

Commonwealth of Pennsylvania
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.} <input checked="" type="checkbox"/>	LOBBYIST ^{3.}
Name of Filing Committee, Candidate or Lobbyist: Friends of Peter Schweyer				
Street Address: PO Box 4364				
City: Allentown		State: PA	Zip Code: 18105	

TYPE OF REPORT (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY ^{1.}	2ND FRIDAY PRE-PRIMARY ^{2.}	30 DAY POST PRIMARY ^{3.} <input checked="" type="checkbox"/>	AMENDMENT REPORT?	YES	NO
	8TH TUESDAY PRE-ELECTION ^{4.}	2ND FRIDAY PRE-ELECTION ^{5.}	30 DAY POST ELECTION ^{6.}	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT ^{7.}	YEAR	FILING METHOD () CHECK ONE	PAPER	<input checked="" type="checkbox"/>	DISKETTE

Name of Office Sought by Candidate: Allentown Council	DATE OF ELECTION			District Number	Office Code	Party Code	County Code
	MO.	DAY	YEAR				
	11	8	2011				

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY
		05	02	2011		6	6	
A. Amount Brought Forward From Last Report				\$	6,090.43			
B. Total Monetary Contributions and Receipts (From Schedule I)				\$	5,700.00			
C. Total Funds Available (Sum of Lines A and B)				\$	11,790.43			
D. Total Expenditures (From Schedule III)				\$	1,472.08			
E. Ending Cash Balance (Subtract Line D from Line C)				\$	10,318.35			
F. Value of In-Kind Contributions Received (From Schedule II)				\$	N/A			
G. Unpaid Debts and Obligations (From Schedule IV)				\$	N/A			

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 13 day of June 2011

My commission expires 5/13 DAY YR.

Signature of Person Submitting Report
 Timothy P. Brennan

Printed Name
 610 433-4640
 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 13 day of June 2011

My commission expires 5/13 DAY YR.

Signature of Candidate
 Peter G. Schweyer

Printed Name
 610 434-7243
 Area Code Daytime Telephone Number

Department of State • Bureau of Commissions, Elections and Legislation
 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

CONTRIBUTIONS AND RECEIPTS**Detailed Summary Page**

Name of Filing Committee or Candidate Friends of Peter Schweyer	Reporting Period From 5/2/2011 To 6/6/2011
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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)	\$ 550.00
All Other Contributions (Part B)	\$ 2,250.00
TOTAL for the Reporting Period (2)	\$ 2,800.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 1,000.00
All Other Contributions (Part D)	\$ 1,850.00
TOTAL for the Reporting Period (3)	\$

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.)	\$ 5,700.00
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PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate Friend of Peter Schweyer	Reporting Period From 5/2/2011 To 6/6/2011
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee PPL People for Good Government				05	03	11	\$ 100.00
Mailing Address				MO.	DAY	YEAR	\$
Two North 9th Street							
City Allentown	State PA	Zip Code (Plus 4) 18101-		MO.	DAY	YEAR	\$
Full Name of Contributing Committee Friends of Lisa Boscola				05	03	11	\$ 100.00
Mailing Address				MO.	DAY	YEAR	\$
385 Palmetto Drive							
City Easton	State PA	Zip Code (Plus 4) 18045 -		MO.	DAY	YEAR	\$
Full Name of Contributing Committee Lehigh Valley Labor Council AFL CIO				05	03	11	\$ 100.00
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -		MO.	DAY	YEAR	\$
Full Name of Contributing Committee Air Products PA Political Alliance				05	13	11	\$ 250.00
Mailing Address				MO.	DAY	YEAR	\$
PO BOX 411							
City Trexlerstown	State PA	Zip Code (Plus 4) 18087 -		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -		MO.	DAY	YEAR	\$

Enter Grand Total of Part A on Schedule 1, Detailed Summary Page, Section 2.

