### **Campaign Finance Report**

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

Filer Identificati Number :	<b>on</b> 201	1090			Rep File			CANI	DIE	DATE		COM	1ITTEE	<b>✓</b>	LOB	BYIST		
Name of Filing C	ommittee, Candi	date or L	obbyist:		FRIE	NDS	5 FOF	R JUDY	SC	HWAI	١K			_				
Street Address:																		
City:	READING							State:		PA			<b>Zip Code:</b> 19612					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2		30 DA PRIMA		P	OST-	3. <b>X</b>		AMENDM REPORT?		Yes	N	0	<b>√</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5		30 DA		P	OST-	6.		TERMINA REPORT?		Yes	N	0	<b>\</b>
report type)	ANNUAL REPOR	<b>r</b> 7.	<b>Year</b> 2014					NG MET		_			PAPER		<b>√</b>	DISK	ETTE	
Name of Office S	ought by Candid	ate:			•			DATE	OF	ELE	СТІС	N	District Number	Office Code	Pai	ty Cod	Code	
								МО		DAY	YI	EAR						
								1	11		4	2014		(SEE INS	TRUCTI	ONS FOR	CODES	5)
	Receipts and	МО	DAY	YEAR				МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY	7	
Expenditures	irom:		5 6	20	014	T	o 		6		9	2014						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				63,	356.30						
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule :	I)	\$				3,8	320.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 67,176.30																		
D. Total Expenditures (From Schedule III)							\$				13,3	301.14						
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$				53,8	375.16						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)		\$					0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV	/)			\$					0.00						
				AFF	IDA'	VI٦	ΓSE	CTIO	V									
PART I - If this is			_															
I swear (or affirm)	that this report, in ete.	cluding the	e attached sc	hedules	filed	on p	paper	or by ele	ectro	onic me	edium	, are to t	he best of	my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed before me th day of	is	20						-		5	Signature	of Persoi	n Submitt	ing Re	oort		_
	Signat	ure					-		-				Print	ed Name				_
My Commission Ex	rpires						_		-				Emai	I				
	МО	D	AY	YR						Are	ea Coo	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a car	ndidate's	authorized	Comm	nittee	e, Ca	andid	ate sha	II s	ign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and beli	ief this	politi	cal	comm	ittee has	s no	t violat	ted ar	y provis	ions of the	e act of Ju	ine 3,1	937 (P	L. 133	3,
Sworn to and subsc	ribed before me this	5	20									s	ignature o	f Candida	ite			_
							•						Printe	d Name				-
	Signature	1					•		_									_
My Commission Exp	ires												Emai	ı				
	мо	D	AY	YR					•	Area	Code		Da	ytime Te	elephor	ne Num	ber	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS FOR JUDY SCHWANK	From:	<u>5/6/201</u>	<u>4</u> То:	6/9/2014
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	20.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
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)			\$	3,300.00
All Other Contributions (Part D)			\$	500.00
TOTAL for the Reporting	Period	(3)	\$	3,800.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	3,820.00

#### **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 Commit	tee or Candidate			Reporting	Period			
		From:		То	•			
			•		DATE			AMOUNT
Full Name of Contributing	g Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	St	ate	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

0.00

### **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.

(Exclu	ide contributions from	n political comm	itte	es re <sub>l</sub>	oorted i	in Part .	A)	
Name of Filing Committe	ee or Candidate		Rep	orting P	eriod			
			Fror	n:		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 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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting	Period					
FRIENDS FOR JUDY SCHWANK			From:	<u>5/</u>	6/2014	То:	6/9/2014		
				DA	TE		AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR			
PENNSYLVANIA RURAL ELECTRIC ASSO	OC						\$ 500.00		
Mailing Address		_		5	18	2014			
City HARRISBURG	State	Zip Code	e (Plus 4)			2011			
	PA	17108							
Full Name of Contributing Committee				мо	DAY	YEAR			
ARIPPA						1 = 1 111	\$ 300.00		
Mailing Address				5	27	2014			
City CAMP HILL	State	Zip Code	e (Plus 4)	]		2011			
	PA	17011							
Full Name of Contributing Committee				мо	DAY	YEAR			
PA AUTOMOTIVE ASSOCIATION		MO	DAT	TEAR	<b>\$</b> 500.00				
Mailing Address				5	27	2014			
City HARRISBURG	State	Zip Code	e (Plus 4)	]		2014			
	PA	17105							
Full Name of Contributing Committee				мо	DAY	YEAR			
PENNSYLVANIA SOCIETY OF ANESTHES	SIOLOGIST			MO	DAT	TEAR	<b>\$</b> 500.00		
Mailing Address				5	27	2014	]		
City MEDIA	State	Zip Code	e (Plus 4)	]		2014			
	PA	19063							
Full Name of Contributing Committee				мо	DAY	YEAR			
BIKEPAC				140	DAI	ILAK	<b>\$</b> 500.00		
Mailing Address				6	4	2014	]		
City MECHANICSBURG	State	Zip Code	e (Plus 4)	1 °		2014			
	PA	17055							
Full Name of Contributing Committee				МО	DAY	YEAR			
PA MEDICAL PAC				1.10	DAI	ILAK	<b>\$</b> 500.00		
Mailing Address				6	4	2014			
City HARRISBURG	State	Zip Code	e (Plus 4)	]		2014			
	l PA	171058	820						

