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 201	30228				eport led B		CANDI	DATE		СОМ	4ITTEE	✓	LOBE	SYIST	
Name of Filing C	Committee, Candi	late or L	obbyist:		FRI	IEND:	S OF I	PETER S	CHWEY	′ER						
Street Address:	PO BOX 4364	1														
City:	ALLENTOWN							State:	PA			Zip Cod	ie: 18	3105		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	y pre	≣-	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	~
report type)	ANNUAL REPORT	7. X	Year 2020					IG METHO				PAPER		/	DISKE	ГТЕ
Name of Office S	Sought by Candida	ite:	-					DATE 0	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	County Code
								МО	DAY	ΥI	EAR		1	DEM	1	
								11		3	2020		(SEE IN	STRUCTIO	ONS FOR C	ODES)
•	Receipts and	МО	DAY	YEAR	ł		'	МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY	
Expenditures	from:		11 24	2	020	T	0	12		31	2020					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$	-		17,	565.68					
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dul	e I)	\$				0.00					
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			17,0	665.68					
D. Total Expend	ditures (From Sch	edule II	I)				\$			3,2	205.30					
E. Ending Cash	Balance (Subtra	t Line D	From Line C	C)			\$			14,4	180.38					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sc	hedu	le I	Ί)	\$				0.00					
G. Unpaid Debt	ts And Obligation	(From S	Schedule IV)			\$				0.00					
				AFF	ΊD	AVI	T SE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign h	nere.	If th	his is	a Can	didate r	eport, o	andi	date sig	ın here.				
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sch	nedule	s file	ed on	paper o	or by elect	ronic m	edium	, are to t	he best o	f my knov	wledge a	and belie	f , true
Sworn to and subs	cribed before me th day of	s	20							9	Signature	of Perso	n Submit	ting Rep	ort	
	Signat	ıre					-					Prin	ted Name	•		
My Commission Ex	cpires						_					Ema	il			
	МО	D	AY	YR					Are	ea Cod	ie	Daytim	e Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belie	ef this	poli	itical	commi	ittee has n	ot viola	ted ar	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subsc	ribed before me this		20								s	ignature o	of Candida	ate		
	day of						-					Printe	d Name			
	Signature						-					Ema	il			
My Commission Exp	oires 						_									
	МО	D	AY	YR	1		-		Area	Code		Da	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF PETER SCHWEYER	From:	11/24/20	<u>20</u> To:	12/31/2020
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)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) 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 (Candidate	F	Reporting	Period			
		F	rom:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Comm	nittee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL\$ 0.00

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)

(EXCIU	de contributions noi	in pontical comm	iiiie	es re	por teu	III Pait	Α)	
Name of Filing Committe	e or Candidate		Rep	oorting P	Period			
			Fro	m:		To):	
		•			DATE			AMOUNT
Full Name of Contributor				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.

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					
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				МО	DAY	YEAR		0	00
Mailing Address							+	0.	00
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.0	0

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 Candidate			Rep	orting Pe	riod			
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	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		Report	ing Peri	od			
			From:			То:		
					ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (P	lus 4)					
Receipt Description	'	,		<u> </u>		_ !	•	
				_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	i Summary Page, S	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 Per	iod	
FRIENDS OF PETER SCHWEYER	From:	<u>11/24/2020</u> To:	12/31/2020
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	TF)		
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 Candid	ate		Reportin	g Period			
			From:			To:	
		•		DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address	_					7 \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•	-	•	•		•	
Enter Grand Total of Part F on S	chedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zij	p Code(Plus 4)	Descr	iptio	n of Contribution	on
Enter Grand Total of Part G on Sch	edule II. In-K	ind	Contributions D	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.					-					0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period From <u>11/24/2020</u> To: <u>12/31/202</u>				
FRIENDS OF PETER SCHWEYER	From	11/24/2020	То:	12/31/2020	

