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 | 30228 | | | | port ed B | | CANDI | NDIDATE COMMITTEE \(\square \) LOBBYIST | | | | | | | | |
|--|--|------------|------------------------|--------|-------|--------------|----------------|-------------|--|-------------|------------|------------------------------|----------------|----------|-----------|----------------|--|
| Name of Filing C | Committee, Candid | late or L | obbyist: | | FRI | END | S OF | 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 | PRE- | - | 2. | 30 DA PRIMA | | POST- | 3. X | | AMENDM REPORT | | Yes | No | \ | |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY ELECTION | PRE | - | 5. | 30 DA ELECT | ' | POST- | 6. | | TERMINA REPORT | | Yes | No | ~ | |
| report type) | ANNUAL REPORT | 7. | Year 2021 | | | | | IG METH | | | | PAPER OIS | | | DISKE | ГТЕ | |
| Name of Office S | Sought by Candida | ite: | | | _ | | | DATE C | F ELE | CTIO | N | District Number | Office Code | Par | ty Code | County Code | |
| | | | | | | | | МО | DAY | YE | AR | | 10000 | DEM | ! | | |
| | | | | | | | | 11 | | 2 | 2021 | (SEE INSTRUCTIONS FOR CODES) | | | | | |
| Summary of Expenditures | Receipts and | МО | | YEAR | | | _ | МО | DAY | YE | AR | FO | R OFFI | CE USE | ONLY | | |
| | | | 5 4 | 20 | 021 | Т. | <u> </u> | 6 | 6 7 2021 | | | | | | | | |
| A. Amount Bro | ught Forward Fro | m Last R | eport | | | | \$ | | | 24,2 | 294.12 | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) \$ 2,000.00 | | | | | | | | | | | | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) \$ 26,294.12 | | | | | | | | | | | | | | | | | |
| D. Total Expenditures (From Schedule III) \$ 6,458.11 | | | | | | | | | | | | | | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | | | \$ | | | 19,8 | 36.01 | | | | | | |
| F. Value Of In- | Kind Contribution | s Receiv | ed (From Sch | hedul | le II | I) | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Debt | ts And Obligations | (From S | Schedule IV) | | | | \$ | | | | 0.00 | | | | | | |
| | | | | AFF | ΊD | AVI | T SE | CTION | | | | | | | | | |
| | s a Committee rep | • | - | | | | | | • | | | | | | | | |
| I swear (or affirm) correct and comple |) that this report, inc ete. | luding the | e attached sche | edules | file | ed on | paper (| or by elect | ronic m | edium | , are to t | he best o | f my kno | wledge a | and belie | f , true | |
| Sworn to and subs | cribed before me thi day of | s | 20 | | | | | | | s | ignature | of Perso | n Submit | ting Rep | ort | | |
| | Signati | ıre | _ | | | | - - | | | | | Prin | ted Name | • | | | |
| My Commission Ex | • | | | | | | | | | | | Ema | il | | | | |
| | мо | D | AY | YR | | | | | Are | ea Cod | e | Daytim | e Teleph | one Nu | mber | | |
| Part II- If this is | a report of a can | didate's | authorized C | Comm | nitte | ee, C | andida | ate shall | sign he | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of red. | ny knowle | edge and belief | f this | poli | itical | commi | ittee has r | ot viola | ted an | y provis | ions of th | e act of J | une 3,19 | 937 (P.L. | 1333, | |
| Sworn to and subsc | ribed before me this | | | | | | | | | | s | ignature o | of Candid | ate | | | |
| | day of ———————————————————————————————————— | | _ 20 | | | | - | | | | | Drinto | d Name | | | | |
| | Signature | | | | | | - | | | | | Finite | u Haille | | | | |
| My Commission Exp | _ | | | | | | | | | | | Ema | il | | | | |
| | МО | D | AY | YR | | | • | | Area | Code | | Da | aytime T | elephon | e Numbe | er | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | Period | | | | | | | |
|--|-----------|----------------|--------------|----------|--|--|--|--|--|
| FRIENDS OF PETER SCHWEYER | From: | <u>5/4/202</u> | <u>1</u> To: | 6/7/2021 | | | | | |
| 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) | | | \$ | 2,000.00 | | | | | |
| All Other Contributions (Part D) | | | \$ | 0.00 | | | | | |
| TOTAL for the Reporting |) Period | (3) | \$ | 2,000.00 | | | | | |
| 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 | | | \$ | 2,000.00 | | | | | |

