

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 | <input checked="" type="checkbox"/> | COMMITTEE | <input type="checkbox"/> | LOBBYIST | <input type="checkbox"/> | | | | | | |
| NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Peter Schweyer | | | | | | | | | | | | | | | |
| STREET ADDRESS 1529 Catalina Avenue | | | | | | | | | | | | | | | |
| CITY Allentown | | | | STATE PA | | ZIP CODE 18103 | | | | | | | | | |
| TYPE OF REPORT (CHECK ONE) | | NAME OF OFFICE SOUGHT BY CANDIDATE | | | DISTRICT NO. | PARTY | DATE OF ELECTION | | | | | | | | |
| 1. 6TH TUESDAY PRE-PRIMARY | | Allentown Council | | | | | MO. | DAY | YEAR | | | | | | |
| 2. 2ND FRIDAY PRE-PRIMARY | | | | | | | 11 | 8 | 2011 | | | | | | |
| 3. 30 DAY POST-PRIMARY | | | | | | | DATES OF REPORTING PERIOD | | | MO. | DAY | YEAR | MO. | DAY | YEAR |
| 4. 6TH TUESDAY PRE-ELECTION | | | | | | | 10 | 25 | 11 | 11 | 28 | 11 | FOR OFFICE USE ONLY | | |
| 5. 2ND FRIDAY PRE-ELECTION | | | | | | | CASH BALANCE AT END OF REPORTING PERIOD: \$ | | | N/A | | | 2011 DEC -8 PM 2: RECEIVED OF LEHIGH COUNTY | | |
| 6. 30 DAY POST-ELECTION | | | | | | | TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ | | | N/A | | | | | |
| 7. ANNUAL REPORT | | | | | | | AMENDMENT REPORT? | YES | NO | X | TERMINATION REPORT? | YES | | | |

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 8 DAY OF NOVEMBER 2011

 SIGNATURE OF PERSON SUBMITTING REPORT
 Peter G. Schweyer

 PRINTED NAME
 Peter G. Schweyer

 AREA CODE
 610

 DAYTIME TELEPHONE NUMBER
 434-7243

MY COMMISSION EXPIRES 5 / 28 / 2013

MO. DAY YR.

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 OF CANDIDATE

 PRINTED NAME

 AREA CODE

 DAYTIME TELEPHONE NUMBER

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

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.} X | 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) | 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.} X | TERMINATION REPORT? YES NO |
| | ANNUAL REPORT ^{7.} | YEAR | FILING METHOD () CHECK ONE | PAPER X 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 |
| | 10 | 25 | 2011 | | 11 | 28 | 2011 |
| A. Amount Brought Forward From Last Report | | | | \$ | 15,133.23 | | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | | | | \$ | 200.00 | | |
| C. Total Funds Available (Sum of Lines A and B) | | | | \$ | 15,333.23 | | |
| D. Total Expenditures (From Schedule III) | | | | \$ | 5,912.00 | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | | | | \$ | 9,421.23 | | |
| F. Value of In-Kind Contributions Received (From Schedule II) | | | | \$ | 8,870.39 | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | | | | \$ | N/A | | |

FOR OFFICE USE ONLY

2011 DEC - 8 PM 2:27

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 on 8 day of DECEMBER, 2011

[Signature]
Signature

My commission expires 5/28/2013
MO. DAY YR.

[Signature]
Signature of Person Submitting Report
Timothy P. Brennan

610 Printed Name 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 on 8 day of DECEMBER, 2011

[Signature]
Signature

My commission expires 5/28/2013
MO. DAY YR.

[Signature]
Signature of Candidate
Peter G. Schweyer

610 Printed Name 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 10/25/2011 To 11/28/2011 |
|--|---|

| | | |
|---|-----|------|
| 1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR | | |
| TOTAL for the Reporting Period | (1) | \$ 0 |

| | | |
|--|-----|-----------|
| 2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B) | | |
| Contributions Received from Political Committees (Part A) | | \$ 0 |
| All Other Contributions (Part B) | | \$ 200.00 |
| TOTAL for the Reporting Period | (2) | \$ 0 |

| | | |
|--|-----|------|
| 3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D) | | |
| Contributions Received from Political Committees (Part C) | | \$ 0 |
| All Other Contributions (Part D) | | \$ 0 |
| TOTAL for the Reporting Period | (3) | \$ 0 |

| | | |
|--|-----|------|
| 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 <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i> | \$ 200.00 |
|---|-----------|

