

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 <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) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT <input checked="" type="checkbox"/>	NAME OF OFFICE SOUGHT BY CANDIDATE Allentown Council		DISTRICT NO.	PARTY	DATE OF ELECTION
	DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR 1 1 12 TO 12 31 12		FOR OFFICE USE ONLY		
	CASH BALANCE AT END OF REPORTING PERIOD: \$ N/A				
	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ N/A				
	AMENDMENT REPORT? YES NO X				
	TERMINATION REPORT? YES NO X				
	MO. DAY YEAR 11 6 2012				
	MO. DAY YEAR 11 6 2012				

**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

30<sup>th</sup> DAY OF January 20 13

AMANDA SCHREY  
 SIGNATURE  
 MY COMMISSION EXPIRES March 13 2013

COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 AMANDA SCHREY, Notary Public  
 City of Allentown, Lehigh County  
 My Commission Expires March 13, 2013

Peter G. Schweyer  
 SIGNATURE OF PERSON SUBMITTING REPORT  
 PRINTED NAME  
 434-7243  
 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 OF CANDIDATE

PRINTED NAME

SIGNATURE

MY COMMISSION EXPIRES MO. DAY YR.

AREA CODE DAYTIME TELEPHONE NUMBER

## INSTRUCTIONS FOR FILING THE CAMPAIGN FINANCE STATEMENT

1. You may file this statement in lieu of a full report when the amount of contributions (including in-kind contributions) received, the amount of money expended and the liabilities incurred *each* did not exceed \$250.00 during the reporting period.
2. File this statement in the office where the nomination petitions, nomination certificate or nomination papers of the candidate(s) supported were filed.
3. **A candidate must file a statement or report that is separate from one filed by her/his authorized committee.**
4. Each statement shall be subscribed and sworn to by the candidate (if it is the candidate's personal report) or the treasurer of the political committee, acknowledging the accuracy of the report. In addition, those reports filed on behalf of a candidate's political committee, authorized by a candidate and created solely for the purpose of influencing an election on behalf of that candidate, shall be subscribed and sworn to by that candidate.
5. Reports must be filed according to the following schedule. For specific dates, consult the Election Calendar.

First report deadline: Cycle 1	Sixth Tuesday Pre-Primary. Reporting period closes 50 days prior to the election. (Required only by statewide candidates on the ballot and political committees supporting statewide candidates.)
Second report deadline: Cycle 2	Second Friday Pre-Primary. Reporting period closes 15 days prior to the election. (Required by all candidates on the ballot and committees supporting such candidates.)
Third report deadline: Cycle 3	30 days Post-Primary. Reporting period closes 20 days after the election. (Required by all candidates on the ballot and committees supporting such candidates.)
Fourth report deadline: Cycle 4	6 <sup>th</sup> Tuesday Pre-Election. Reporting period closes 50 days prior to the election. (Required only by statewide candidates on the ballot and political committees supporting statewide candidates.)
Fifth report deadline: Cycle 5	2 <sup>nd</sup> Friday Pre-Election. Reporting period closes 15 days prior to the election. (Required by all candidates on the ballot and committees supporting such candidates.)
Sixth report deadline: Cycle 6	30 days Post-Election. Reporting period closes 20 days after the election. (Required by all candidates on the ballot and committees supporting such candidates.)
Annual report deadline: Cycle 7	January 31 <sup>st</sup> of the following year. Statement must be complete as of December 31.
6. Political committees that are required to file pre-election reports are also required to file at all subsequent reporting deadlines for that election.
7. Retain copies of all records for a period of 3 years. Although no detailed campaign expense report is filed, you are required to keep a record of the names and addresses of each person from whom a contribution of over \$10.00 has been received and a record of all other information required to be reported pursuant to the Campaign Expense Reporting Law.

### **LATE FILING PENALTY**

A penalty of \$10.00 for each day or part of the day (excluding Saturdays, Sundays and holidays) that the statement is overdue, plus an **additional fee** of \$10.00 for each of the first six days that a statement is overdue, will be assessed.

In addition, any candidate or treasurer of a political committee, or person acting as such treasurer, who shall fail to file an account of primary or election expenses, as required by the Law, shall be guilty of a misdemeanor and, upon conviction thereof, shall be sentenced to pay a fine not exceeding \$5,000 (five thousand dollars) or to undergo an imprisonment of not less than one (1) month nor more than two (2) years, or both, in the discretion of the court.