Full N	Full Name of Contributing Committee					YEAR	
PAMD	PAMD PAC				DAY	12711	<b>\$</b> 500.00
Mailin	Mailing Address				4	2014	
City	HARRISBURG	State	Zip Code (Plus 4)	6		2014	
		PA	17101				

**PAGE TOTAL**\$ 3,300.00

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 Commi	ttee or Candidate				Reporting Period						
FRIENDS FOR JUDY S	5CHWANK				Fron	1:	<u>5/6/2</u>	014	4 <b>To</b> : 6/9/2014		6/9/2014
						D#	ATE			Α	AMOUNT
Full Name of Contribu						МО	DAY	YEA	ıR	\$	500.00
PPL-PEOPLE FOR GOO	DD GOVERNMENT										
Mailing Address						6	4	20	14		
City ALLENTOWN		State	Zip Cod	de (Plus 4	1)	Ü		20			
		PA	18101					l			
Employer Name						Occupat	ion				
Employer Mailing Add	ress/Principal Plac	e of Business	Cit	У			State		7	Zip Co	de (Plus 4)
Enter Grand Total o	f Part C on Scheo	dule I, Detailed Su	ummary	Page, S	Sectio	on 3.			\$	•	<b>PAGE TOTAL</b> 500.00

## 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 o	or Candidate		Report	ing Peri	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (	Plus 4)				
Receipt Description	•	•			•		
Enter Grand Total of Part E	on Schodulo I. Dotailed	Summary Dage	Section	4			PAGE TOTAL
cinter Granu Total Of Part E	on Schedule 1, Detalled	Summary Page,	Section	<b>4.</b>			\$ 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 FOR JUDY SCHWANK	From:	<u>5/6/2014</u> <b>To:</b>	6/9/2014
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (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 Can	Reporting Period							
			From:			To	:	
				DATE			AMOUNT	
Full Name of Contributor	МО	DAY	YEAR					
Mailing Address						<b>7</b> \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•	•	•	•		·		
					-			
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Deta			led Sun	mary Pa	ge,		PAGE TOTAL	-
Section 2.						\$		0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Rep	porting	Period			
				Fro	m:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	ce of Business	Cit	ty	State	e Zij	o Code(Plus 4)	Descri	ptio	n of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kir	nd (	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per			
FRIENDS FOR JUDY SCHWANK	From	5/6/2014	То:	6/9/2014

					DATE		AMOUNT		
To Wh	om Paid	МО	DAY	YEAR					
BERK	S ENCORE	М		1 Z/IIX					
Mailing Address					20	2014	\$	125.00	
City	READING State Zip Code (Plus 4)			Descrip	tion of Exp	enditure			
		BOOTH FEE							
To Whom Paid					DAY	YEAR			
UNITE	ED LABOR COUNCIL OF READING	МО	DAT	TEAR					
Mailing Address					20	2014	\$	50.00	
City	READING State Zip Code (Plus 4)		Description of Expenditure						
	PA 19601			HOLE SPONSOR					
To Wh	om Paid	МО	DAY	YEAR					
CENTRE PARK HISTORIC DISTRICT					DAT	TEAR			
Mailing Address					28	2014	\$	46.00	
City	READING State Zip Code (Plus 4)			Description of Expenditure					
		PA	19601	FUNDRAISER					
To Whom Paid					DAY	YEAR			
DEMOCRATIC STATE SENATE CAMPAIGN COMMITTEE					DAT	TEAK			
Mailing Address					29	2014	\$	12,000.00	
City	HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA 17105			ASSESMENT					
To Wh	om Paid			мо	DAY	YEAR			
GREA	TER READING MENTAL HEALTH A	LLIANCE		MO	DAT	TEAR			
Mailing Address					1	2014	\$	50.00	
City	WYOMISSING	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA 19610				SPONSORSHIP				
To Whom Paid					DAY	YEAR			
BERK	S COUNTY IRISH AMERICAN FRAT	МО		ILAK					
Mailing Address					4	2014	\$	100.00	
City	READING	State	Zip Code (Plus 4)	Description of Expenditure					
		PA	19612	CELTIC	CELTIC OYSTER FEST				
		1							

To Whom Paid	мо	DAY	YEAR							
STARS FOR OUR TROOPS	140		ILAK							
Mailing Address	6	4	2014	\$	50.00					
City TROY	TROY State Zip Code (Plus 4)				Description of Expenditure					
	NY	12182	STARS/	VETS CER	TS					
To Whom Paid	мо	DAY	YEAR							
WILLIAM WAGNER	140		ILAK							
Mailing Address	6	5	2014	\$	38.00					
City WERNERSVILLE	State	Zip Code (Plus 4)	<b>Zip Code (Plus 4)</b> Description of Expenditure  19565 HISTORICAL BOOK							
	PA	19565								
To Whom Paid	МО	DAY	YEAR							
BCIU	140		ILAK							
Mailing Address	6	7	2014	\$	842.14					
City READING	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•				
	PA	19612	TRANSPORTATION							
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL			
Enter Grand Total of Expen	\$	13,301.14								