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 :	on 201	1090				port ed B		CAND	NDIDATE COMMITTEE V LOBBYIST							
Name of Filing C	Committee, Candi	date or L	obbyist:		FRI	END	S FOR	R JUDY S	SCHWA	NK						
Street Address:	P O BOX 124	24														
City:	READING							State:	PA			Zip Cod	le: 1	9612		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		POST-				IENT	Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE- ELECTION 5. 30 DAY ELECTION					POST-	POST- 6.			ATION	Yes	No	~	
report type)	ANNUAL REPOR	7.	Year 2015	FILING METHOD () CHECK ONE					PAPER		/	DISKE	ГТЕ			
Name of Office S	Sought by Candid	ate:	•					DATE (OF ELE	CTIC	N	District Number	Office Code	Par	ty Code	County Code
								МО	DAY	YI	EAR	Number	Code			code
								11	L	3	2015		(SEE IN	ISTRUCTIO	ONS FOR C	ODES)
Summary of Expenditures	Receipts and	МО	DAY Y	EAR	l			МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY	
Expenditures			5 5	20	015	T	0	(5	8	2015					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			79,	545.34					
B. Total Monet	ary Contributions	And Rec	eipts (From S	che	dule	e I)	\$			4,0	00.00					
C. Total Funds	Available (Sum C	f Lines A	and B)				\$			83,	545.34					
D. Total Expen	ditures (From Sc	nedule II	I)				\$				85.00					
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)				\$			83,5	60.34					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edu	le II	I)	\$				0.00					
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)				\$				0.00			1		
			ļ	٩FF	IDA	AVI	T SE	CTION								
PART I - If this is		•	-								_					
I swear (or affirm) correct and comple) that this report, in ete.	cluding the	attached sche	dules	file	d on	paper (or by elec	tronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	f , true
Sworn to and subs	cribed before me th	is	20							5	Signature	of Perso	n Submit	ting Rep	ort	
	Signat	ure					- -					Prin	ted Nam	e		
My Commission Ex	_	uic										Emai	il			
	мо	D	AY	YR					Ar	ea Co	de	Daytim	e Telep	hone Nui	mber	
Part II- If this is	a report of a car	ididate's	authorized Co	omn	nitte	ee, C	andida	ate shall	l sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief	this	poli	itical	commi	ittee has	not viola	ted ar	ıy provis	ions of the	e act of I	lune 3,19	937 (P.L.	1333,
Sworn to and subsc		5									s	ignature o	of Candid	late		
	day of						_					D=!4	d Name			
	Signature						_					Printe	d Name			
My Commission Exp	_											Ema	il			
	МО	D	AY	YR	,		-		Area	Code		Da	aytime 1	Telephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

-						
Name of Filing Committee or Candidate	Reporting Period					
FRIENDS FOR JUDY SCHWANK	From:	<u>5/5/201</u>	<u>5</u> To:	6/8/2015		
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor						
TOTAL for the Reporting) Period	(1)	\$	150.00		
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)	\$	2,550.00				
TOTAL for the Reporting	Period	(2)	\$	2,550.00		
3. Contributions Received Over \$250.00 (From Part C and Part D)						
Contributions Received From Political Committees (Part C)			\$	1,000.00		
All Other Contributions (Part D)			\$	300.00		
TOTAL for the Reporting) Period	(3)	\$	1,300.00		
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			\$	4,000.00		

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Committee or Candidate			Reporting Period					
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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

PAGE TOTAL\$ 0.00

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 Rep			leporting Period						
FRIENDS FOR JUDY SCHWANK			Fro	m:	<u>5/5/2</u>	2015 T o) :	6/8/2015	
					DATE			AMOUNT	
Full Name of Contributor HARRIET M BASKIN				МО	DAY	YEAR			
Mailing Address 2000 CAMBRIDGE A	AVE APT 326						\$	100.00	
City WYOMISSING	State PA	Zip Code (Plus 4) 196102747		5	13	2015			
Full Name of Contributor ARTHUR MARY ANN BECKER				МО	DAY	YEAR			
Mailing Address 1312 ORCHARD RD							\$	125.00	
City READING	State PA	Zip Code (Plus 4) 196111438		5	14	2015			
Full Name of Contributor JAMES S. BOSCOV				МО	DAY	YEAR			
Mailing Address 1 HIGH RD							\$	250.00	
City READING	State PA	Zip Code (Plus 4) 196102521		5	11	2015			
Full Name of Contributor ROBERT CASTER				МО	DAY	YEAR			
Mailing Address 6 EDGEDALE CT				_			\$	100.00	
City READING	State PA	Zip Code (Plus 4) 196101914		5	14	2015			
Full Name of Contributor CAROL COHN				МО	DAY	YEAR			
Mailing Address 1701 LORRAINE RD							\$	100.00	
City READING	State PA	Zip Code (Plus 4) 196041635		5	17	2015			