Further penalties are provided by law.

**Postmarks are acceptable as proof of timely filing where report is sent by first class mail and postmarked by the United States Postal Service, no later than the day prior to the filing deadline.**

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: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		1. CANDIDATE		2. COMMITTEE <input checked="" type="checkbox"/>		3. LOBBYIST			
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)	1. 8TH TUESDAY PRE-PRIMARY	2. 2ND FRIDAY PRE-PRIMARY	3. 30 DAY POST PRIMARY	AMENDMENT REPORT?		YES	NO				
	4. 8TH TUESDAY PRE-ELECTION	5. 2ND FRIDAY PRE-ELECTION	6. 30 DAY POST ELECTION	TERMINATION REPORT?		YES	NO				
	7. ANNUAL REPORT <input checked="" type="checkbox"/>	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	6	2012				
(SEE INSTRUCTIONS FOR CODES)											
FOR OFFICE USE ONLY											
Summary of Receipts and Expenditures from:					MO.	DAY	YEAR	To	MO.	DAY	YEAR
					1	1	2012	To	12	31	2012
A. Amount Brought Forward From Last Report					\$ 16,370.56						
B. Total Monetary Contributions and Receipts (From Schedule I)					\$ N/A						
C. Total Funds Available (Sum of Lines A and B)					\$ 16,370.56						
D. Total Expenditures (From Schedule III)					\$ 8,684.87						
E. Ending Cash Balance (Subtract Line D from Line C)					\$ 7,685.69						
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 report of a Candidate, Authorized Committee, candidate shall 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 30<sup>th</sup> day of January, 2013

*Amanda Schrey* Signature  
 COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 AMANDA SCHREY, Notary Public  
 City of Allentown, Lehigh County  
 My Commission Expires March 13, 2013

*Timothy P. Brennan* Signature of Person Submitting Report  
 Printed Name  
 841-4020  
 Daytime Telephone Number

MO. DAY YR. Area Code

**PART II - If this is a report of a Candidate, 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 30<sup>th</sup> day of January, 2013

*Amanda Schrey* Signature  
 COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 AMANDA SCHREY, Notary Public  
 City of Allentown, Lehigh County  
 My Commission Expires March 13, 2013

*Peter G. Schweyer* Signature of Candidate  
 Printed Name  
 434-7243  
 Daytime Telephone Number

MO. DAY YR. Area Code

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 1/1/2012 To 12/31/2012
--	---

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

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

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

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

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.)		\$ N/A
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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 1/1/2012 To 12/31/2012
---	---

	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)				\$
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
\$

## 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 <u>1/1/2012</u> To <u>12/31/2012</u>
--	---

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	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)			-	\$
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
\$

**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>1/1/2012</u> To <u>12/31/2012</u>
--	---

Full Name of Contributing Committee				DATE			AMOUNT
				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	\$
		-					\$
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	\$
		-					\$
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	\$
		-					\$

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>1/1/2012</u> To <u>12/31/2012</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.**

<b>PAGE TOTAL</b>
\$



# 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 <b>Friends of Peter Schweyer</b>	Reporting Period From <u>1/1/2012</u> To <u>12/31/2012</u>
---	---

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 1/1/2012 To 12/31/2012
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$

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

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

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$
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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 1/1/2012 To 12/31/2012
--	---

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

Name of Filing Committee or Candidate <b>Friends of Peter Schweyer</b>	Reporting Period From <u>1/1/2012</u> To <u>12/31/2012</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 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			
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.**

<b>PAGE TOTAL</b>
\$

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Peter Schweyer	Reporting Period From 1/1/2012 To 12/31/2012
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To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
Jennifer Schweyer 1529 Catalina Ave Allentown PA 18103-	1	5	2012	\$ 381.18	postage/printing (reimbursement)
Fearless Fire Company 1221-1229 S. Front St. Allentown PA 18103-	1	23	2012	\$ 200.00	deposit-announcement
Jennifer Schweyer 1529 Catalina Ave Allentown PA 18103-	2	9	2012	\$ 348.41	PA State Demo Pty expenses
Jennifer Schweyer 1529 Catalina Ave Allentown PA 18103-	2	8	12	\$ 100.00	2 months cell phone (reimbursement)
Fegley enterprises 812 N Hamilton St Allentown PA 18101-	2	8	2012	\$ 500.00	event (food & hall rental)
WS Group 219 State Street Harrisburg PA 17101-	2	8	2012	\$ 2406.41	consulting expenses
Tammy Seidich 385 Valley Ct Walnutport PA 18088-	2	8	2012	\$ 50.00	web hosting
Jennifer Schweyer 1529 Catalina Ave Allentown PA 18101-	2	25	2012	\$ 208.81	postage (reimbursement)