PAGE TOTAL	\$ 550.00
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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 Friends of Peter Schweyer	Reporting Period From 5/2/2011 To 6/6/2011
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Oldrich Foucek III	05	04	11	\$ 200.00
Mailing Address	MO.	DAY	YEAR	\$
2911 Chew Street				\$
City	MO.	DAY	YEAR	\$
Allentown				\$
State	MO.	DAY	YEAR	\$
PA				\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
18104 -				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Samuel Crothers, IV	05	04	11	\$ 150.00
Mailing Address	MO.	DAY	YEAR	\$
1121 W Turner Street				\$
City	MO.	DAY	YEAR	\$
Allentown				\$
State	MO.	DAY	YEAR	\$
PA				\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
18102 -				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Josh Smoyer and Becky Bradley	05	04	11	\$ 200.00
Mailing Address	MO.	DAY	YEAR	\$
6484 Germans Corner Road				\$
City	MO.	DAY	YEAR	\$
Germansville				\$
State	MO.	DAY	YEAR	\$
PA				\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
18053 -				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
George M Horas	05	04	11	\$ 150.00
Mailing Address	MO.	DAY	YEAR	\$
1019 Dorchester Lane				\$
City	MO.	DAY	YEAR	\$
Harleysville				\$
State	MO.	DAY	YEAR	\$
PA				\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
19438 -				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Robert M Donchez	05	12	11	\$ 100.00
Mailing Address	MO.	DAY	YEAR	\$
377 Devonshire Drive				\$
City	MO.	DAY	YEAR	\$
Bethlehem				\$
State	MO.	DAY	YEAR	\$
PA				\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
18017 -				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Brian R Tipton	05	09	11	\$ 250.00
Mailing Address	MO.	DAY	YEAR	\$
3075 Hutchinson River Rd				\$
City	MO.	DAY	YEAR	\$
Phillipsburg				\$
State	MO.	DAY	YEAR	\$
NJ				\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
08865 -				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Frank D Boyer	05	03	11	\$ 150.00
Mailing Address	MO.	DAY	YEAR	\$
3158 Apollo Drive				\$
City	MO.	DAY	YEAR	\$
Bethlehem				\$
State	MO.	DAY	YEAR	\$
PA				\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
18017 -				\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Sovereign Enterprises LLC	05	03	11	\$ 100.00
Mailing Address	MO.	DAY	YEAR	\$
1865 Troxell Street				\$
City	MO.	DAY	YEAR	\$
Allentown				\$
State	MO.	DAY	YEAR	\$
PA				\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
18109 -				\$

PAGE TOTAL

\$ 1300.00

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

PART B
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 Friends of Peter Schweyer	Reporting Period From 5/3/2011 To 6/6/2011
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Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	
Charles F. Smith Jr					05	03	11	\$ 150.00
	4537 Apple Tree Lane		PA	18015 -				\$
		Bethlehem						\$
Charles Marcon					05	04	11	\$ 150.00
	328 27th Street							\$
		Allentown	PA	18104 -				\$
Michael J Stoudt Jr					05	04	11	\$ 150.00
	1139 Wellington Circle							\$
		Laury's Station	PA	18059 -				\$
JB Reilly					05	03	11	\$ 250.00
	1577 Saucon Valley Rd		PA	18015 -				\$
		Bethlehem						\$
Scott B Allinson					05	03	11	\$ 150.00
	1611 Pond Road							\$
		Allentown	PA	18104 -				\$
Joel B. Gilley					05	18	11	\$ 100.00
	7159 Corning Road							\$
		Zionsville	PA	18092 -				\$
								\$
								\$
								\$
								\$
								\$
								\$

PAGE TOTAL
\$ 950.00

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 Friends of Peter Schweyer	Reporting Period From 5/2/2011 To 6/6/2011
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee Freinds of Jennifer Mann				5	3	11	\$ 1,000.00
Mailing Address				MO.	DAY	YEAR	\$
PO Box 1881							
City				MO.	DAY	YEAR	\$
Allentown		State PA	Zip Code (Plus 4) 18105 -				
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$

