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			Repor Filed I		CA	MDI	DATE		COM	AITTEE	Y	LOBI	31131	
Name of Filing C	ommittee, Candid	ate or L	obbyist:		FRIEND	S OF	PETE	R SC	CHWEY	ER						
Street Address:																
City:	ALLENTOWN						State	e:	PA			Zip Co	de: 18	3105		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 DA		P	POST-	3.		AMENDN REPORT		Yes	No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 DA		P	POST-	6.		TERMINA REPORT		Yes	No	✓
report type)	ANNUAL REPORT	7. X	Year 2020				NG MI					PAPER		$ \checkmark $	DISKE	TTE
Name of Office S	ought by Candida	te:	•		-		DAT	ΈO	F ELEC	TIO	N	District Number	Office Code	Par	ty Code	County Code
							МО		DAY		AR			DEN	1	
								11		3	2020		(SEE IN	STRUCTIO	ONS FOR C	ODES)
Summary of Expenditures	Receipts and from:	МО	DAY	YEAR		О	МО		DAY		AR	FC	R OFFI	CE USE	ONLY	
			11 24	20	020			12	3	1	2020					
	ught Forward Fron			a Caba	dula T\	\$ \$				17,6	0.00					
	B. Total Monetary Contributions And Receipts (From Schedule															
C. Total Funds Available (Sum Of Lines A and B)						\$					65.68					
D. Total Expenditures (From Schedule III)						\$					05.30					
	Balance (Subtract Kind Contributions				le II)	\$				14,4	0.00					
	s And Obligations					<u>\$</u> \$					0.00					
-					IDAVI) N				I				
PART I - If this is	s a Committee rep	ort, trea	surer sian						eport, c	andio	late sic	ın here.				
	that this report, incl	*	_								_		f my kno	wledge	and belie	ef , true
Sworn to and subs	cribed before me this	;								s	ignature	of Perso	n Submit	ting Rep	ort	
	day of					-										
	Signatu.	re				_						Prin	ted Name	•		
My Commission Ex	MO	D	AY	YR		_			Are	a Cod	e	Ema Daytin	il ne Teleph	none Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	Comm	nittee, C	Candid	ate s	hall :	sign he	re.						
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ief this	political	comm	ittee l	nas n	ot violat	ed an	y provis	ions of th	e act of J	une 3,1	937 (P.L.	. 1333,
Sworn to and subsc	ribed before me this										S	ignature (of Candid	ate		
	day of					_						Printe	ed Name			
	Signature					_						F				
My Commission Exp	ires											Ema				
	МО	D	AY	YR		_			Area (Code		D	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:	11/24/202	<u>0</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	(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
			1	
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 Candidat	e	'	Reporting	Period			
		'	From:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

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)

From: To: DATE AMOUNT	Name of Filing Committee or Candidate			Rep	oorting P	eriod				
Full Name of Contributor MO DAY YEAR Mailing Address \$ 0				From: To:						
MO DAY YEAR Mailing Address \$ 0			•			DATE			AMOUNT	
	Full Name of Contributor				мо	DAY	YEAR			
City State Zip Code (Plus 4)										
	Mailing Address							\$	(0.00

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 Co	andidate		Reporting	Period				
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Com	mittee			МО	DAY	YEAR		0.00
Mailing Address							*	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C	on Schedule I, Detaile	d Summary Pa	age, Sectio	n 3.			\$	0.00

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 Candida	te			Rep	orting Pe	eriod			
				Fror	n:		Т	o:	
					D	ATE		А	MOUNT
Full Name of Contributor					МО	DAY	YEAR	\$	0.00
Mailing Address								7	
City	State	Zi	ip Code (Plus	s 4)					
Employer Name					Occupa	tion			
Employer Mailing Address/Principal F	lace of Business		City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on Sc	nedule I, Detaile	ed Sumn	nary Page,	Section	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:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	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	riod							
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 PER CONTRIBUTOR									
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 Car				Reporting 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 o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	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				Rep	porting	Period			
				Fro	m:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF PETER SCHWEYER	From	11/24/2020	То:	12/31/2020
		DATE		AMOUNT

				DATE			AMOUNT	
To Whom Paid			МО	DAY	YEAR			
TARGET			1-10					
Mailing Address			12	30	2020	\$	53.59	
City ALLENTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	18104	CAMPAI	GN EXPEN	SES - SU	JPPLIES		
To Whom Paid			мо	DAY	YEAR			
U-HAUL MOVING & STORAGE			1-10		ILAK			
Mailing Address			12	28	2020	\$	95.35	
City ALLENTOWN	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	18103	CAMPAI	GN EXPEN	SES - ST	ORAGE UN	IT	
To Whom Paid			мо	DAY	YEAR			
BIAGGIO PIZZERIA & FAMILY	RESTAURANT							
Mailing Address			12	24	2020	\$	381.30	
City ALLENTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
PA 18104				GN EXPEN	SE - STA	FF ILLEGIB	LE	
To Whom Paid			мо	DAY	YEAR			
SELLER RIDGE VINEYARDS BLAIR	VINEYARDS							
Mailing Address			12	14	2020	\$	113.55	
City KUTZTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	19530	CAMPAI	GN EXPEN	SE - STA	FF OUTING	i	
To Whom Paid			мо	DAY	YEAR			
MAILCHIMP.COM			110					
Mailing Address			12	14	2020	\$	38.15	
City ATLANTA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•		
	GA	30308	MONTH	LY DESCRI	PTION S	ERVICE		
To Whom Paid			мо	DAY	YEAR			
LV PRINT CENTER								
Mailing Address			12	14	2020	\$	1,450.05	
City ALLENTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•		
	PA	18109	ILLEGIE	BLE				

						PA	GE 12	
To Whom Paid			мо	DAY	YEAR			
BIG LOTS Mailing Address					ILAK			
			12	14	2020	\$	443.84	
City ALLENTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•		
	PA	18103	CAMPAIGN EXPENSE - DONATION FOR TOY DRIVE					
To Whom Paid			мо	DAY	YEAR			
ALLENTOWN SCHOOL DISTRICT FOUNDATION						[
Mailing Address			12	14	2020	\$	250.00	
City ALLENTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	18104	DONATION					
To Whom Paid			мо	DAY	YEAR			
THE MORNING CALL								
Mailing Address			12	10	2020	\$	27.72	
City ALLENTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	18105	MONTHLY SUBSCRIPTION SERVICE					
To Whom Paid			мо	DAY	YEAR			
FUNDS DISB VANTIV ECOMMERCE						[
Mailing Address			12	9	2020	\$	1.67	
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
			SERVICE FEE					
To Whom Paid			мо	DAY	YEAR			
TARGET								
Mailing Address			12	7	2020	\$	250.00	
City ALLENTOWN	State	Zip Code (Plus 4)	Descrip	Description of Expenditure				
	PA	18104	CAMPAIGN EXPENSE - STAFF GIFTS					
To Whom Paid			мо	DAY	YEAR			
U-HAUL MOVING & STORAGE								
Mailing Address			11	25	2020	\$	90.05	
		Zip Code (Plus 4)	Description of Expenditure					
City ALLENTOWN	State	Zip Code (Pids 4)	D C S C P	cion of Exp				
City ALLENTOWN	State PA	18103		GN EXPEN		RAGE UNI	т	
City ALLENTOWN Enter Grand Total of Exper	PA	18103	CAMPAI				T PAGE TOTAL	