# **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 2022	2C1551			Repo Filed		CAND		$\checkmark$	co	OMMITTE		LOB	BYIST	
	committee, Candic	late or Lo	bbyist:		MATT	-	1								
Street Address:															
City:							State:				Zip Cod	<b>e:</b> 15	237		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2. 30 DAY PO PRIMARY				ST- 3.		AMENDMENT REPORT?		Yes	No	<b>~</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 D ELEC	AY TION	POST-	6. <b>X</b>		TERMINATION REPORT?		Yes	No	>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2022				NG METH CHECK O				PAPER		$\checkmark$	DISKE	TTE
Name of Office S	L Sought by Candida	te:					DATE C	OF ELE	CTION		District Number	Office Code	Par	ty Code	County Code
DEDDECENITATI							мо	DAY	YEA	R	20	STH	REP		
REPRESENTATI	VE IN THE GENE	KAL ASSI	EMBLY				11		8	2022		(SEE INS	TRUCTI	ONS FOR (	ODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	YEA	R	FO	R OFFIC	e use	ONLY	
Expenditures	from:	1	.0 25	20	)22 ·	го	11	. 2	28	2022					
A. Amount Bro	ught Forward Fro	m Last Re	eport			\$	5			0.00					
B. Total Moneta	ary Contributions	And Rece	eipts (From	Schee	dule I)	\$	5			0.00					
C. Total Funds	Available (Sum O	f Lines A	and B)			\$	5			0.00					
D. Total Expend	ditures (From Sch	edule III	:)			\$	5			0.00					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			5			0.00	_				
F. Value Of In-	Kind Contribution	s Receive	ed (From S	chedul	le II)		5			0.00					
G. Unpaid Debt	s And Obligations	(From S	chedule IV	")		4	5			0.00					
				AFF	IDAV	IT SE	CTION								
	s a Committee rep		-								-				
I swear (or affirm) correct and comple	) that this report, inc ete.	luding the	attached sc	hedules	filed or	1 paper	or by elect	tronic me	edium, a	ire to	the best of	my know	ledge	and beli	ef , true
Sworn to and subs	cribed before me thi day of	S	20						Sig	natur	e of Person	Submitt	ing Rep	oort	
	Signatu	ire				_					Print	ed Name			
My Commission Ex	cpires										Emai				
	МО	DA	Y	YR				Are	a Code		Daytime	e Telepho	one Nu	mber	
Part II- If this is	a report of a can	didate's a	authorized	Comm	nittee,	Candio	late shall	sign he	ere.						
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowle	dge and beli	ef this	politica	l comn	nittee has r	not violat	ed any	provis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333,
Sworn to and subsc	ribed before me this day of		20					Signature of Candidate							
						_					Printee	d Name			
My Commission Exp	Signature										Emai	1			
	мо	DA	١Y	YR		_		Area	Code		Da	ytime Te	lephor	e Numb	er

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** MATT KRUTH From: <u>10/25/2022</u> **To:** 11/28/2022 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **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)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 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 \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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: To:			:			
		·			DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								0.00		

PART B 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 or Candidate Reporting Period										
			From: To			<b>):</b>				
					DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address	_	_					\$	0.00		
City	State	Zip Code (Plus 4	)							
								PAGE TOTAL		
Enter Grand Total of Part A on	\$	0.00								

# 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						
			From:			То:			
				DA	TE		А	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 TOTA	L			
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Sect							\$	0.	.00

## 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 Re				eporting Period					
From:				m:			То:		
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Sectio							P#	<b>AGE TOTAL</b> 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 Peric	d				
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (	Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, 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	od	
MATT KRUTH	From:	<u>10/25/2022</u> то:	<u>11/28/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
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, 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			AMOUNT		
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address						<b>]</b> \$	0.0	)0	
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	le,	P	AGE TOTAL	_	
						\$	0.0	0	

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

Name of Filing Committee or Candidate				Reporting Period					
				From:					
					DATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address			-				<b>\$</b> 0.00		
City	State	Zip Code(Plus 4)							
Employer of Contributor				Occupa	ation				
Employer Mailing Address/Principal Place of Business City				e Zip	Code(Plus 4)	Descri	ption of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						<b>PAGE TOTAL</b> 0.00			

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period			
				From			
		DATE		AMOUNT			
To Whom Paid				DAY	YEAR		
Mailing Address						\$	0.00
City	Zip Code (Plus 4)	Description of Expenditure					
Fater Cread Total of Free ditures on David 1. David Course David Them I							PAGE TOTAL
	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D					\$	0.00