Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification 2022C0437 Report Filed By: CANDIDATE COMMITTEE LOBBYIST									BYIST									
Name of Filing C	ommittee, C	Candida	ite or Lo	obbyist:		PET	TER (G. SCH	HWEYER									
Street Address:																		
City:									State:				Zip Code	: 18	103			
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRIDAY PRIMARY	Y PRE-	-	2. X	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No	•	/
(place X to the right of	6TH TUESDAY 4. 2ND FRIDAY PRE- PRE-ELECTION 5. 30 DAY ELECTION							POST-	6.		TERMINAT REPORT?	ION	Yes	No	•	/		
report type)										PAPER		√	DISKE	TTE				
Name of Office S	ought by Ca	andidat	e:						DATE C)F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
									МО	DAY	YEAR	≀	134	STH	DEN	1	•••	
REPRESENTATI	VE IN THE (GENEK/	AL ASS	EMBLY					11		8 2	022		(SEE INS	TRUCTI	ONS FOR C	ODES)	
Summary of		ınd	МО	DAY	YEAR	ł			МО	DAY	YEAF	₹	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			3 29	2	022	T	0	5	5	2 2	022						
A. Amount Bro	ught Forwar	d From	Last R	eport				\$	-		C	0.00						
B. Total Moneta	ary Contribu	tions A	nd Rec	eipts (From	Sche	dul	e I)	\$			C	0.00						
C. Total Funds	Available (S	um Of	Lines A	and B)				\$			C	0.00						
D. Total Expend	ditures (Froi	m Sche	dule II	[)				\$			C	0.00						
E. Ending Cash	Balance (Su	ubtract	Line D	From Line (2)			\$			0	.00						
F. Value Of In-	Kind Contrib	utions	Receive	ed (From So	chedu	le I	Ί)	\$			0	.00						
G. Unpaid Debt	s And Obliga	ations ((From S	chedule IV)			\$			0	0.00		,				
					AFF	ID	AVI	T SE	CTION									
PART I - If this is		•	•									-						
I swear (or affirm) correct and comple		ort, inclu	ıding the	: attached sch	redules	s file	ed on	paper o	or by elect	tronic m	edium, ar	e to t	the best of 1	my know	/ledge	and belie	ef , tru	ıe
Sworn to and subs	cribed before day of	me this		20							Sign	ature	e of Person	Submitti	ing Rep	ort		-
		Signatur						-					Printe	d Name				-
My Commission Ex		ngnatur	e										Email					-
I	мо	1	D/	AY	YR					Ar	ea Code		Daytime	Telepho	one Nu	mber		_
Part II- If this is	a report of	a cand	idate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		est of m	y knowle	edge and belie	ef this	poli	itical	commi	ittee has r	not viola	ted any p	rovis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		ne this										s	ignature of	Candida	te			-
	day of ————							_					Printed	Name				-
	Sign	nature						-										_
My Commission Exp	ires												Email					
		мо	D/	AY	YR	l		-		Area	Code		Day	time Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
PETER G. SCHWEYER	From:	<u>3/29/202</u>	<u>2</u> To:	5/2/2022
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

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	Name of Filing Committee or Candidate				Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•				-		DAGE 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 Filling Committee of Camulate					Reporting Period From: To:					
			l		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 Candi	nme of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				DA	TE		Α	MOUNT		
Full Name of Contributing Commit	tee			мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on S	Schedule I, Detail	ed 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.)

ame of Filing Committee or Candidate			Reporting Period						
				Froi	n:				
					D	ATE		АМ	IOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	i 4)					
Employer Name	•	•			Occupa	tion		•	
Employer Mailing Address/Principal P Business	lace of		City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sc	hedule I, Deta	iled Sumr	mary Page,	Section	on 3.			P <i>I</i>	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	od			
			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. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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 Peri	od	
PETER G. SCHWEYER	From:	3/29/2022 To :	<u>5/2/2022</u>
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		Reporting	g Period					
	Fr					То:	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	те Г		PAGE TOTAL		
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL		
						\$	0.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate					Period	Reporting Period				
					From:			То:			
						DAT	E			AMOUNT	
Full Name of Contributor					мо	DAY	,	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(Plus	4)							
Employer of Contributor					Оссир	ation					
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zi 4)	p Code(Pl)	us	Descri	ption	of Contribution	
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed					PAGE TOTAL	
Summary Page, Section 3.										0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (Name of Filing Committee or Candidate					Reporting Period					
	From			То:							
				DATE			AMOUNT				
To Whom Paid			МО	DAY	YEAR						
Mailing Address						\$	0.00				
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure						
							PAGE TOTAL				
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D).			\$	0.00				