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 10/25/2011 To 11/28/2011 |
|---|---|

| | DATE | | | AMOUNT |
|-------------------------------------|------|-----|------|--------|
| | MO. | DAY | YEAR | |
| Full Name of Contributing Committee | | | | \$ |
| Mailing Address | | | | \$ |
| City | | | | \$ |
| State | | | | \$ |
| Zip Code (Plus 4) | | | | \$ |
| Full Name of Contributing Committee | | | | \$ |
| Mailing Address | | | | \$ |
| City | | | | \$ |
| State | | | | \$ |
| Zip Code (Plus 4) | | | | \$ |
| Full Name of Contributing Committee | | | | \$ |
| Mailing Address | | | | \$ |
| City | | | | \$ |
| State | | | | \$ |
| Zip Code (Plus 4) | | | | \$ |
| Full Name of Contributing Committee | | | | \$ |
| Mailing Address | | | | \$ |
| City | | | | \$ |
| State | | | | \$ |
| Zip Code (Plus 4) | | | | \$ |
| Full Name of Contributing Committee | | | | \$ |
| Mailing Address | | | | \$ |
| City | | | | \$ |
| State | | | | \$ |
| Zip Code (Plus 4) | | | | \$ |
| Full Name of Contributing Committee | | | | \$ |
| Mailing Address | | | | \$ |
| City | | | | \$ |
| State | | | | \$ |
| Zip Code (Plus 4) | | | | \$ |
| Full Name of Contributing Committee | | | | \$ |
| Mailing Address | | | | \$ |
| City | | | | \$ |
| State | | | | \$ |
| Zip Code (Plus 4) | | | | \$ |
| Full Name of Contributing Committee | | | | \$ |
| Mailing Address | | | | \$ |
| City | | | | \$ |
| State | | | | \$ |
| Zip Code (Plus 4) | | | | \$ |

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

| |
|------------|
| PAGE TOTAL |
| \$ 0 |

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 10/25/2011 To 11/28/2011 |
|--|---|

| Full Name of Contributor | DATE | | | AMOUNT |
|---|------|-----|------|-----------|
| | MO. | DAY | YEAR | |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | | | | \$ |
| Zip Code (Plus 4) | | | | \$ |
| Full Name of Contributor Maxwell Davison | 10 | 27 | 11 | \$ 100.00 |
| Mailing Address 2335 Fox Meadow Drive | MO. | DAY | YEAR | \$ |
| City Allentown | MO. | DAY | YEAR | \$ |
| State PA | | | | \$ |
| Zip Code (Plus 4) | | | | \$ |
| Full Name of Contributor Charles & Ruth Marcon | 11 | 4 | 11 | \$ 100.00 |
| Mailing Address 326 N 27t Street | MO. | DAY | YEAR | \$ |
| City Allentown | MO. | DAY | YEAR | \$ |
| State PA | | | | \$ |
| Zip Code (Plus 4) | | | | \$ |
| Full Name of Contributor | MO. | DAY | YEAR | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | | | | \$ |
| Zip Code (Plus 4) | | | | \$ |
| Full Name of Contributor | MO. | DAY | YEAR | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | | | | \$ |
| Zip Code (Plus 4) | | | | \$ |
| Full Name of Contributor | MO. | DAY | YEAR | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | | | | \$ |
| Zip Code (Plus 4) | | | | \$ |
| Full Name of Contributor | MO. | DAY | YEAR | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | | | | \$ |
| Zip Code (Plus 4) | | | | \$ |

PAGE TOTAL
\$ 200.00

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 <u>10/25/2011</u> To <u>11/28/2011</u> |
|---|---|

| Full Name of Contributing Committee | DATE | | | AMOUNT |
|-------------------------------------|------|-----|------|--------|
| | MO. | DAY | YEAR | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | | | | \$ |
| Zip Code (Plus 4) | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | | | | \$ |
| Zip Code (Plus 4) | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | | | | \$ |
| Zip Code (Plus 4) | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | | | | \$ |
| Zip Code (Plus 4) | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | | | | \$ |
| Zip Code (Plus 4) | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | | | | \$ |
| Zip Code (Plus 4) | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | | | | \$ |
| Zip Code (Plus 4) | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | | | | \$ |
| Zip Code (Plus 4) | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | | | | \$ |
| Zip Code (Plus 4) | | | | \$ |
| 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 Friends of Peter Schweyer | Reporting Period From <u>10/25/2011</u> To <u>11/28/2011</u> |
|--|---|

| | | | | DATE | | | AMOUNT |
|--|-------|-------------------|--|------------|-----|------|--------|
| 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 | | | | | | | |
| 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 | | | | | | | |
| 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 | | | | | | | |
| 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 | | | | | | | |
| 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 |
| \$ 0 |

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 10/25/2011 To 11/28/2011 |
|--|---|

| | | | | | | |
|---------------------|-------|-------------------|-----|-----|------|--------------|
| 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 | | | | | | |

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

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

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 10/25/2011 To 11/28/2011 |
|--|---|

| | |
|--|--------|
| 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) \$ 8,870.39 |

| | |
|---|-------------|
| 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.) | \$ 8,870.39 |
|---|-------------|

