



Reset Form

Print Form

## Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	2024 0096	Report Filed By (Mark X)		Candidate		Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Friends of Matt Strupczewski								
Street Address	4001 Sassafras St								
City	ERIE	State	PA	Zip Code	16508				

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	5/20/25	Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	4/1/25	5/5/25	
A. Amount Brought Forward From Last Report	\$	3042.64	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	-0-	
C. Total Funds Available (Sum of Lines A and B)	\$	3042.64	
D. Total Expenditures (From Schedule III)	\$	422.50	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2620.14	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	-0-	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	-0-	

2025 MAY -8 PM 3:36  
ERIE COUNTY  
VOTER REGISTRATION

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedule, is true to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

8 day of May 20 25  
Sue Sheffield  
SignatureMy Commission expires 12-02-2026  
MO. DAY YR.Colleen M. Hanks  
Signature of Person Submitting report  
Colleen M. Hanks  
Printed Name

Area Code

814 218 2037  
Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall 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

8 day of May 20 25  
Sue Sheffield  
SignatureMy Commission expires 12-02-2026  
MO. DAY YR.Matt Strupczewski  
Signature of Candidate  
Matthew Strupczewski  
Printed Name

Area Code

814 469-6636  
Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>	2024 0096		
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period		(1)	\$ -0-
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period		(2)	\$
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period		(3)	\$
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period		(4)	\$
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	

## 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.

Filer Identification Number		2024 0096									
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											Amount
Full Name of Contributing Committee					Date [MM/DD/YYYY]					\$	
House #	Street Address				Date [MM/DD/YYYY]					\$	
City	State				Zip Code		Date [MM/DD/YYYY]			\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]					\$	
House #	Street Address				Date [MM/DD/YYYY]					\$	
City	State				Zip Code		Date [MM/DD/YYYY]			\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]					\$	
House #	Street Address				Date [MM/DD/YYYY]					\$	
City	State				Zip Code		Date [MM/DD/YYYY]			\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]					\$	
House #	Street Address				Date [MM/DD/YYYY]					\$	
City	State				Zip Code		Date [MM/DD/YYYY]			\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]					\$	
House #	Street Address				Date [MM/DD/YYYY]					\$	
City	State				Zip Code		Date [MM/DD/YYYY]			\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]					\$	
House #	Street Address				Date [MM/DD/YYYY]					\$	
City	State				Zip Code		Date [MM/DD/YYYY]			\$	

## PART B

**All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from  
\$50.01 TO \$250 in the reporting period.

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

Filer Identification Number:	<del>2024</del> 2024 0096
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State		Zip Code	Date [MM/DD/YYYY]	\$	

## 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 over \$250.00 in the reporting period.

Filer Identification Number:	2024 0096
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Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		

PART D  
**All Other Contributions**  
Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	2024 0096
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Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name			Occupation			
Employer Mailing Address/ Principal Place of Business						
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name			Occupation			
Employer Mailing Address/ Principal Place of Business						
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name			Occupation			
Employer Mailing Address/ Principal Place of Business						
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name			Occupation			
Employer Mailing Address/ Principal Place of Business						

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.

File Identification Number:	2024 0096
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Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								

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

Filer Identification Number	2024 0096
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ -0-

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ -0-

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ -0-

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$ -0-
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SCHEDULE II

PART F

**In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:	2024 0096
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Full Name of Contributor				Date [MM/DD/YYYY]	S
House #	Street Address		Date [MM/DD/YYYY]	S	
City	State	Zip Code	Date [MM/DD/YYYY]	S	
Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]	S
House #	Street Address		Date [MM/DD/YYYY]	S	
City	State	Zip Code	Date [MM/DD/YYYY]	S	
Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]	S
House #	Street Address		Date [MM/DD/YYYY]	S	
City	State	Zip Code	Date [MM/DD/YYYY]	S	
Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]	S
House #	Street Address		Date [MM/DD/YYYY]	S	
City	State	Zip Code	Date [MM/DD/YYYY]	S	
Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]	S
House #	Street Address		Date [MM/DD/YYYY]	S	
City	State	Zip Code	Date [MM/DD/YYYY]	S	
Description of Contribution					

SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

Filer Identification Number:	2024 0096
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Full Name of Contributor				Date [MM/DD/YYYY]		S
House #	Street Address			Date [MM/DD/YYYY]		S
City	State		Zip Code	Date [MM/DD/YYYY]		S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]		S
House #	Street Address			Date [MM/DD/YYYY]		S
City	State		Zip Code	Date [MM/DD/YYYY]		S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]		S
House #	Street Address			Date [MM/DD/YYYY]		S
City	State		Zip Code	Date [MM/DD/YYYY]		S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]		S
House #	Street Address			Date [MM/DD/YYYY]		S
City	State		Zip Code	Date [MM/DD/YYYY]		S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	2024 0096
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To Whom Paid	AGE Graphics			Date (MM/DD/YYYY)	4/30/2025	\$	422.50
House #	Street Address			Description of Expenditure			
City	Little Hocking	State	OH	Zip Code			
To Whom Paid				Date (MM/DD/YYYY)		\$	
House #	Street Address			Description of Expenditure			
City		State		Zip Code			
To Whom Paid				Date (MM/DD/YYYY)		\$	
House #	Street Address			Description of Expenditure			
City		State		Zip Code			
To Whom Paid				Date (MM/DD/YYYY)		\$	
House #	Street Address			Description of Expenditure			
City		State		Zip Code			
To Whom Paid				Date (MM/DD/YYYY)		\$	
House #	Street Address			Description of Expenditure			
City		State		Zip Code			
To Whom Paid				Date (MM/DD/YYYY)		\$	
House #	Street Address			Description of Expenditure			
City		State		Zip Code			
To Whom Paid				Date (MM/DD/YYYY)		\$	
House #	Street Address			Description of Expenditure			
City		State		Zip Code			

SCHEDULE IV

## Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	2024 0096
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Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State	Zip Code			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State	Zip Code			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State	Zip Code			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State	Zip Code			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State	Zip Code			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State	Zip Code			
Description of Debt						