### **Campaign Finance Report**

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

						1					-							_
Filer Identificati Number :	on	2022	C1551				ported E		CAND	CANDIDATE COMMITTEE LOBBYIST								
Name of Filing C	Committe	e, Candida	ate or L	obbyist:		MA	TT K	RUTH										
Street Address:																		
City:									State:				Zip Code	e: 15	237			
TYPE OF REPORT	6TH TUES	_	1.	2ND FRIDA PRIMARY	Y PRE	<b>-</b>	2.	30 DA PRIMA		POST- 3. <b>X</b> AMENDMENT Yes REPORT?						No	`	
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	Y PRI	<b>E</b> -	5.	30 DA		POST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	No	•	
report type)	ANNUAL	. REPORT	7.	<b>Year</b> 2022					IG METH CHECK O				PAPER		$\checkmark$	DISKE	TTE	
Name of Office S	Sought by	, Candidat	·e:						DATE (	)F ELE	CTION		District	Office	Par	ty Code		y
Nume of office of	ought by	Carialaa							МО	DAY	YEA	R	Number 20	<b>Code</b> STH	REP		Code	_
REPRESENTATI	VE IN TH	HE GENER	AL ASS	EMBLY					11		8	2022		(SEE INS	TRUCTIO	ONS FOR (	CODES)	_
Summary of	Receipts	s and	МО	DAY	YEAR	2			МО	DAY	YEA	ıR	FOF	OFFIC	E USE	ONLY		
Expenditures	from:			5 3	2	022	Т	0	6	5	6	2022						
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$				0.00						
B. Total Moneta	ary Contr	ibutions <i>F</i>	And Rec	eipts (From	Sche	dule	e I)	\$				0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00						
D. Total Expend	ditures (I	From Sche	dule II	I)				\$				0.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$				0.00						
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$				0.00						
G. Unpaid Debt	s And Ob	oligations	(From S	Schedule IV	')			\$				0.00		'				
					AFF	ID	AVI	T SE	CTION									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Can	ndidate r	eport, e	candida	ite sig	gn here.					
I swear (or affirm) correct and complete		report, incl	uding the	attached sc	hedule	s file	ed on	paper (	or by elec	tronic m	edium, a	re to 1	the best of	my knov	/ledge	and beli	ef , tru	Э,
Sworn to and subs	cribed before day of	ore me this		20							Sig	nature	e of Person	Submitt	ing Rep	ort		•
	<u>-</u>	Signatur	·e					_					Printe	ed Name				-
My Commission Ex	cpires	J.g	_										Email					٠
		мо	D	AY	YR					Ar	ea Code		Daytime	Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		ne best of m	ıy knowle	edge and beli	ef this	poli	itical	comm	ittee has ı	not viola	ted any	provis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333,	
Sworn to and subsc		re me this										s	ignature of	Candida	te			۱ -
	day of —							_					Printed	Name				-
		Signature						_										_
My Commission Exp													Email					
	_	МО	D	AY	YR	ł		-		Area	Code		Day	time Te	lephon	e Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
MATT KRUTH	From:	5/3/202	<u>2</u> To:	6/6/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)	_		\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	) Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	) Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

#### **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 Candidate			Reporting Period					
		'	From:		То	:		
		•		DATE			AMOUNT	
Full Name of Contributing Committee			МО	DAY	YEAR			
Mailing Address		_				\$	0.00	
City	State	Zip Code (Plus 4)						

PAGE TOTAL
0.00

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

### ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee	e or Candidate		Rep	orting P	eriod			
			Fro	m:		To	<b>)</b> :	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
								DACE TOTAL

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

#### **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	ame of Filing Committee or Candidate			Reporting Period					
			From:			То:			
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							<b>-</b>   \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOT	AL
Enter Grand Total of Part C on School	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	(	0.00

### 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	lame of Filing Committee or Candidate				Reporting Period				
			Fror	n:		To	<b>)</b> :		
				D	ATE		А	MOUNT	
Full Name of Contributor				МО	DAY	YEAR	\$	0.00	
Mailing Address							7		
City	State	Zip Code (Plu	s 4)						
Employer Name		I		Occupa	tion	•			
Employer Mailing Address/Principal Place	e of Business	City		•	State		Zip Cod	le (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Si	ummary Page	, Sectio	on 3.			P	AGE TOTAL	
							\$	0.00	

## 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 Peri	od			
			From:			To:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>						<u> </u>	
	- C		<b>.</b> .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	4.			\$	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	d	
MATT KRUTH	From:	<u>5/3/2022</u> <b>To:</b>	6/6/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (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,		\$	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					
F			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				<b> </b>		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:		•	•	•		•		
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (	Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate				orting	Period				
							То:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address				-					\$	0.00
City	State	;	Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.	<b></b>									0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period				
1						То:		
				DATE			AMOUNT	
To Whom Paid				DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
Enter Grand Total of Evnenditures	on Bago 1 Bonort C	Cover Page Item [					PAGE TOTAL	
Lines Grand Total Of Expenditures C	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00	