**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 <u>10/25/2011</u> To <u>11/28/2011</u> |
|---|---|

| Full Name of Contributor | DATE | | | AMOUNT |
|------------------------------|------|-----|------|--------|
| | MO. | DAY | YEAR | |
| Mailing Address | | | | \$ |
| City | | | | \$ |
| State | | | | |
| Zip Code (Plus 4) | | | | |
| Description of Contribution: | | | | |
| Full Name of Contributor | | | | \$ |
| Mailing Address | | | | \$ |
| City | | | | \$ |
| State | | | | |
| Zip Code (Plus 4) | | | | |
| Description of Contribution: | | | | |
| Full Name of Contributor | | | | \$ |
| Mailing Address | | | | \$ |
| City | | | | \$ |
| State | | | | |
| Zip Code (Plus 4) | | | | |
| Description of Contribution: | | | | |
| Full Name of Contributor | | | | \$ |
| Mailing Address | | | | \$ |
| City | | | | \$ |
| State | | | | |
| Zip Code (Plus 4) | | | | |
| Description of Contribution: | | | | |
| Full Name of Contributor | | | | \$ |
| Mailing Address | | | | \$ |
| City | | | | \$ |
| State | | | | |
| Zip Code (Plus 4) | | | | |
| Description of Contribution: | | | | |
| Full Name of Contributor | | | | \$ |
| Mailing Address | | | | \$ |
| City | | | | \$ |
| State | | | | |
| Zip Code (Plus 4) | | | | |
| Description of Contribution: | | | | |
| Full Name of Contributor | | | | \$ |
| Mailing Address | | | | \$ |
| City | | | | \$ |
| State | | | | |
| Zip Code (Plus 4) | | | | |
| Description of Contribution: | | | | |

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

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

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| | |
|--|---|
| Name of Filing Committee or Candidate Friends of Peter Schweyer | Reporting Period From 10/25/2011 To 11/28/2011 |
|--|---|

| | | | | DATE | | | AMOUNT |
|--|--|-------------|------------------------------|--|-----|------|-------------|
| Full Name of Contributor PA Democratic Party | | | | MO. | DAY | YEAR | \$ 8,870.39 |
| Mailing Address 300 North 2nd Street | | | | MO. | DAY | YEAR | |
| City Harrisburg | | State PA | Zip Code (Plus 4) 17101 - | MO. | DAY | YEAR | \$ |
| Employer of Contributor N/A | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | | Description of Contribution Mailing | | | |
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| 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 | | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| 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 | | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| 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 | | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| 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
\$ 8,870.39

SCHEDULE III

STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | | Reporting Period | | | |
|---|-------|-------------------|--|-------------------------------|-----|------|-------------|
| Friends of Peter Schweyer | | | | From 10/25/2011 To 11/28/2011 | | | |
| To Whom Paid Mimi's Ballons | | | | MO | DAY | YEAR | Amount |
| | | | | 10 | 29 | 2011 | \$ 212.00 |
| Mailing Address 19th Street | | | | Description of Expenditure | | | |
| City | State | Zip Code (Plus 4) | | Ballons | | | |
| Allentown | PA | 18104- | | | | | |
| To Whom Paid Jennifer Schweyer | | | | MO | DAY | YEAR | Amount |
| | | | | 6 | 7 | 2011 | \$ 500.00 |
| Mailing Address 1529 Catalina Ave | | | | Description of Expenditure | | | |
| City | State | Zip Code (Plus 4) | | Cell phones, diner with | | | |
| Allentown | PA | 18103- | | volunteers | | | |
| To Whom Paid LCDC | | | | MO | DAY | YEAR | Amount |
| | | | | 10 | 29 | 2011 | \$ 700.00 |
| Mailing Address PO Box 33 | | | | Description of Expenditure | | | |
| City | State | Zip Code (Plus 4) | | Donation | | | |
| Allentown | PA | 18105- | | | | | |
| To Whom Paid PA State Democratic Party | | | | MO | DAY | YEAR | Amount |
| | | | | 10 | 14 | 2011 | \$ 4,100.00 |
| Mailing Address 506 N 2nd Street | | | | Description of Expenditure | | | |
| City | State | Zip Code (Plus 4) | | Mail | | | |
| Harrisburg | PA | 17101 | | | | | |
| To Whom Paid LCDC | | | | MO | DAY | YEAR | Amount |
| | | | | 11 | 6 | 2011 | \$ 50.00 |
| Mailing Address PO Box 33 | | | | Description of Expenditure | | | |
| City | State | Zip Code (Plus 4) | | Food for volunteers | | | |
| Allentown | PA | 18105- | | | | | |
| To Whom Paid Pressmann Memorial Scholarship | | | | MO | DAY | YEAR | Amount |
| | | | | 11 | 26 | 2011 | \$ 250.00 |
| Mailing Address 2090 Highmann Street Suite 203 | | | | Description of Expenditure | | | |
| City | State | Zip Code (Plus 4) | | Donation | | | |
| Allentown | PA | 18104- | | | | | |
| To Whom Paid Spencer for Reading | | | | MO | DAY | YEAR | Amount |
| | | | | 10 | 18 | 2011 | \$ 100.00 |
| Mailing Address 147 N 5th Street, 2nd Floor | | | | Description of Expenditure | | | |
| City | State | Zip Code (Plus 4) | | Donation | | | |
| Reading | PA | 19601- | | | | | |
| To Whom Paid | | | | MO | DAY | YEAR | Amount |
| Mailing Address | | | | | | | \$ |
| City | | | | Description of Expenditure | | | |
| State | | | | | | | |
| Zip Code (Plus 4) | | | | | | | |

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

PAGE TOTAL
\$ 5,912.00