

CAMPAIGN FINANCE REPORT

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

Filer Identification Number: ▶		Report Filed By: ▶		CANDIDATE ^{1.}		COMMITTEE ^{2.}		LOBBYIST ^{3.}			
Name of Filing Committee, Candidate or Lobbyist: MATT FOR MAYOR											
Street Address: 46 S 16TH ST											
City: ALLENTOWN					State: PA		Zip Code: 18102 -				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30-DAY POST-PRIMARY	3.	AMENDMENT REPORT?	YES	NO		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30-DAY POST-ELECTION	6.	TERMINATION REPORT?	YES	NO		
	ANNUAL REPORT	7.	YEAR	2021	FILING METHOD () CHECK ONE ▶		PAPER	X	DISKETTE		
Name of Office Sought by Candidate:					DATE OF ELECTION		District Number	Office Code	Party Code	County Code	
					MO.	DAY	YEAR	874	DEM	39	
					11	2	2021	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from: ▶			MO. DAY YEAR			MO. DAY YEAR			FOR OFFICE USE ONLY		
			11 22 2021			To 12 31 2021					
A. Amount Brought Forward From Last Report					\$	3074.17					
B. Total Monetary Contributions and Receipts (From Schedule I)					\$	4650.00					
C. Total Funds Available (Sum of Lines A and B)					\$	0					
D. Total Expenditures (From Schedule III)					\$	6491.62					
E. Ending Cash Balance (Subtract Line D from Line C)					\$	1232.55					
F. Value of In-Kind Contributions Received (From Schedule II)					\$	-					
G. Unpaid Debts and Obligations (From Schedule IV)					\$	-					

RECEIVED
2022 FEB - 7 AM 9:26
ELECTIONS
OF LEHIGH COUNTY

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

7 day of February 2022

Joelle M. Tomkins
Signature

My commission expires August 3 2024
MO. DAY YR.

Lucrecia Ramsey Bodry
Signature of Person Submitting Report
Lucrecia Ramsey Bodry
Printed Name

Area Code

Daytime Telephone Number

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this

7 day of February 2022

Joelle M. Tomkins
Signature

My commission expires August 3 2024
MO. DAY YR.

MATT TWEAK
Signature of Candidate
MATT TWEAK
Printed Name

Area Code

Daytime Telephone Number

Commonwealth of Pennsylvania Department of State • Bureau of Commissions, Elections and Legislation
 JOELLE M. TOMKINS - Notary Public
 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280
 Lehigh County

Commission Expires Aug 3, 2024
 Commission Number 1373041

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate MATT FOR MAYOR	Reporting Period From 11/22/21 To 12/31/21
--	---

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ 50.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$ -
All Other Contributions (Part B)		\$ 300
TOTAL for the Reporting Period	(2)	\$ 300

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$ 800.
All Other Contributions (Part D)		\$ 3500
TOTAL for the Reporting Period	(3)	\$ 4300

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
TOTAL for the Reporting Period	(4)	\$ 0

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 4,650.00
--	--------------------

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 Filing Committee or Candidate MATT FOR MAYOR	Reporting Period From 11/28/21 To 12/31/21
--	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Jeff Brown	12	17	21	\$ 100.-
Mailing Address 24 Charles St #3	MO.	DAY	YEAR	\$
City New York State NY Zip Code (Plus 4) 10014-	MO.	DAY	YEAR	\$
Wendy Boiy	12	19	21	\$ 100.-
Mailing Address 520 Turner St	MO.	DAY	YEAR	\$
City Emmans State PA Zip Code (Plus 4) 18049-	MO.	DAY	YEAR	\$
Piomedes Mateo	12	8	21	\$ 100.-
Mailing Address 1645 W Turner	MO.	DAY	YEAR	\$
City Allentown State PA Zip Code (Plus 4) 18162-	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$

PAGE TOTAL	\$
------------	----

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

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 over \$250.00 in the reporting period.

Name of Filing Committee or Candidate MATT FOR MAYOR	Reporting Period From <u>11/22/21</u> To <u>12/31/21</u>
--	---

				DATE			AMOUNT
Full Name of Contributing Committee	MO.	DAY	YEAR				
FRIENDS of DARYL HENDRICKS	12	8	21				\$ 300
Mailing Address 1431 W LINDEN	MO.	DAY	YEAR				\$
City ALLENTOWN	MO.	DAY	YEAR	State PA	Zip Code (Plus 4) 18102		
FRIENDS of Mike Schlossberg	12	18	21				\$ 500
Mailing Address 944 N 19TH ST	MO.	DAY	YEAR				\$
City ALLENTOWN	MO.	DAY	YEAR	State PA	Zip Code (Plus 4) 18104		
Full Name of Contributing Committee	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR	State	Zip Code (Plus 4)		
Full Name of Contributing Committee	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR	State	Zip Code (Plus 4)		
Full Name of Contributing Committee	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR	State	Zip Code (Plus 4)		
Full Name of Contributing Committee	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR	State	Zip Code (Plus 4)		
Full Name of Contributing Committee	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR	State	Zip Code (Plus 4)		
Full Name of Contributing Committee	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR	State	Zip Code (Plus 4)		

