

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 : 20130228		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		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)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2016	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO	DAY	YEAR	DEM			
					11	8	2016	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		10	25	2016		11	28	2016			
A. Amount Brought Forward From Last Report					\$ 8,174.23						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 4,500.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 12,674.23						
D. Total Expenditures (From Schedule III)					\$ 1,859.07						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 10,815.16						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 0.00						

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 filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF PETER SCHWEYER	From: <u>10/25/2016</u> To: <u>11/28/2016</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 0.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 250.00
All Other Contributions (Part B)	\$ 350.00
TOTAL for the Reporting Period (2)	\$ 600.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 3,400.00
All Other Contributions (Part D)	\$ 500.00
TOTAL for the Reporting Period (3)	\$ 3,900.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.00

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 Page1, Report Cover Page, Item B.)	\$ 4,500.00
---	-------------

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 FRIENDS OF PETER SCHWEYER	Reporting Period From: <u>10/25/2016</u> To: <u>11/28/2016</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">DATE</td> <td style="width: 40%; border: none;">AMOUNT</td> </tr> </table>		DATE	AMOUNT
DATE	AMOUNT		

Full Name of Contributing Committee MALADY & WOOTEN PAC				MO	DAY	YEAR	\$ 250.00
Mailing Address 604 N 3RD ST				10	31	2016	
City HARRISBURG	State PA	Zip Code (Plus 4) 171011114					

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

PAGE TOTAL
\$ 250.00

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>10/25/2016</u> To: <u>11/28/2016</u>
---	--

				DATE			AMOUNT	
Full Name of Contributor NELSON A. DIAZ					MO	DAY	YEAR	\$ 250.00
Mailing Address 4413 NEWTON CIRCLE					10	31	2016	
City EMMAUS		State PA	Zip Code (Plus 4) 18049					

Full Name of Contributor KENNETH H. MOHR JR.				MO	DAY	YEAR	\$ 100.00
Mailing Address 116 S. MAIN ST				11	2	2016	
City COOPERSBURG	State PA	Zip Code (Plus 4) 18036					

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

PAGE TOTAL
\$ 350.00

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 FRIENDS OF PETER SCHWEYER	Reporting Period From: <u>10/25/2016</u> To: <u>11/28/2016</u>
---	--

				DATE		AMOUNT	
Full Name of Contributing Committee ENERGY TRANSFER PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 400 WEST 15TH STREET SUITE 720				10	25	2016	
City AUSTIN	State TX	Zip Code (Plus 4) 78701					
Full Name of Contributing Committee LABORERS LOCAL UNION 1174				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 465 ALLENTOWN DRIVE				10	25	2016	
City ALLENTOWN	State PA	Zip Code (Plus 4) 18103					
Full Name of Contributing Committee CEMENT MASONS & PLASTERERS UNION LOCAL NO. 592				MO	DAY	YEAR	\$ 500.00
Mailing Address 2843 SNYDER AVENUE				10	31	2016	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19145					
Full Name of Contributing Committee PENNSYLVANIA UAW GOOD GOVERNMENT COMMITTEE				MO	DAY	YEAR	\$ 400.00
Mailing Address 1375 VIRGINIA DR STE 201				10	31	2016	
City FORT WASHINGTON	State PA	Zip Code (Plus 4) 190343259					
Full Name of Contributing Committee NORTHEAST REGIONAL COUNCIL OF CARPENTERS PEC-PA				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 91 FIELDCREST AVENUE 2ND FLOOR, SUITE 18A				11	14	2016	
City EDISON	State NJ	Zip Code (Plus 4) 08837					

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

PAGE TOTAL

\$ 3,400.00

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 FRIENDS OF PETER SCHWEYER	Reporting Period From: <u>10/25/2016</u> To: <u>11/28/2016</u>
---	--