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

PAGE TOTAL  
\$ 4194.87

## SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate		Reporting Period		
Friends of Peter Schweyer		From 1/1/2012 To 12/31/2012		
To Whom Paid		MO.	DAY	YEAR
Tack Pressmann Scholarship Fund		3	1	2012
Mailing Address		Amount		
2030 W Tighman St, Suite 203		\$ 250.00		
City	State	Description of Expenditure		
Allentown	PA	donation/sponsorship		
Zip Code (Plus 4)				
To Whom Paid		MO.	DAY	YEAR
Friends of Mike Schlossberg		3	1	2012
Mailing Address		Amount		
PO Box 1537		\$ 250.00		
City	State	Description of Expenditure		
Allentown	PA	donation		
Zip Code (Plus 4)				
To Whom Paid		MO.	DAY	YEAR
PA Democratic Party		3	8	2012
Mailing Address		Amount		
300 N 2nd St, 8th Floor		\$ 100.00		
City	State	Description of Expenditure		
Harrisburg	PA	donation		
Zip Code (Plus 4)				
To Whom Paid		MO.	DAY	YEAR
Jennifer Schweyer		3	24	2012
Mailing Address		Amount		
1529 Catalina Ave		\$ 220.00		
City	State	Description of Expenditure		
Allentown	PA	2 month cell phone & PO box renewal (reimbursement)		
Zip Code (Plus 4)				
To Whom Paid		MO.	DAY	YEAR
Amelia Wilt		4	2	2012
Mailing Address		Amount		
34 S. Saint George St		\$ 100.00		
City	State	Description of Expenditure		
Allentown	PA	contribution to school event		
Zip Code (Plus 4)				
To Whom Paid		MO.	DAY	YEAR
Equality PA		4	2	2012
Mailing Address		Amount		
221 N. Front St		\$ 250.00		
City	State	Description of Expenditure		
Harrisburg	PA	donation		
Zip Code (Plus 4)				
To Whom Paid		MO.	DAY	YEAR
Friends of Kevin Deely		4	2	2012
Mailing Address		Amount		
PO Box 173		\$ 250.00		
City	State	Description of Expenditure		
Center Valley	PA	donation		
Zip Code (Plus 4)				
To Whom Paid		MO.	DAY	YEAR
Allentown St. Patrick's Day Committee		4	5	2012
Mailing Address		Amount		
		\$ 125.00		
City	State	Description of Expenditure		
Allentown	PA	sponsorship for parade		
Zip Code (Plus 4)				

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

PAGE TOTAL

\$ 1545.00

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Peter Schweyer	Reporting Period From 1/1/2012 To 12/31/2012
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To Whom Paid	MO.	DAY	YEAR	Amount
Friends of Patrick Slattery Mailing Address: PO Box 1168 City: East Texas State: PA Zip Code (Plus 4): 18040 -	4	5	2012	\$ 250.00
	Description of Expenditure: donation			
Friends of Congressman Tim Holden Mailing Address: 1703 N Front St City: Harrisburg State: PA Zip Code (Plus 4): 17101 -	4	10	2012	\$ 250.00
	Description of Expenditure: donation			
Allentown Prez Council Mailing Address: c/o Ernie Atiyeh / 457 W Chew St City: Allentown State: PA Zip Code (Plus 4): 18102 -	4	15	2012	\$ 900.00
	Description of Expenditure: dinner tickets			
" " LCOC Mailing Address: PO Box 33 City: Allentown State: PA Zip Code (Plus 4): 18105 -	4	19	2012	\$ 100.00
	Description of Expenditure: donation			
" " Daugherty for Congress Mailing Address: PO Box 58 City: Schnecksville State: PA Zip Code (Plus 4): 18078 -	4	24	2012	\$ 100.00
	Description of Expenditure: donation			
SAACA Mailing Address: N dnd St City: Allentown State: PA Zip Code (Plus 4): 18102 -	5	26	2012	\$ 100.00
	Description of Expenditure: banquet tax			
Tim Spang Mailing Address: 435 Ridge Ave City: Allentown State: PA Zip Code (Plus 4): 18102 -	5	31	2012	\$ 109.00
	Description of Expenditure: volunteer event reimbursement			
Miriam Huertas Mailing Address: Liberty Street City: Allentown State: PA Zip Code (Plus 4): 18102 -	6	20	2012	\$ 100.00
	Description of Expenditure: donation			

