Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat Number :	ion 2013	0271			Repo Filed		:	CANDI	DATE		СОМІ	MITTEE	✓	LOBE	BYIST			
	Committee, Candid	ate or L	obbyist:			-		L R URBAN	I RENEV	VAL								
Street Address:	702 W HAMIL	TON ST	r, ste 300															
City:	ALLENTOWN							State:	PA			Zip Co	Zip Code: 18101					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY					Y F IRY	POST-	OST- 3.			1ENT ?	Yes	Nc	 Image: A start of the start of		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION) da .ect	y f 'ION	POST- 6.			TERMIN REPORT		Yes	Nc	\checkmark		
report type)	type) ANNUAL REPORT 7. X Year 2013 FILIN						G METHO				PAPER		\checkmark	DISKE	TTE			
Name of Office	Sought by Candidat	te:			!			DATE O	F ELEC	TIO	N	District Number	Office Code	Par	ty Code	County Code		
								мо	DAY	YE	AR							
								11		5	2013		(SEE INS	TRUCTIO	ONS FOR	CODES)		
	Receipts and	мо	DAY	YEAR	2			мо	DAY	YE	AR	FC	OR OFFIC	E USE	ONLY			
Expenditures	s from:		11 26	2	013	ТО		12	3	1	2013							
A. Amount Bro	ought Forward From	n Last F	Report				\$			5,0	67.67							
B. Total Monet	ary Contributions	And Red	ceipts (From	1 Sche	dule I)		\$				0.00							
C. Total Funds	Available (Sum Of	Lines /	A and B)				\$			5,0	67.67							
D. Total Expen	ditures (From Scho	edule II	II)				\$			2,0	00.00							
E. Ending Cash	n Balance (Subtract	t Line D	From Line	C)		_	\$			3,0	67.67	-						
F. Value Of In-	Kind Contributions	Receiv	ved (From S	chedu	le II)		\$				0.00							
G. Unpaid Deb	ts And Obligations	(From	Schedule IV	()			\$				0.00							
				AFF	IDAV	IT S	SE	CTION										
	s a Committee rep	-	_								-	-						
I swear (or affirm correct and compl) that this report, incl lete.	uding th	e attached sc	hedules	s filed or	ı pap	per o	or by elect	ronic me	dium,	are to t	the best o	f my knov	ledge	and beli	ef , true		
Sworn to and subs	scribed before me this day of	5	20							s	ignature	e of Perso	n Submitt	ing Rep	oort			
	Signatu	re				_						Prin	ted Name					
My Commission E	-											Ema	il					
	мо	D	PAY	YR					Are	a Cod	e	Daytin	ne Teleph	one Nu	mber			
Part II- If this is	a report of a cand	lidate's	authorized	Comm	nittee,	Can	dida	ate shall	sign he	re.								
I swear (or affirm) No 320) as amend) that to the best of n ed.	ny knowl	ledge and beli	ef this	politica	l coi	mmi	ttee has n	ot violat	ed an	y provis	ions of th	e act of Ju	ne 3,19	937 (P.L	. 1333,		
Sworn to and subs	cribed before me this										s	ignature	of Candida	te				
	day of											Printe	ed Name					
My Commission Ex	Signature					_						Ema	il					
	MO	D	DAY	YR					Area C	Code		D	aytime Te	lephon	e Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** CITIZENS FOR URBAN RENEWAL From: <u>11/26/2013</u> **To:** <u>12/31/2013</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 0.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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				porting	Period			
Fro				om:				
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City State Zip Code (Plus 4)								
							Γ	PAGE TOTAL

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

0.00

\$

PAGE 3

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 Candidat	e		Rep	orting P	eriod				
From: To:									
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							
								PAGE TOTAL	
Enter Grand Total of Part A on S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	0.00	

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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	0.00

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	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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 Candi	Name of Filing Committee or Candidate			ing Perio	od				
						То:			
			<u>.</u>	D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description				1	I	1			
Enter Grand Total of Part E on Sc	hadula I. Datailar	L Summary Dago	Section	4				PAGE TO	FAL
	neutre 1, Detallet	i Summaly Paye,	Section	7.			\$		0.00

SCHEDULE II 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	Reporting Perio	d	
CITIZENS FOR URBAN RENEWAL	From:	<u>11/26/2013</u> то:	<u>12/31/2013</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ſF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period					
	From:			То:				
				DATE		АМС	DUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detai Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	5	0.00	

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

Name of Filing Committee or Candidate				Rep	Reporting Period					
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	ption o	of Contribution	

OTAL
0.00
5

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate					Reporting Period						
CITIZENS FOR URBAN RENEWAL	From <u>11/26/2013</u>			То:	<u>12/31/2013</u>							
		AMOUNT										
To Whom Paid Friends of Pete Schweyer	мо	DAY	YEAR									
Mailing Address P. O. Box 4364			12	6	2013	\$	2,000.00					
City Allentown	State PA	Zip Code (Plus 4) 18105	· ·	otion of Exp l contribut		1						
							PAGE TOTAL					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	2,000.00					