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 2013	0228			Repo			CAN	DIE	DATE		СОМ	IITTEE	✓	LOBE	SYIST		
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		FRIE	NDS	S OF	PETER	SC	HWEY	ER							
Street Address:	PO BOX 4364																	
City:	ALLENTOWN							State: PA					Zip Code: 18105					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	- 2.		30 DA		P				AMENDM REPORT?		Yes	No	•	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	- 5.		30 DA		P	OST-	6.		TERMINA REPORT?		Yes	No	•	\
report type)	ANNUAL REPORT	7. X	Year 2018					NG MET CHECK					PAPER		/	DISKE	TTE	
Name of Office S	- Sought by Candida	te:						DATE	OF	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
								МО		DAY	YE	AR		10000	DEM	1		
								1	11		6	2018		(SEE IN	STRUCTIO	ONS FOR (ODES))
	Receipts and	МО	DAY	YEAR	1			МО		DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	s from:	1	11 27	2	018	T	0	:	12	3	31	2018						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$				4,8	317.28						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule 1	I)	\$				6,0	00.00						
C. Total Funds	Available (Sum Of	Lines A	A and B)			\$				10,8	317.28							
D. Total Expen	ditures (From Scho	edule II	II)			\$				1,3	42.05							
E. Ending Cash	Balance (Subtract	Line D	From Line (E)			\$				9,4	75.23						
F. Value Of In-	Kind Contributions	Receive	ed (From So	hedu	le II)		\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$					0.00						
				AFF	'IDA	VI٦	ΓSE	CTIO	V									
	a Committee rep	•								-								
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sch	edule	s filed	on p	paper	or by ele	ectr	onic me	dium	, are to t	he best o	f my knov	wledge a	and beli	ef , tru	ue.
Sworn to and subs	cribed before me this day of	i	20						-		s	ignature	of Perso	n Submit	ting Rep	ort		-
	Signatu	ra					<u>-</u>		-				Prin	ted Name	<u> </u>			-
My Commission Ex	_								-				Ema	il				-
	мо	D/	ΑY	YR			-		-	Are	a Cod	e	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee	e, Ca	ndid	ate sha	II s	sign he	re.							
I swear (or affirm) No 320) as amende		ny knowle	edge and belie	ge and belief this political com		comm	ittee has	s no	ot violat	ed an	y provisi	ons of the	e act of J	une 3,19	937 (P.L	. 1333	3,	
Sworn to and subso	ribed before me this											Si	gnature o	of Candida	ate			-
	day of												Drinto	d Name				-
	Signature						•		Printed Name									
My Commission Exp	-								_				Ema	il				_
	МО	DA	AY	YR					•	Area (Code		Da	aytime T	elephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF PETER SCHWEYER	From:	11/27/201	<u>8</u> To:	12/31/2018
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) 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	Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	6,000.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	6,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J 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			\$	6,000.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

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)

Name of Filing Committee or Candida	te			oorting P	eriod			
			Fro	m:		To):	
					DATE		AMOUNT	
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$ 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			
FRIENDS OF PETER SCHWEYER			From:	11/2	7/2018	То:	12/31/2018
				DA	TE		AMOUNT
Full Name of Contributing Committee PENNSYLVANIA UAW GOOD GOVERNME	ENT COMMITTEE			МО	DAY	YEAR	
Mailing Address 1375 VIRGINIA DR S	STE 201			,	10	2010	\$ 1,000.00
City FORT WASHINGTON	State PA	Zip Code 190343	259	12	12	2018	
Full Name of Contributing Committee PSEA PACE				МО	DAY	YEAR	
Mailing Address PO BOX 1724 400 N	3RD ST						\$ 5,000.00
City HARRISBURG	State PA	Zip Code 171051	(Plus 4) 724	12	27	2018	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL 6,000.00

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.)

Name of Filing Committee or Candi	date			Rep	orting Pe	eriod			
				Fron	n:		To) :	
			_		D	ATE		А	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name					Occupa	tion	•	•	
Employer Mailing Address/Principa Business	l Place of		City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on	Schedule I, Deta	iled Sumr	mary Page,	Section	on 3.			F \$	PAGE TOTAL 0.00