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
PRIMO L. ACERNESE							
Mailing Address 350 CHAPEL AVE				10	31	2016	\$ 500.00
City ALLENTOWN	State PA	Zip Code (Plus 4) 18103					
Employer Name INFORMATION REQUESTED				Occupation INFORMATION REQUESTED			
Employer Mailing Address/Principal Place of Business INFORMATION REQUESTED			City ALLENTOWN	State PA	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 500.00

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	Reporting Period
	From: To:

DATE				AMOUNT
Full Name				
Mailing Address				
City				
State				
Zip Code (Plus 4)				
Receipt Description				

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

PAGE TOTAL
\$ 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 Period	
FRIENDS OF PETER SCHWEYER		From: <u>10/25/2016</u> To: <u>11/28/2016</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
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, Reports Cover Page, Item F.)		\$	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:	To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
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	
						\$ 0.00	

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

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF PETER SCHWEYER	From <u>10/25/2016</u> To: <u>11/28/2016</u>

DATE				AMOUNT		
To Whom Paid ARMSTRONG FOR PA			MO	DAY	YEAR	\$ 500.00
Mailing Address PO BOX 393			10	31	2016	
City WHITEHALL	State PA	Zip Code (Plus 4) 180520393	Description of Expenditure CONTRIBUTION			
To Whom Paid FRIENDS OF NEIL			MO	DAY	YEAR	\$ 250.00
Mailing Address PO BOX 466			10	31	2016	
City JIM THORPE	State PA	Zip Code (Plus 4) 18229	Description of Expenditure CONTRIBUTION			
To Whom Paid JENNIFER SCHWEYER			MO	DAY	YEAR	\$ 85.00
Mailing Address 1529 CATALINA STREET			10	31	2016	
City ALLENTOWN	State PA	Zip Code (Plus 4) 18103	Description of Expenditure REIMBURSEMENT - EVENT EXPENSE			
To Whom Paid SUPPORTERS OF CAROL HILL-EVANS			MO	DAY	YEAR	\$ 250.00
Mailing Address 1021 PINE ST.			10	31	2016	
City YORK	State PA	Zip Code (Plus 4) 17043	Description of Expenditure CONTRIBUTION			
To Whom Paid FAIRGROUNDS HOTEL			MO	DAY	YEAR	\$ 30.00
Mailing Address 448 NORTH 17TH STREET			11	8	2016	
City ALLENTOWN	State PA	Zip Code (Plus 4) 18104	Description of Expenditure ELECTION DAY EXPENSE - ELECTION NIGHT PARTY			

To Whom Paid MARY ANN DONUT KITCHEN			MO	DAY	YEAR	
Mailing Address 1621 W LIBERTY ST			11	8	2016	
City ALLENTOWN	State PA	Zip Code (Plus 4) 181022000	Description of Expenditure ELECTION DAY EXPENSE - DONUTS			

To Whom Paid SUGAR HILL JAZZ HOUSE			MO	DAY	YEAR	
Mailing Address 39 S 9TH ST.			11	9	2016	
City	State	Zip Code (Plus 4) 18102	Description of Expenditure POST ELECTION DAY PARTY			

To Whom Paid LIBERTY BELL MUSEUM			MO	DAY	YEAR	
Mailing Address 622 WEST HAMILTON STREET			11	10	2016	
City ALLENTOWN	State PA	Zip Code (Plus 4) 18101	Description of Expenditure SPONSORSHIP			

To Whom Paid MARCO CALDERON PHOTOGRAPHY			MO	DAY	YEAR	
Mailing Address 1108 W LINDEN ST			11	10	2016	
City ALLENTOWN	State PA	Zip Code (Plus 4) 181023804	Description of Expenditure PHOTOGRAPHY			

To Whom Paid NANCY A. WILT			MO	DAY	YEAR	
Mailing Address 23 S SAINT GEORGE ST			11	10	2016	
City ALLENTOWN	State PA	Zip Code (Plus 4) 181045641	Description of Expenditure REIMBURSEMENT - CANDY FOR HALLOWEEN DONATION			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 1,859.07

