

## 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 <i>Susan D. Strohmeyer</i>					
STREET ADDRESS <i>5906 Footemill Rd</i>					
CITY <i>Erie</i>		STATE <i>PA</i>	ZIP CODE <i>16509</i>		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION
6TH TUESDAY PRE-PRIMARY 1.	<i>Magisterial District Judge</i>		<i>16-3-03</i>	<i>D+R</i>	MO. <i>11</i> DAY <i>07</i> YEAR <i>2023</i>
2ND FRIDAY PRE-PRIMARY 2.	DATES OF REPORTING PERIOD		MO. DAY YEAR		FOR OFFICE USE ONLY 2023 DEC 19 AM 10:58 NOT RECORDED
30 DAY POST-PRIMARY 3.	MO. DAY YEAR		MO. DAY YEAR		
6TH TUESDAY PRE-ELECTION 4.	<i>1 01 23</i> TO <i>12 31 23</i>				
2ND FRIDAY PRE-ELECTION 5.	CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>0</i>				
30 DAY POST-ELECTION 6.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0</i>				
ANNUAL REPORT 7. <input checked="" type="checkbox"/>	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		TERMINATION REPORT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		

## AFFIDAVIT SECTION

## 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, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.	
SWORN TO AND SUBSCRIBED BEFORE ME THIS <i>19th</i> DAY OF <i>December</i> <i>Angela L. Watson</i> SIGNATURE MY COMMISSION EXPIRES <i>12/02/2023</i> MO. DAY YR.	SIGNATURE OF PERSON SUBMITTING REPORT <i>Susan D. Strohmeyer</i> PRINTED NAME <i>814</i> <i>450-6618</i> 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