PAGE TOTAL
\$

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PART D
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 MATT FOR MAYOR	Reporting Period From 11/22/21 To 12/31/21
--	---

				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				\$
Kevin Turner	12	6	21				\$ 1000.00
Mailing Address 53 Stonehenge	12	17	21				\$ 500.00
City Morehead	MO.	DAY	YEAR				\$
State KY	Zip Code (Plus 4) 40351						\$
Employer Name Rowan County SD	Occupation School Psychologist						
Employer Mailing Address/Principal Place of Business Rowan County, KY							
Edwin Baldrige	12	17	21				\$ 250
Mailing Address 304 Lutz rd	MO.	DAY	YEAR				\$
City Kutztown	MO.	DAY	YEAR				\$
State PA	Zip Code (Plus 4) 19530-						\$
Employer Name Baldrige Asset Mgmt	Occupation Financial						
Employer Mailing Address/Principal Place of Business Kutztown, PA							
Joseph Schellenberger	12	18	21				\$ 250
Mailing Address 835 Kemmer rd	MO.	DAY	YEAR				\$
City Allentown	MO.	DAY	YEAR				\$
State PA	Zip Code (Plus 4) 18104-						\$
Employer Name LVHN	Occupation Physician						
Employer Mailing Address/Principal Place of Business Allentown, PA							
Henry Lyons	12	29	21				\$ 250
Mailing Address 2824 W Chew	MO.	DAY	YEAR				\$
City Allentown	MO.	DAY	YEAR				\$
State PA	Zip Code (Plus 4) 18104-						\$
Employer Name ret.	Occupation ret.						
Employer Mailing Address/Principal Place of Business N/A							
Cynthia Blaschek	12	29	21				\$ 250
Mailing Address 3547 Aster Ct.	MO.	DAY	YEAR				\$
City Allentown	MO.	DAY	YEAR				\$
State PA	Zip Code (Plus 4) 18104-						\$
Employer Name N/A	Occupation ret.						
Employer Mailing Address/Principal Place of Business N/A							

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 2,500

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 MATT FOX MYN	Reporting Period From <u>11/02/21</u> To <u>12/31/21</u>
--	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Craig Johnson	12	7	21	\$ 500.-
Mailing Address 5720 Mountain Lane	MO.	DAY	YEAR	\$
City Coopersburg	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 18036 -	MO.	DAY	YEAR	\$
Employer Name Northstar Const.	Occupation: PRESIDENT			
Employer Mailing Address/Principal Place of Business Allentown, PA				
Robert Brooks	12	13	21	\$ 500.
Mailing Address 701 Hamilton St	MO.	DAY	YEAR	\$
City Allentown	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 18101 -	MO.	DAY	YEAR	\$
Employer Name Brooks Sports Group	Occupation: PRINCIPAL			
Employer Mailing Address/Principal Place of Business Allentown, PA				
	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				
	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				
	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL

\$ 1500.-

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate MATT FOR MAYOR	Reporting Period From 11/22/21 To 12/31/22
--	---

To Whom Paid	MO.	DAY	YEAR	Amount
STATE FARM INSURANCE	11	23	21	\$ 79.16
Mailing Address PO BOX 52251	Description of Expenditure OFFICE INSURANCE			
City PHOENIX	State AZ	Zip Code (Plus 4) 85072		
MICHAELA BOYER	12	2	21	\$ 121.53
Mailing Address 1013 BIRCH ST	Description of Expenditure REFRESHMENTS			
City LANUS STATION	State PA	Zip Code (Plus 4) 18059-		
A. + B. Inc	12	7	21	\$ 36.16
Mailing Address 366 Summer St	Description of Expenditure PROCESSING FEES			
City Somerville	State MA	Zip Code (Plus 4) 02144-		
Mary Dent	12	3	21	\$ 3500
Mailing Address 40 S 16TH ST	Description of Expenditure			
City ALLENTOWN	State PA	Zip Code (Plus 4) 18102		
MICHAELA BOYER	12	15	21	\$ 2000.-
Mailing Address 1013 BIRCH ST	Description of Expenditure			
City LANUS STATION	State PA	Zip Code (Plus 4) 18059-		
City Center	12	27	21	\$ 600.00
Mailing Address 645 Hamilton Ste 600	Description of Expenditure OFFICE RENT			
City Allentown	State PA	Zip Code (Plus 4) 18102-		
Reading Coffee	12	28	21	\$ 104.77
Mailing Address 27 N 7th	Description of Expenditure refreshments			
City Allentown	State PA	Zip Code (Plus 4) 18102-		
Wells Fargo	12	31	22	\$ 150.-
Mailing Address 506 N 19th	Description of Expenditure BANK FEES			
City Allentown	State PA	Zip Code (Plus 4) 18102		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

\$ 6491.62