							PAGE	
Full Name of Con	tributor							
DR HARRIET COM				МО	DAY	YEAR		
M-111								
Mailing Address	2022 REGENCY DR						\$	100.00
City WYOMISS	TNG.	State	Zip Code (Plus 4)	5	27	2015		
WYOMISS WYOMISS	SING	PA	196102713					
			190102/13					
Full Name of Con	tributor							
GLENN CORBIN				МО	DAY	YEAR		
Maille - Addes								
Mailing Address	13 IRONSTONE DR						\$	250.00
City READING		State	Zip Code (Plus 4)	5	11	2015		
READING		PA	196062946					
		I FA	196062946					
Full Name of Con	tributor							
JERI DIESINGER				МО	DAY	YEAR		
Mailina Adduses								
Mailing Address	102 WESSEX CT						\$	100.00
City READING		State	Zip Code (Plus 4)	5	13	2015		
READING		PA	196069473					
		Liv	1 1900094/3		l			
Full Name of Con	tributor							
Full Name of Cont				МО	DAY	YEAR		
DR JEFFREY AND	LYNN DRIBEN			МО	DAY	YEAR		
		E RD		МО	DAY	YEAR	\$	100.00
DR JEFFREY AND Mailing Address	LYNN DRIBEN 1894 BRANDYWINE	E RD State	Zip Code (Plus 4)	MO 5	DAY 17	YEAR 2015	\$	100.00
DR JEFFREY AND	LYNN DRIBEN 1894 BRANDYWINE	State	Zip Code (Plus 4)				\$	100.00
DR JEFFREY AND Mailing Address	LYNN DRIBEN 1894 BRANDYWINE						\$	100.00
DR JEFFREY AND Mailing Address	LYNN DRIBEN 1894 BRANDYWINE	State	Zip Code (Plus 4)	5	17	2015	\$	100.00
DR JEFFREY AND Mailing Address City WYOMISS	LYNN DRIBEN 1894 BRANDYWINE SING tributor	State	Zip Code (Plus 4)		17	2015	\$	100.00
Mailing Address City WYOMISS Full Name of Cont DR MEIR AND HA	LYNN DRIBEN 1894 BRANDYWINE SING tributor AIA MAZUZ	State	Zip Code (Plus 4)	5	17	2015	\$	100.00
DR JEFFREY AND Mailing Address City WYOMISS Full Name of Confi	LYNN DRIBEN 1894 BRANDYWINE SING tributor	State	Zip Code (Plus 4)	5	DAY	2015 YEAR	\$	100.00
Mailing Address City WYOMISS Full Name of Cont DR MEIR AND HA Mailing Address	LYNN DRIBEN 1894 BRANDYWINE SING tributor AIA MAZUZ 2660 HILL RD	State	Zip Code (Plus 4)	5	17	2015		
Mailing Address City WYOMISS Full Name of Cont DR MEIR AND HA	LYNN DRIBEN 1894 BRANDYWINE SING tributor AIA MAZUZ 2660 HILL RD	State PA	Zip Code (Plus 4) 196102610 Zip Code (Plus 4)	мо	DAY	2015 YEAR		
Mailing Address City WYOMISS Full Name of Cont DR MEIR AND HA Mailing Address	LYNN DRIBEN 1894 BRANDYWINE SING tributor AIA MAZUZ 2660 HILL RD	State PA State	Zip Code (Plus 4) 196102610	мо	DAY	2015 YEAR		
Mailing Address City WYOMISS Full Name of Cont DR MEIR AND HA Mailing Address	LYNN DRIBEN 1894 BRANDYWINE SING tributor AIA MAZUZ 2660 HILL RD	State PA State	Zip Code (Plus 4) 196102610 Zip Code (Plus 4)	MO 5	17 DAY	2015 YEAR 2015		
DR JEFFREY AND Mailing Address City WYOMISS Full Name of Cont DR MEIR AND HA Mailing Address City READING	LYNN DRIBEN 1894 BRANDYWINE SING tributor AIA MAZUZ 2660 HILL RD	State PA State	Zip Code (Plus 4) 196102610 Zip Code (Plus 4)	мо	DAY	2015 YEAR		
DR JEFFREY AND Mailing Address City WYOMISS Full Name of Confi DR MEIR AND HA Mailing Address City READING Full Name of Confi BARBARA ROSEN	LYNN DRIBEN 1894 BRANDYWINE SING tributor 2660 HILL RD tributor IZWEIG	State PA State PA	Zip Code (Plus 4) 196102610 Zip Code (Plus 4)	MO 5	17 DAY	2015 YEAR 2015		
DR JEFFREY AND Mailing Address City WYOMISS Full Name of Confi DR MEIR AND HA Mailing Address City READING	LYNN DRIBEN 1894 BRANDYWINE SING tributor AIA MAZUZ 2660 HILL RD	State PA State PA	Zip Code (Plus 4) 196102610 Zip Code (Plus 4)	MO 5	17 DAY	2015 YEAR 2015		
Mailing Address City WYOMISS Full Name of Conf. DR MEIR AND HA Mailing Address City READING Full Name of Conf. BARBARA ROSEN Mailing Address	LYNN DRIBEN 1894 BRANDYWINE BING tributor AIA MAZUZ 2660 HILL RD tributor IZWEIG 310 GREENBRIAR F	State PA State PA	Zip Code (Plus 4) 196102610 Zip Code (Plus 4)	MO 5	17 DAY	2015 YEAR 2015	\$	250.00
DR JEFFREY AND Mailing Address City WYOMISS Full Name of Confi DR MEIR AND HA Mailing Address City READING Full Name of Confi BARBARA ROSEN	LYNN DRIBEN 1894 BRANDYWINE BING tributor AIA MAZUZ 2660 HILL RD tributor IZWEIG 310 GREENBRIAR F	State PA State PA RD	Zip Code (Plus 4) 196102610 Zip Code (Plus 4) 196069214	MO 5	17 DAY 17	2015 YEAR 2015	\$	250.00

