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.

FILER IDENTIFICATION NUMBER	REPORT FILED ON BEHALF OF	CANDIDATE 1. /	COMMITTEE 2.	LOBBYIST 3.

NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST: MATT TVERK

STREET ADDRESS: 46 S 16TH ST

CITY: ALLENTOWN | STATE: PA | ZIP CODE: 18102 —

TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY	1.	MAYOR		D	11	2	2021
2ND FRIDAY PRE-PRIMARY	2.						
30 DAY POST-PRIMARY	3.						
6TH TUESDAY PRE-ELECTION	4.						
2ND FRIDAY PRE-ELECTION	5.						
30 DAY POST-ELECTION	6.						
ANNUAL REPORT	7. X						

DATES OF REPORTING PERIOD: MO. DAY YEAR — TO — MO. DAY YEAR

CASH BALANCE AT END OF REPORTING PERIOD: $ Ø

TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: $ Ø

	YES		NO	
AMENDMENT REPORT?	YES		NO	/
TERMINATION REPORT?	YES		NO	/

FOR OFFICE USE ONLY

2022 FEB -7 AM 9:27
ELECTION BOARD
LEHIGH COUNTY
RECEIVED

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee *or* Candidates's Committee, the Treasurer must sign here.
If statement is filed on behalf of a Candidate, the Candidate must sign here.
If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS ($250.00) AND THIS REPORT IS, 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 08 03 2024 (MO. DAY YR.)

SIGNATURE OF PERSON SUBMITTING REPORT

MATT TVERK
PRINTED NAME

610 — AREA CODE
653.3064 — DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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 _____ DAY OF _____ 20___

SIGNATURE

MY COMMISSION EXPIRES _____ (MO. DAY YR.)

SIGNATURE OF CANDIDATE

PRINTED NAME

AREA CODE — DAYTIME TELEPHONE NUMBER

Commonwealth of Pennsylvania - Notary Seal
JOELLE M. TOMKINS - Notary Public
Lehigh County
My Commission Expires Aug 3, 2024
Commission Number 1373041