

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)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY		DATE OF ELECTION
6TH TUESDAY PRE-PRIMARY		Allentown Council						MO. DAY YEAR 11 2 2010
2ND FRIDAY PRE-PRIMARY		DATES OF REPORTING PERIOD			MO. DAY YEAR		FOR OFFICE USE ONLY	
30 DAY POST-PRIMARY		1 1 10 TO 12 31 10						
6TH TUESDAY PRE-ELECTION		CASH BALANCE AT END OF REPORTING PERIOD:			\$ N/A			
2ND FRIDAY PRE-ELECTION		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:			\$ N/A			
30 DAY POST-ELECTION		AMENDMENT REPORT?			YES	NO	<input checked="" type="checkbox"/>	
ANNUAL REPORT		TERMINATION REPORT?			YES	NO	<input checked="" type="checkbox"/>	

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
 19 DAY OF NOVEMBER 2011

Notary Seal: WILLIAM THOMPSON, JR., Notary Public, City of Bethlehem, Lehigh County, My Commission Expires May 28, 2013

SIGNATURE OF PERSON SUBMITTING REPORT
Peter G. Schweyer

PRINTED NAME
Peter G. Schweyer

MY COMMISSION EXPIRES 5/28/13
 MO. DAY YR.

610 434-7243
 AREA CODE 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

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

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: Friends of Peter Schweyer										
Street Address: PO Box 4368										
City: Allentown					State: PA		Zip Code: 18105			
TYPE OF REPORT (place X to the right of report type)	1ST TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT	YES	NO	
	6TH TUESDAY PRE-ELECTION	4.	3RD FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT	YES	NO	
	ANNUAL REPORT	7.	YEAR	2010	FILING METHOD (CHECK ONE) ▶		PAPER	<input type="checkbox"/>	ELECTRONIC	
Name of Office Sought by Candidate:					DATE OF ELECTION		District Number	Office Code	Party Code	County Code
					MO.	DAY	YEAR			
					11	2	2010			
					(SEE INSTRUCTIONS FOR CODES)					
FOR OFFICE USE ONLY										
Summary of Receipts and Expenditures from: ▶			MO.	DAY	YEAR	To	MO.	DAY	YEAR	
			10	18	2010		12	31	2010	
A. Amount Brought Forward From Last Report						\$ 5,788.31				
B. Total Monetary Contributions and Receipts (From Schedule I)						\$ 100.00				
C. Total Funds Available (Sum of Lines A and B)						\$ 5,888.31				
D. Total Expenditures (From Schedule III)						\$ 604.70				
E. Ending Cash Balance (Subtract Line D from Line C)						\$ 5,283.61				
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 19 day of January, 2011

Signature of Person Submitting Report
Timothy P. Brennan

Printed Name
433-4640

Area Code
610

Daytime Telephone Number

My commission expires 5/13 DAY YR.

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 19 day of January, 2011

Signature of Candidate
Peter G. Schweyer

Printed Name
434-7243

Area Code
610

Daytime Telephone Number

My commission expires 13 DAY YR.

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 <u>10/18/10</u> To <u>12/31/10</u>
---	---

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)	\$ 100.00
TOTAL for the Reporting Period	(2) \$ 100.00

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.)	\$ 100.00
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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 Friends of Peter Schweyer	Reporting Period From <u>10/18/10</u> To <u>12/31/10</u>
---	---

	DATE			AMOUNT
	MO.	DAY	YEAR	
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)				
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)				

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

PAGE TOTAL

\$ N/A

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>10/18/10</u> To <u>12/31/10</u>
---	---

			DATE	AMOUNT
Full Name of Contributor	MO.	DAY	YEAR	
Galen C. Godbey	10	31	10	\$ 100.00
Mailing Address 1943 Livingston Street	MO.	DAY	YEAR	\$
City Allentown	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 18104 -	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$

PAGE TOTAL	\$ 100.00
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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>10/18/10</u> To <u>12/31/10</u>
---	---

				DATE			AMOUNT
				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	\$
		-					
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
\$ N/A

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

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>10/18/10</u> To <u>12/31/10</u>
---	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
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 \$ N/A
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**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 <u>10/18/10</u> To <u>12/31/10</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
\$ N/A

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 <u>10/18/10</u> To <u>12/31/10</u>
---	---

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 B)		
TOTAL for the Reporting Period	(2)	\$

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

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$ 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 <u>10/18/10</u> To <u>12/31/10</u>
---	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
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:							
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
\$ N/A

**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 <u>10/18/10</u> To <u>12/31/10</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.