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

| Name of Filing Committee or Candidate | | | Reporti | ng Period | | | | |
|---------------------------------------|---------------|-------------------|---------|-----------|------|------------|--------|--|
| | | From: To: | | | |) : | | |
| | | I | | DATE | | | AMOUNT | |
| Full Name of Contribut | ing Committee | | 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 |

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 Filling Committee of Candidate | | | | Reporting Period From: 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 | | g Period | | | | |
|---|-----------------------|-----------------------|--------------------------|-----------|----------------|----------|-----------|------------|--|--|
| FRIENDS OF PETER SCHWEYER | | | From: | <u>5/</u> | <u>/4/2021</u> | То: | | 6/7/2021 | | |
| | | | | DA | TE | | ı | AMOUNT | | |
| Full Name of Contributing Committee K&L GATES, LLP | | | | мо | DAY | YEAR | | | | |
| Mailing Address 210 6TH AVE K&ai | mp;L GATES CENTER | | | | | | \$ | 500.00 | | |
| City PITTSBURGH | State PA | Zip Cod 152222 | e (Plus 4) 602 | 5 | 13 | 2021 | | | | |
| Full Name of Contributing Committee PPL PEOPLE FOR GOOD GOVERNMENT | Γ STATE ACCOUNT | | | МО | DAY | YEAR | | | | |
| Mailing Address 2 N 9TH ST | | | | 5 | 13 | 2021 | \$ | 500.00 | | |
| City ALLENTOWN | State PA | 181011 | e (Plus 4) 170 | | | | | | | |
| Full Name of Contributing Committee PSCOA PAC | | | | МО | DAY | YEAR | | | | |
| Mailing Address 2421 NORTH FRON | T ST | | | | | | \$ | 500.00 | | |
| City HARRISBURG | State PA | Zip Cod 17110 | e (Plus 4) | 5 | 13 | 2021 | | | | |
| Full Name of Contributing Committee Z PAC PENNSYLVANIA SOCIETY OF A | NESTHESIOLOGIST PA | С | | МО | DAY | YEAR | | | | |
| Mailing Address 1400 NORTH PROV | IDENCE ROAD BUILDI | ING 2, SU | ITE 240 | | | | \$ | 500.00 | | |
| City MEDIA | State PA | Zip Cod 19063 | e (Plus 4) | 5 | 13 | 2021 | | | | |
| | | • | | • | • | | • | PAGE TOTAL | | |
| Enter Grand Total of Part C on Scho | edule I, Detailed Sun | nmary Pa | age, Sectio | n 3. | | | \$ | 2 000 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 Candidate | | | | Reporting Period | | | | | | |
|---|---------------------|----------------|---------|------------------|-------|------|--------|-------------|--|--|
| | | | Fron | From: T | | | | o: | | |
| | | | | D | ATE | | ı | AMOUNT | | |
| Full Name of Contributor | | | | МО | DAY | YEAR | | | | |
| Mailing Address | | | | | | | \$ | 0.00 | | |
| City | State | Zip Code (Plus | s 4) | | | | | | | |
| Employer Name | | | | Occupat | tion | | | | | |
| Employer Mailing Address/Principal Plac Business | e of | City | | | State | | Zip Co | de (Plus 4) | | |
| Enter Grand Total of Part C on Sche | dule I, Detailed Su | ımmary Page, | Section | on 3. | | | l | 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 | ting Perio | bd | | | |
|-------------------------------|--------------------------|------------------|---------|------------|-----|------|-----|----------|
| | | | From: | | | To: | | |
| | | | | D | ATE | | AM | OUNT |
| 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. Detaile | d Summary Page | Section | 4 | | | PAG | GE TOTAL |
| | m deficación 1, detailes | z Sammary r age, | occion | •• | | | \$ | 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 Period | | |
|--|------------------|----------------------------|-----------------|
| FRIENDS OF PETER SCHWEYER | From: | <u>5/4/2021</u> To: | <u>6/7/2021</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | ER 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 Candid | ate | | Reporting 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 S | chedule II In-Kir | nd Contributions Deta | iled Sum | mary Pag | ле Г | | PAGE TOTAL | |
| Section 2. | incudic 11, 111 Kii | ia contributions beta | nea Sam | illial y I as | , , | | PAGE TOTAL | |
| | | | | | | \$ | 0.00 | |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candid | Name of Filing Committee or Candidate | | | | Reporting Period | | | | | |
|--|---------------------------------------|---------|------------------|--------|------------------|-----------|-----------|--------|---------|--------------------|
| | | | | | Fro | om: | | | | |
| | | | | | | | 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 Business | Place of | City | | State | | Zip 4) | Code(Plus | Descri | ption o | f Contribution |
| Enter Grand Total of Part G on S Summary Page, Section 3. | Schedule II, | In-Kind | Contributi | ons De | etaile | ed | | | | PAGE TOTAL 0.00 |

STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting | | | |
|---------------------------------------|-----------|-----------------|-----|-----------------|
| FRIENDS OF PETER SCHWEYER | From | <u>5/4/2021</u> | То: | <u>6/7/2021</u> |
| | | DATE | | AMOUNT |

| | | | DATE | | | | AMOUNT |
|---|--------------------|-----------------------------------|--|-----|------|----|----------|
| To Whom Paid FRIENDS OF DARYL HENDRICKS | | | мо | DAY | YEAR | | |
| Mailing Address 1149 NORTH 14TH STREET | | | 5 | 5 | 2021 | \$ | 250.00 |
| City ALLENTOWN | State PA | Zip Code (Plus 4) 18102 | Description of Expenditure CONTRIBUTION | | | | |
| To Whom Paid LIBERTY BELL BEVERAGE | | | МО | DAY | YEAR | | |
| Mailing Address 718 N 13TH STREET | | | 5 | 12 | 2021 | \$ | 44.38 |
| City ALLENTOWN | State PA | Zip Code (Plus 4) 18102 | Description of Expenditure CAMPAIGN EXPENSE -BEER | | | | |
| To Whom Paid FRIENDS OF MARTY FLYNN | | | МО | DAY | YEAR | | |
| Mailing Address 1633 DOROTHY ST. REAR | | | 5 | 13 | 2021 | \$ | 1,000.00 |
| City SCRANTON | State PA | Zip Code (Plus 4) 18504 | Description of Expenditure CONTRIBUTION | | | | |
| To Whom Paid KC STRATEGIES, LLC | | | МО | DAY | YEAR | | |
| Mailing Address 100 PINE STREET 4TH FLOOR SUITE 400 | | | 5 | 13 | 2021 | \$ | 3,554.30 |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | Description of Expenditure EVENT CONSULTING AND REIMBURSEMENT | | | | |
| To Whom Paid MAILCHIMP.COM | | | МО | DAY | YEAR | | |
| Mailing Address 675 PONCE DE LEON AVE NE SUITE 5000 | | | 5 | 13 | 2021 | \$ | 38.15 |
| City ATLANTA | State GA | Zip Code (Plus 4) 30308 | Description of Expenditure MONTHLY SUBSCRIPTION SERVICE | | | | |

