV INC				мо	DAY	YEAR		
Mailing Address 8500 GOVERNORS HILL DR				10	9	2020	\$	0.50
City SYM	MES TWP	State OH	Zip Code (Plus 4) 452491384	Description of Expenditure ACH FUNDS DISBURSEMENT				
								PAGE TOTAL
Enter Gran	d Total of Expenditures	on Page 1, Report	Cover Page, Item D	-			\$	PAGE TOTAL 12,330.04
Enter Gran	d Total of Expenditures	on Page 1, Report	Cover Page, Item D				\$	
Enter Gran	d Total of Expenditures	on Page 1, Report	Cover Page, Item D				\$	
Enter Gran	d Total of Expenditures	on Page 1, Report	Cover Page, Item D				\$	