PAGE TOTAL
\$ N/A

**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate Friends of Peter Schweyer	Reporting Period From <u>10/18/10</u> To <u>12/31/10</u>
---	---

	MO.	DAY	YEAR	Amount
To Whom Paid Allentown Toy Mfg Co	12	13	10	\$ 292.50
Mailing Address 725 N 10th Street	Description of Expenditure Donation for Toy Distribution			
City Allentown	State PA	Zip Code (Plus 4) 18102--		
To Whom Paid The Crayola Store	12	14	10	\$ 127.20
Mailing Address 18 Centre Square	Description of Expenditure Donation for Toy Distribution			
City Easton	State PA	Zip Code (Plus 4) 18042 _		
To Whom Paid Jack Pressman Memorial Scholarship Fund	11	27	10	\$ 35.00
Mailing Address 2030 Tilghman Street, Suite 203	Description of Expenditure Donation			
City Allentown	State PA	Zip Code (Plus 4) 18104 _		
To Whom Paid Lehigh County Senior Center	6	4	10	\$ 100.00
Mailing Address 1633 Elm Street	Description of Expenditure Donation			
City Allentown	State PA	Zip Code (Plus 4) 18102 _		
To Whom Paid Lehigh County Senior Center	6	4	10	\$ 20.00
Mailing Address 1633 Elm Street	Description of Expenditure Donation			
City Allentown	State PA	Zip Code (Plus 4) 18102 _		
To Whom Paid Susquehanna Bank	12	6	10	\$ 15.00
Mailing Address PO Box 1000	Description of Expenditure Bank Fee			
City Allentown	State PA	Zip Code (Plus 4) 17543 _		
To Whom Paid Susquehanna Bank	12	9	10	\$ 15.00
Mailing Address PO Box 1000	Description of Expenditure Bank Fee			
City Allentown	State PA	Zip Code (Plus 4) 17543 _		
To Whom Paid				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 604.70

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 <u>10/18/10</u> To <u>12/31/10</u>
---	---

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
\$ N/A

LEHIGH COUNTY GOVERNMENT CENTER
OFFICE OF THE ELECTION BOARD
17 S. SEVENTH STREET, ALLENTOWN, PA 18101-2400
PHONE: (610) 782-3194 FAX: (610) 770-3845

TO: FRIENDS OF PETER SCHWEYER
C/O TIMOTHY P BRENNAN
2030 TILGHMAN ST, SUITE 100
ALLENTOWN, PA 18104

DATE: 01/18/2011

FROM: Timothy A Benyo, Chief Clerk
Election Board of Lehigh County

SUBJECT: Expense Report - Annual

As a candidate, candidate's committee or other committee which has supported a candidate(s), you are required by law to file an Expense Report. The date for filing this information is as follows:

REPORT	COMPLETE AS OF	FILING DEADLINE
-----	-----	-----
2010 Annual Report	12/31/2010	01/31/2011

The report must be received in this office no later than 01/31/2011 at 4:00 P.M. to be considered timely filed. Reports which are mailed must be sent by first class mail and post marked by the U.S. Postal Service no later than the day prior to the filing deadline, in order to be accepted as timely filed.

Please remember that you will be assessed a penalty of \$10.00 for each day or part of the day (excluding Saturdays, Sundays and Holidays) that the campaign expense statement or campaign expense reports are overdue, plus an additional fee of \$10.00 for each of the first six days that the statement or report is overdue.

Candidates must file reports or statements which are separate from and in addition to their committee's. If you submit both reports at the same time, please be certain not to staple them together.

If you have any questions, please call Terri Harkins at 782-3197.