Full Name of Contributor ALAN AND ANNE SELTZER			МО	DAY	YEAR	
Mailing Address 97 GRANDVIEW BL	VD					\$ 250.00
City READING	State PA	Zip Code (Plus 4) 196091707	5	17	2015	
Full Name of Contributor HERBET WACHS			МО	DAY	YEAR	
Mailing Address 202 SANIBEL LN City READING	State PA	Zip Code (Plus 4) 196103320	5	17	2015	\$ 200.00
Full Name of Contributor DR ANDREW AND LAURIE WAXLER			мо	DAY	YEAR	
Mailing Address 1305 OLD MILL RD City WYOMISSING	State PA	Zip Code (Plus 4) 196102832	5	22	2015	\$ 250.00
1303 OLD MILE NO			мо	DAY	2015 YEAR	\$ 250.00
City WYOMISSING Full Name of Contributor	PA					\$ 250.00 \$ 125.00

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						
FRIENDS FOR JUDY SCHWANK	From:	<u>5/5/2015</u>	То:	6/8/2015			

DATE AMOUNT

Full Name of Contributing Committee STANDARDBRED BREEDERS ASSOCIATION OF PENNSYLVANIA				DAY	YEAR	
Mailing Address 2310 HANOVER PIKE			_			\$ 1,000.00
City HANOVER	State PA	Zip Code (Plus 4) 173318846	5	13	2015	

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

1,000.00

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	Name of Filing Committee or Candidate				Reporting Period					
FRIENDS FOR JUDY SCHWANK			Fro	m:	<u>5/5/2</u>	<u>015</u> To	: <u>6/8/2015</u>			
				D	ATE		AMOUNT			
Full Name of Contributor BERNARD AND CAROL GERBER				МО	DAY	YEAR				
Mailing 1938 MEADOW LN							\$ 100.00			
City WYOMISSING	State PA	Zip Code (Pi 196102710	us 4)	5	11	2015				
Employer Name					tion					
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Code (Plus 4)			
Full Name of Contributor BERNARD AND CAROL GERBER				МО	DAY	YEAR				
Mailing 1938 MEADOW LN							\$ 200.00			
City WYOMISSING	State PA	Zip Code (Pi 196102710	us 4)	5	17	2015				
Employer Name				Occupa	tion					
Employer Mailing Address/Principal Plac Business	e of	City		1	State		Zip Code (Plus 4)			
Enter Grand Total of Part C on Sche	dule I, Detaile	d Summary Pag	e, Secti	on 3.		4	PAGE TOTAL 300.00			

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 or Candidate			Report	Reporting Period						
			From:			То:				
				D	ATE		AN	10UNT		
Full Name				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)							
Receipt Description	·	•								
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL		
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	Section	••			\$	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>5/5/2015</u> To:	<u>6/8/2015</u>
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,		\$	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					
F						То:		
				DATE			AMOUNT	
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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL	
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		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:		То:					
					•		DATE			AMOUNT		
Full Name of Contributor						мо	DAY	YEAR				
Mailing Address									\$	0.00		
City	State		Zip Code(Plus 4)									
Employer of Contributor					Occupation							
Employer Mailing Address/Principal Place of Business		City		State		Zip 4)	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				

PAGE TOTAL

85.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period						
FRIENDS FOR JUDY SCHWANK				<u>5/:</u>	<u>5/2015</u>	То:	6/8/2015			
		AMOUNT								
To Whom Paid GARDEN CLUB OF READING	мо	DAY	YEAR							
Mailing Address 79 CARDINAL RD	5	18	2015	\$	25.00					
City WYOMISSING	State PA	Zip Code (Plus 4) 196102517	Description of Expenditure PROGRAM BOOLET							
To Whom Paid PENNSYLVANIA FEDERATION OF DEMO	МО	DAY	YEAR							
Mailing Address 2224 SPRING VALLEY RD				5	2015	\$	60.00			
City LANCASTER	State PA	Zip Code (Plus 4) 176012404	Description of Expenditure PROGRAM AD							

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