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 FILING COMMITTE STREET ADDRESS CITY	EE, CANDIDATE OR LO	BBYIST	PETER G. SCHWE	'EYER	
CITY					
		STATE		ZIP CODE 18	8103
TYPE OF REPORT 2r	nd Friday Pre-Election				
NAME OF OFFICE SOUGH	IT BY CANDIDATE	REPRESENT. ASSEMBLY	TATIVE IN THE GENE	ERAL	
DISTRICT CODE 1	134		PARTY	CODE DEM	
DATE OF ELECTION	11/5/2024				
DATES OF REPORTING PI	ERIOD	9/17/2024	то	10/21/2024	For Office Use Only
AMENDMENT REPORT?	NO	TERN	MINATION REPORT	RT? NO	
CASH BALANCE AT TH PERIOD:	E END OF REPORTIN	G	0.00		
TOTAL AMOUNT OF FI DEBTS OR LIABILITIE REPORTING PERIOD:	ES AT THE END OF	ì	0.00		
			AVIT SECTION		
NOT EXCÉED TWO HUNDRED AND SWORN TO AND SUBSCRIBED	f of a Contributing Lobby GAGGREGATE RECEIPTS OR ID FIFTY DOLLARS (\$250.00	oyist, the Lobbyis R DISBURSEMENTS 0) AND THIS REPO	ist must sign here. S OR LIABILITIES INCUR		ORTING PERIOD INDICATED ABOVE DI BELIEF, TRUE, CORRECT AND COMPLET
day of		20		SIGNATURE OF	PERSON SUBMITTING REPORT
SIGNATURE			PRINTED NAME		PRINTED NAME
MY COMMISION EXPIRES	MO. DAY	Y YR.		AREA CODE	DAYTIME TELEPHONE NUMBER
PART II - f statement is filed on behalf	- Condidata's Autho	· Committe	Condidate must		
	THE BEST OF MY KNOWLED				D ANY PROVISIONS OF THE ACT OF JU
3, 1937 (P.L. 1333, No. 320) AS SWORN TO AND SUBSCRIBED	AMENDED.				
day of	BEFUKE ME 11115	20			
				SIGNATURE OF	PERSON SUBMITTING REPORT
	SIGNATURE			1	PRINTED NAME

AREA CODE

DAYTIME TELEPHONE NUMBER