Commonwealth of Pennsylvania

Campaign Finance Statement



File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

NAME OF THING COMMITTEE CAN		4C0101	KLFOKIII	ILED ON BEHALF OF:	Candidate
NAME OF FILING COMMITTEE, CAN	DIDATE OR LOBE	BYIST	PETER G. SC	CHWEYER	
STREET ADDRESS					
CITY		STATE		ZIP CODE	18103
TYPE OF REPORT 30-Day Po	ost-Primary				
NAME OF OFFICE SOUGHT BY C	ANDIDATE	REPRESEN ^T ASSEMBLY	TATIVE IN THE (GENERAL	
DISTRICT CODE 134			PAI	RTY CODE DEM	
DATE OF ELECTION	11/5/2024				
DATES OF REPORTING PERIOD		4/9/2024	то	5/13/2024	For Office Use Only
AMENDMENT REPORT?	NO	TER	MINATION REI	PORT? NO	
CASH BALANCE AT THE END PERIOD:	OF REPORTING	i	0.00		
TOTAL AMOUNT OF FILER'S ODEBTS OR LIABILITIES AT TREPORTING PERIOD:			0.00		
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