PAGE TOTAL
\$ 1,000.00

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 Friends of Peter Schweyer	Reporting Period From <u>5/2/2011</u> To <u>6/6/2011</u>
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				DATE			AMOUNT
Full Name of Contributor Christian M Perrucci				MO. 05	DAY 09	YEAR 11	\$ 350.00
Mailing Address 1816 Maple Street				MO.	DAY	YEAR	\$
City Bethlehem	State PA	Zip Code (Plus 4) 18017 -		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Full Name of Contributor Matthew McTish				MO. 05	DAY 03	YEAR 11	\$ 500.00
Mailing Address 5728 Ridge Trail				MO.	DAY	YEAR	\$
City Orefield	State PA	Zip Code (Plus 4) 18069 -		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Full Name of Contributor Lee A Butz				MO. 05	DAY 09	YEAR 11	\$ 500.00
Mailing Address 3633 Trexler Road				MO.	DAY	YEAR	\$
City Allentown	State PA	Zip Code (Plus 4) 18104 -		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Full Name of Contributor Greg Butz				MO. 05	DAY 03	YEAR 11	\$ 500.00
Mailing Address 1636 Barkwood Road				MO.	DAY	YEAR	\$
City Orefield	State PA	Zip Code (Plus 4) 18069 -		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business BOA Building, Broad Street, Bethlehem, PA 18018							

Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	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
\$ 1850.00**

PART E 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 Friends of Peter Schweyer	Reporting Period From 5/2/2011 To 6/6/2011
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Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.	PAGE TOTAL \$
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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 Friends of Peter Schweyer	Reporting Period From 5/2/2011 To 6/6/2011
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period	(2) \$

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period	(3) \$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ N/A
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**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Friends of Peter Schweyer	Reporting Period From 5/2/2011 To 6/6/2011
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				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate Friends of Peter Schweyer	Reporting Period From 5/2/2011 To 6/6/2011
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				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL

\$

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Peter Schweyer	Reporting Period From 5/5/2011 To 6/6/2011
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To Whom Paid Celeste Dee	MO. 5	DAY 11	YEAR 11	Amount \$ 65.00
Mailing Address	Description of Expenditure			
City Whitehall	State PA	Zip Code (Plus 4) 18052-		Reimbursement for gas
To Whom Paid LCDC	MO.	DAY	YEAR	Amount \$ 70.00
Mailing Address PO Box 33	Description of Expenditure Donation			
City Allentown	State PA	Zip Code (Plus 4) 18105 -		
To Whom Paid Allentown City Democratic Committee	MO. 5	DAY 12	YEAR 11	Amount \$ 250.00
Mailing Address 25 S 15th Street	Description of Expenditure			
City Allentown	State PA	Zip Code (Plus 4) 18102-		Donation
To Whom Paid Lenigh Valley Print Center	MO. 5	DAY 13	YEAR 11	Amount \$ 402.00
Mailing Address 1337 N Nelson Street	Description of Expenditure			
City Allentown	State PA	Zip Code (Plus 4) 18109 -		Doorhangers
To Whom Paid Syrian Arab American Charitable Assoc	MO. 5	DAY 14	YEAR 11	Amount \$ 100.00
Mailing Address N 2nd Street	Description of Expenditure			
City Allentown	State PA	Zip Code (Plus 4) 18102 -		Ad for Annual Dinner
To Whom Paid CPEC	MO. 5	DAY 24	YEAR 11	Amount \$ 172.50
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) -		Robo Calls
To Whom Paid Courtney Robinson	MO. 5	DAY 24	YEAR 11	Amount \$ 100.00
Mailing Address W Fairview Street	Description of Expenditure			
City Allentown	State PA	Zip Code (Plus 4) 18104 -		Reimbursement
To Whom Paid PA State Democratic Committee	MO. 5	DAY 10	YEAR 11	Amount \$ 312.00
Mailing Address 300 N 2nd Street	Description of Expenditure			
City Harrisburg	State PA	Zip Code (Plus 4) 17101-		Mail

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

PAGE TOTAL \$ 1472.08

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations
which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate Friends of Peter Schweyer	Reporting Period From 5/2/2011 To 6/6/2011
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Name of Creditor				Outstanding Balance of Debt	
Mailing Address				\$	
DATE DEBT INCURRED		MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					

Name of Creditor				Outstanding Balance of Debt	
Mailing Address				\$	
DATE DEBT INCURRED		MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					

Name of Creditor				Outstanding Balance of Debt	
Mailing Address				\$	
DATE DEBT INCURRED		MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					

Name of Creditor				Outstanding Balance of Debt	
Mailing Address				\$	
DATE DEBT INCURRED		MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					

Name of Creditor				Outstanding Balance of Debt	
Mailing Address				\$	
DATE DEBT INCURRED		MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					

Name of Creditor				Outstanding Balance of Debt	
Mailing Address				\$	
DATE DEBT INCURRED		MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$
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