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	2024	C0480				port		CAN	NDIDATE COMMITTEE LOBBYIST									
Name of Filing C	ommittee	, Candida	ate or Lo	obbyist:		MA	TTHE	W KR	RUTH									•	
Street Address:																			
City:									State:					Zip Code	: 15	237			
TYPE OF REPORT	6TH TUESI PRE-PRIMA		1.	2ND FRIDAY PRIMARY	Y PRE	-	2.	30 DA PRIMA		Р	POST- 3.			AMENDME REPORT?	NT	Yes	No		\
(place X to the right of	6TH TUESI PRE-ELECT		4.	2ND FRIDAY ELECTION	Y PRE	≣-	5. X	30 DA		Р	POST- 6.			TERMINAT REPORT?	ION	Yes	No		/
report type)	ANNUAL	REPORT	7.	Year 2024					IG MET CHECK							√	DISKE	TTE	
Name of Office S	ought by	Candidat	te:						DATE	0	F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
	-								МО		DAY	YEA	R	20	STH	REP			
REPRESENTATI	VE IN THE	E GENEK	AL ASS	EMBLY						11		5 2	2024		(SEE INS	TRUCTI	ONS FOR (CODES)
Summary of		and	МО	DAY	YEAR	≀			МО		DAY	YEA	R	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			9 17	2	024	T	0		10	2	21 2	2024						
A. Amount Bro	ught Forw	ard From	ı Last R	eport				\$	-				0.00						
B. Total Moneta	ary Contri	butions A	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 (F	rom Sche	dule II	[)				\$				(0.00						
E. Ending Cash	Balance (Subtract	Line D	From Line C	2)			\$				(0.00						
F. Value Of In-	Kind Cont	ributions	Receive	ed (From So	chedu	le I	I)	\$				(0.00						
G. Unpaid Debt	s And Obl	igations	(From S	chedule IV)			\$				(0.00		,				
					AFF	ID	AVI	T SE	CTIO	Ν									
PART I - If this is	a Commi	ttee repo	ort, trea	surer sign h	nere.	If th	his is	a Can	ndidate	re	port, c	andida	te sig	ın here.					
I swear (or affirm) correct and comple		eport, incl	uding the	attached sch	redules	s file	ed on	paper (or by ele	ectr	onic me	edium, a	re to 1	the best of i	my know	/ledge	and beli	ef , tr	ue.
Sworn to and subs	cribed befo	re me this		20						•		Sig	nature	of Person	Submitti	ing Rep	ort		
-		Signatur						- -						Printe	d Name				-
My Commission Ex	pires	Signatui	-							-				Email					-
	N	10	D#	ΑY	YR					•	Are	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andida	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	ıy knowle	dge and belie	ef this	poli	itical	commi	ittee ha	s no	ot violat	ted any _l	orovis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		e me this											s	ignature of	Candida	te			-
	day of — -			_ 20				-						Printed	Name				-
	S	ignature						-		_									_
My Commission Exp	ires													Email					
	_	мо	D/	AY	YR	1		•			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		
MATTHEW KRUTH	From:	9/17/202	<u>4</u> To:	10/21/2024
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	y 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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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 Candidat	Name of Filing Committee or Candidate			Reporting Period					
		F	rom:		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.

0.00

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)

(Excidue com		om pontic	car commi	ttees	·Cp	orteu i	in raic	- ,		
Name of Filing Committee or Candidate Reporting Period										
				From:			To) :		
			•			DATE			AMOUNT	,
Full Name of Contributor				МС)	DAY	YEAR			
Mailing Address								\$	(0.00
City	State	Zip (Code (Plus 4)							
									PAGE TOTA	\L

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 Cai	me or riling Committee or Candidate				Reporting Period						
			From:			То:					
				DA	TE		Α	MOUNT			
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		0.00			
Mailing Address							- \$	0.00			
City	State	Zip Code	e (Plus 4)								
								PAGE TOTAL			
Enter Grand Total of Part C o	on Schedule I, Detaile	d Summary 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.)

ne of Filing Committee or Candidate				Reporting Period					
			Fron	n:		T	0:		
				D	ATE			AMOUNT	
				мо	DAY	YEAR	\$	0.00	
State	Zi	p Code (Plus	s 4)						
				Occupa	tion				
ce of Business		City			State		Zip	Code (Plus 4)	
dule I, Detailed	Sumn	mary Page,	Section	on 3.			\$	PAGE TOTAL 0.00	
	State ce of Business	State Zi ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4) ce of Business City	From: MO State Zip Code (Plus 4) Occupa	From: DATE MO DAY State Zip Code (Plus 4) Occupation ce of Business City State	State Zip Code (Plus 4) State Zip Code (Plus 4) Occupation ce of Business City State cdule I, Detailed Summary Page, Section 3.	From: To: DATE MO DAY YEAR State Zip Code (Plus 4) Occupation ce of Business City State Zip	

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 of	or Candidate		Report	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							\neg	
City	State	Zip Code (I	Plus 4)					
Receipt Description	•	•			1	•	•	
Futor Coand Total of Bank	Cabadula I Detailed	Commence De	Caatle					PAGE TOTAL
Enter Grand Total of Part I	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	d	
MATTHEW KRUTH	From:	<u>9/17/2024</u> To:	10/21/2024
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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Ca	Name of Filing Committee or Candidate Re					Reporting Period					
	From:			To:							
				DATE			AMOUNT				
Full Name of Contributor			мо	DAY	YEAR						
Mailing Address						- \$	0.00				
City	State	Zip Code (Plus 4)									
Description of Contribution:	•		•								
					Г						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail Section 2.				ailed Summary Page,			PAGE TOTAL				
						\$	0.00				

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	me of Filing Committee or Candidate				orting	Period					
						From:			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.										0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate					Reporting Period					
	From			То:							
				DATE			AMOUNT				
To Whom Paid			мо	DAY	YEAR						
Mailing Address						\$	0.00				
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure						
Enter Crand Total of Evnanditures	on Dogg 1 Donowh (Cover Dage Item F					PAGE TOTAL				
Enter Grand Total of Expenditures	on Page 1, Report C	Lover Faye, Item L	, .			\$	0.00				