| | | | | | | PAG | E 12 |
|---|--------------------|---------------------------------------|---|-----|------|-----|--------|
| To Whom Paid UNION AND FINCH | | | мо | DAY | YEAR | | |
| Mailing Address 1528 W UNION ST. | | | 5 | 13 | 2021 | \$ | 26.00 |
| City ALLENTOWN | State PA | Zip Code (Plus 4) 18102 | Description of Expenditure CAMPAIGN EXPENSE - ELECTION DAY EXPENSE | | | | |
| To Whom Paid MCCALL COLLECTIVE BREWING COMPANY | | | мо | DAY | YEAR | | |
| Mailing Address 102 E SUSQUEHANNA STREET | | | 5 | 17 | 2021 | \$ | 175.20 |
| City ALLENTOWN | State PA | Zip Code (Plus 4) 18103 | Description of Expenditure MAYOR'S RALLY-EVENT TICKET | | | | |
| To Whom Paid MARY ANN DONUT KITCHEN | | | МО | DAY | YEAR | | |
| Mailing Address 1621 W LIBERTY ST | | | 5 | 18 | 2021 | \$ | 440.00 |
| City ALLENTOWN | State PA | Zip Code (Plus 4) 181022000 | Description of Expenditure ELECTION DAY EXPENSE - DONUTS | | | | |
| To Whom Paid U-HAUL MOVING & amp; STORA | .GE | | МО | DAY | YEAR | | |
| Mailing Address 1428 E LIVINGSTON STREET | | | 5 | 23 | 2021 | \$ | 95.35 |
| City ALLENTOWN | State PA | Zip Code (Plus 4) 18103 | Description of Expenditure CAMPAIGN EXPENSE - STORAGE UNIT | | | | Г |
| To Whom Paid ALLENTOWN SCHOOL DISTRICT FOUNDATION | | | МО | DAY | YEAR | | |
| Mailing Address 31 S. PENN ST. PO BOX 328 | | | 5 | 26 | 2021 | \$ | 259.00 |
| City ALLENTOWN | State PA | Zip Code (Plus 4) 18104 | Description of Expenditure ANNUAL SCHLARSHIP | | | | |
| To Whom Paid CANARY TOUCHDOWN CLUB | | | МО | DAY | YEAR | | |
| Mailing Address 7644 BRANDYWINE CR. | | | 5 | 26 | 2021 | \$ | 350.00 |
| City TREXLERTOWN | State PA | Zip Code (Plus 4) 18087 | Description of Expenditure AD | | | | |
| | | • | | | | | |

| | | | | | | | 13 |
|---|-----------------------|-------------------------|-------------------------------------|-----------|------|----|-----------|
| To Whom Paid THE MORNING CALL | | | мо | DAY | YEAR | | |
| Mailing Address 101 NORTH 6TH STREET | | | 5 | 26 | 2021 | \$ | 27.72 |
| City ALLENTOWN | State | Zip Code (Plus 4) | Description of Expenditure | | | | |
| ALLEINIOWN | PA | 18105 | | ILY SUBSC | | | |
| To Whom Paid WAHS CLASS OF 2021 | · | · | мо | DAY | YEAR | | |
| Mailing Address 126 N 17TH STREET | | | 5 | 26 | 2021 | \$ | 100.00 |
| City ALLENTOWN | State | Zip Code (Plus 4) | Description of Expenditure DONATION | | | | |
| | PA | 18102 | | | | | |
| To Whom Paid STAPLES | | | МО | DAY | YEAR | | |
| Mailing Address TILGHMAN SQUARE SHOPPING CENTER 4628 BROADWAY | | | 5 | 28 | 2021 | \$ | 18.01 |
| City ALLENTOWN | State | Zip Code (Plus 4) | Description of Expenditure | | | | |
| | PA | 18104 | CAMPAIGN EXPENSE - OFFICE SUPPLIES | | | | IES |
| To Whom Paid DAMASCUS | · | · | мо | DAY | YEAR | | |
| Mailing Address 449 N 2ND STREET | | | 6 | 3 | 2021 | \$ | 80.00 |
| City ALLENTOWN | State | Zip Code (Plus 4) | Description of Expenditure | | | | |
| ALLEITION | PA | 18102 | CAMPAIGN EXPENSE - LUNCH MEETING | | | | IG |
| Enter Grand Total of Ever- | ditures on Dage 1. Da | nort Cover Page Them D | | | | P/ | AGE TOTAL |
| Enter Grand Total of Expen | uitures on Page 1, Re | port Cover Page, Item D | • | | | \$ | 6,458.11 |