				DATE			AMOUNT
To Whom Paid	ACE		мо	DAY	YEAR		
U-HAUL MOVING & amp; STORA				25	2020	\$	90.05
Mailing Address 1425 E LIVI	NGSTON STREET		11	25	2020	7	90.05
City ALLENTOWN	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure		
	PA	18103	CAMPAI	GN EXPEN	SE - STO	RAGE UNI	Γ
To Whom Paid TARGET			мо	DAY	YEAR		
Mailing Address 1600 N CED	AR COAST BLVD		12	7	2020	\$	250.00
City ALLENTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	18104	CAMPAI	GN EXPEN	SE - STA	FF GIFTS	
To Whom Paid FUNDS DISB VANTIV ECOMMER	RCE		МО	DAY	YEAR		
Mailing Address			12	9	2020	\$	1.67
City	State	Zip Code (Plus 4)	Descrip	l tion of Exp	L enditure	l	
			SERVIC	E FEE			
To Whom Paid	-		МО	DAY	YEAR		
THE MORNING CALL			140		ILAK		
Mailing Address 101 NORTH	6TH STREET		12	10	2020	\$	27.72
City ALLENTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	18105	MONTH	LY SUBSCI	RIPTION	SERVICE	
To Whom Paid ALLENTOWN SCHOOL DISTRIC	T FOUNDATION		МО	DAY	YEAR		
Mailing Address 31 S. PENN	ST. PO BOX 328		12	14	2020	\$	250.00
City ALLENTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	<u>I</u>	
	PA	18104	DONATI	ON			
To Whom Paid BIG LOTS			МО	DAY	YEAR		
Mailing Address 2349 LEHIG	H ST		12	14	2020	\$	443.84
City ALLENTOWN	State	Zip Code (Plus 4)	Descrip ⁴	tion of Exp	enditure		
	• • • • • • • • • • • • • • • • • • •						

						P/	AGE 12
To Whom Paid				DAY	YEAR		
LV PRINT CENTER			МО				
Mailing Address 1701 UNION BLVD. SUITE 114			12	14	2020	\$	1,450.05
City ALLENTOWN	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	18109	ILLEGIBLE				
To Whom Paid			мо	DAY	YEAR		
MAILCHIMP.COM							
Mailing Address 675 PONCE DE LEON AVE NE SUITE 5000			12	14	2020	\$	38.15
City ATLANTA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	GA	30308	MONTHLY DESCRIPTION SERVICE				
To Whom Paid				DAY	YEAR		
SELLER RIDGE VINEYARDS BLAIR VINEYARDS			МО		12/110		
Mailing Address 99 DISTE	RICH VALLEY RD		12	14	2020	\$	113.55
City KUTZTOWN	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	19530	CAMPAIGN EXPENSE - STAFF OUTING				
To Whom Paid			МО	DAY	YEAR		
BIAGGIO PIZZERIA & FAMILY RESTAURANT			1-10		ILAK		
Mailing Address 1526 N CEDAR CREST BLVD			12	24	2020	\$	381.30
City ALLENTOWN	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	18104	CAMPAIGN EXPENSE - STAFF ILLEGIBLE				
To Whom Paid			мо	DAY	YEAR		
U-HAUL MOVING & amp; STORAGE			МО	DAT	TEAK		
Mailing Address 1428 E LIVINGSTON STREET			12	28	2020	\$	95.35
City ALLENTOWN	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	18103	CAMPAIGN EXPENSES - STORAGE UNIT				
To Whom Paid			МО	DAY	YEAR		
TARGET			MO	DAT	ILAK		
Mailing Address 1800 N CEDAR CREST BLVD			12	30	2020	\$	53.59
City ALLENTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	ı	
	PA	18104	CAMPAIGN EXPENSES - SUPPLIES				
		•					PAGE TOTAL
Enter Grand Total of Expe	enditures on Page 1, Rep	ort Cover Page, Item D	٠.			\$	3,195.27
						Ι΄	3,133.27