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		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		AI	MOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•		•	•	
Enter Grand Total of Part E o	on Schedule I. Detailed	d Summary Page	Section	4			PA	GE TOTAL
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammar y r uge,	500.011				\$	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 Per	iod	
FRIENDS OF PETER SCHWEYER	From:	<u>11/27/2018</u> To:	12/31/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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 Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting P	Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Kind (Contributions De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reporti	ng Period				
FRIENDS OF PETER SCHWEYER	8		From	11/2	7/2018	То:	12/31/2018	
				DATE			AMOUNT	
To Whom Paid GRILLED CHEESE PLUS			мо	DAY	YEAR			
Mailing Address 405 WALNU	T STREET		11	11 28 2018 \$				
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	17101		IGN EXPEN			HES	
To Whom Paid GRILLED CHEESE PLUS	•	·	МО	DAY	YEAR			
Mailing Address 405 WALNU	T STREET		11	28	2018	\$	22.76	
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	17101		IGN EXPEN			HES	
To Whom Paid KATHY'S COUNTRY KITCHEN			МО	DAY	YEAR			
Mailing Address 1045 N WES	T END BLVD		11	28	2018	\$	6.09	
City QUAKERTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	18951		IGN EXPEN			SE TIP	
To Whom Paid ALLENTOWN ST. PATRICK'S PAR	RADE INC.	·	МО	DAY	YEAR			
Mailing Address PO BOX 351	7		12	3	2018	\$	300.00	
City ALLENTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	181060517	SPONS	ORSHIP				
To Whom Paid CHAMPION PARKING 700 LLC	·	·	мо	DAY	YEAR			
Mailing Address 411 BROAD\	WAY		12	3	2018	\$	61.00	
City	State	Zip Code (Plus 4)	-	tion of Exp	4:4	<u> </u>		
City NEW YORK	1)Accrir			1		

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CAMPAIGN EXPENSE-PA SOCIETY-PARKING

	FAGL 12
To Whom Paid FRIENDS OF MIKE SCHLOSSBERG	MO DAY YEAR
Mailing Address 944 N 19TH ST	12 3 2018 \$ 75.00
City ALLENTOWN State PA 181043764	Description of Expenditure
To Whom Paid LIC TAXI MANAGEMENT	MO DAY YEAR
Mailing Address 37-26 34TH STREE	12 3 2018 \$ 15.99
City LONG ISLAND CITY State Zip Code (Plu 11101	Description of Expenditure CAMPAIGN EXPENSE-PA SOCIETY-TAXI
To Whom Paid TARGET	MO DAY YEAR
Mailing Address 1600 N CEDAR CREST BLVD	12 3 2018 \$ 162.00
City ALLENTOWN State PA 18104	Description of Expenditure GIFTS FOR STAFF
To Whom Paid CONNAUGHT - GGMC PARKING	MO DAY YEAR
Mailing Address 300 E. 54TH STREET	12 4 2018 \$ 102.00
City NEW YORK State NY 10022	Description of Expenditure CAMPAIGN EXPENSE-PARKING
To Whom Paid DAMASCUS	MO DAY YEAR
Mailing Address 449 N 2ND STREET	12 13 2018 \$ 112.21
City ALLENTOWN State PA 18102	Description of Expenditure INTERNS LUNCH
To Whom Paid MAILCHIMP.COM	MO DAY YEAR
Mailing Address 675 PONCE DE LEON AVE NE SUITE 5000	12 14 2018 \$ 31.80
673 TORGE DE LEGIT AVE NE SOTTE 3000	31.00

							PAGE 13
To Whom Paid OLLIE'S BARGAIN OUTLET			мо	DAY	YEAR		
Mailing Address 4750 TILGHMAN STREET			12	20	2018	\$	12.70
City ALLENTOWN	State PA	Zip Code (Plus 4) 18104	Description of Expenditure DONATION FOR TOYS FOR TOTS-LVLC				
To Whom Paid RENAISSANCE ALLENTOWN HOTEL			МО	DAY	YEAR		
Mailing Address 12 N 7TH STREET			12	24	2018	\$	250.60
City ALLENTOWN	State PA	Zip Code (Plus 4) 18101	Description of Expenditure CHRISTMAS PARTY FOR STAFF				
To Whom Paid TARGET			МО	DAY	YEAR		
Mailing Address 1600 N CEDAR CREST BLVD			12	24	2018	\$	50.00
City ALLENTOWN	State PA	Zip Code (Plus 4) 18104	Description of Expenditure GIFTS FOR STAFF				
To Whom Paid UNION AND FINCH			МО	DAY	YEAR		
Mailing Address 1528 W UNION ST.			12	24	2018	\$	86.15
City ALLENTOWN	State PA	Zip Code (Plus 4) 18102	Description of Expenditure CHRISTMAS PARTY FOR STAFF				
To Whom Paid UNION AND FINCH			МО	DAY	YEAR		
Mailing Address 1528 W UNION ST.			12	24	2018	\$	36.50
City ALLENTOWN	State PA	Zip Code (Plus 4) 18102	Description of Expenditure CHRISTMAS PARTY FOR STAFF				
Enter Grand Total of Expend	litures on Page 1 Pe	nort Cover Page Item D					PAGE TOTAL
Enter Grand Total of Expend	incures on raye 1, Re	port cover rage, Item D	•			\$	1,342.05