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

PAGE TOTAL  
\$ 1909.00

## SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Peter Schweyer	Reporting Period From 1/1/2012 To 12/31/2012
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To Whom Paid Adrian Shanker	MO. DAY YEAR 12 20 2012	Amount \$ 50.00
Mailing Address 1020 W Chew St	Description of Expenditure donation	
City Allentown	State PA	Zip Code (Plus 4) 18102 -
To Whom Paid Peter Schweyer	MO. DAY YEAR 7 31 2012	Amount \$ 200.00
Mailing Address 1529 Catalina Ave	Description of Expenditure 4 months of cell phone (reimbursement)	
City Allentown	State PA	Zip Code (Plus 4) 18103 -
To Whom Paid Sacred Heart Hospital Foundation	MO. DAY YEAR 7 31 2012	Amount \$ 300.00
Mailing Address 421 W Chew Street	Description of Expenditure golf tourney sponsorship	
City Allentown	State PA	Zip Code (Plus 4) 18102 -
To Whom Paid " " Postmaster	MO. DAY YEAR 8 1 2012	Amount \$ 86.00
Mailing Address 5th & Hamilton St	Description of Expenditure PO Box Rental	
City Allentown	State PA	Zip Code (Plus 4) 18102 -
To Whom Paid " " Casey for Senate	MO. DAY YEAR 8 20 2012	Amount \$ 250.00
Mailing Address PO Box 58746	Description of Expenditure donation	
City Philadelphia	State PA	Zip Code (Plus 4) 19102 -
To Whom Paid Allentown 250	MO. DAY YEAR 8 20 2012	Amount \$ 50.00
Mailing Address 9th & Hamilton Sts	Description of Expenditure party w deck tax	
City Allentown	State PA	Zip Code (Plus 4) 18101 -
To Whom Paid HAPAC	MO. DAY YEAR 8 24 2012	Amount \$ 250.00
Mailing Address PO Box 8600	Description of Expenditure donation	
City Harrisburg	State PA	Zip Code (Plus 4) 17105 -
To Whom Paid Mayfair Festival of the ARTS	MO. DAY YEAR 9 4 2012	Amount \$ 100.00
Mailing Address 2141 Downeyflake Ln	Description of Expenditure donation	
City Allentown	State PA	Zip Code (Plus 4) 18103 -

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

PAGE TOTAL  
\$ 1286.00



**SCHEDULE III  
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate Friends of Peter Schweyer	Reporting Period From 1/1/2012 To 12/31/2012
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To Whom Paid	MO.	DAY	YEAR	Amount
Friends of Dan McNeill Mailing Address: PO Box 840 City: Whitehall State: PA Zip Code (Plus 4): 18052-	9	28	2012	\$ 100.00
Description of Expenditure: donation				
Friends of Julio Guindy Mailing Address: PO Box 200 City: Allentown State: PA Zip Code (Plus 4): 18105 -	10	11	2012	\$ 100.00
Description of Expenditure: donation				
Friends of Cynthia Mote Mailing Address: City: Allentown State: PA Zip Code (Plus 4): 18105 -	11	20	2012	\$ 100.00
Description of Expenditure: donation				
" " Jack Pressmann Scholarship Fund Mailing Address: 205D W Tilghman St City: Allentown State: PA Zip Code (Plus 4): 18104 -	11	24	2012	\$ 250.00
Description of Expenditure: sponsorship				
" "				\$
Description of Expenditure:				
				\$
Description of Expenditure:				
				\$
Description of Expenditure:				
				\$
Description of Expenditure:				
				\$
Description of Expenditure:				

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

<b>PAGE TOTAL</b> \$ 550.00
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