

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	1. <input checked="" type="checkbox"/>	COMMITTEE	2.	LOBBYIST	3.	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Matthew Strupczewski										
STREET ADDRESS 4001 Sorsakras St										
CITY Erie				STATE PA		ZIP CODE 16508				
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.		PARTY		DATE OF ELECTION	
6TH TUESDAY PRE-PRIMARY 1.		City Controller					R		MO. DAY YEAR	
2ND FRIDAY PRE-PRIMARY 2. <input checked="" type="checkbox"/>									5 20 25	
30 DAY POST-PRIMARY 3.										
6TH TUESDAY PRE-ELECTION 4.										
2ND FRIDAY PRE-ELECTION 5.										
30 DAY POST-ELECTION 6.										
ANNUAL REPORT 7.										
		DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR 4 1 25 TO 5 5 25			FOR OFFICE USE ONLY <div style="border: 1px solid black; padding: 5px; text-align: center;"> 2025 MAY - 8 PM 3:30 ERIE COUNTY VOTER REGISTRATION </div>					
		CASH BALANCE AT END OF REPORTING PERIOD: \$ 24,620.00 TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0								
		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" 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 IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

8 DAY OF May 2025

Sue Sheffield
 SIGNATURE

MY COMMISSION EXPIRES 12-02-2028
 MO. DAY YR.

Matthew Strupczewski
 SIGNATURE OF PERSON SUBMITTING REPORT

Matthew Strupczewski
 PRINTED NAME

814 969-6636
 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