### **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			Rep File			CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	ommittee, Candid	late or L	obbyist:	•	FRIE	NDS	S FOR	JUDY S	CHWAI	٧K			_				
Street Address:	P O BOX 124	24															
City:	READING							State:	PA			Zip Cod	le: 19	9612			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	- 2		30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No		<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	5		30 DA ELECT		POST-	6. <b>X</b>		TERMINA REPORT		Yes	No		<b>\</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2015	Year 2015 FILING METHOI ( ) CHECK ON								PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	- Sought by Candida	ıte:						DATE O	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Coun	
								мо	DAY	YI	EAR						
								11		3	2015		(SEE IN	STRUCTI	ONS FOR C	ODES)	)
	Receipts and	МО	DAY Y	EAR				МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	trom:	:	10 20	20	015	T	0	11	7	23	2015						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			79,	780.48						
B. Total Moneta	ary Contributions	And Rec	eipts (From S	Sche	dule	I)	\$			7,6	530.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			87,	410.48						
D. Total Expend	ditures (From Sch	edule II	I)				\$			1,7	720.50						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			85,6	89.98						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edul	le II)	)	\$				0.00						
G. Unpaid Debt	s And Obligations	From S	Schedule IV)				\$				0.00			1			
			,	٩FF	IDA	VI	ΓSE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign he	re. 1	if this	s is	a Can	didate re	eport, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple	that this report, inc ete.	luding the	attached sche	dules	filed	on į	paper o	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ue
Sworn to and subs	cribed before me thi day of	s	20							5	Signature	of Perso	n Submit	ting Rep	ort		
	Signati	ıre					-					Prin	ted Name	e			
My Commission Ex	rpires						_					Ema	il				
	мо	D	AY	YR					Are	ea Cod	le	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Co	omm	ittee	e, Ca	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and belief	this	politi	cal	commi	ittee has n	ot viola	ted ar	y provis	ions of th	e act of J	une 3,1	937 (P.L.	. 1333	3,
Sworn to and subsc	ribed before me this day of		20								S	ignature o	of Candid	ate			-
							-					Printe	d Name				-
My Commission Exp	Signature ires						-					Ema	il				-
							•										-
	МО	D	AY	YR					Area	Code		Da	aytime T	elephon	e Numbe	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS FOR JUDY SCHWANK	From:	10/20/20	<u>15</u> To:	11/23/2015
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	40.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	2,340.00
All Other Contributions (Part B)			\$	250.00
TOTAL for the Reporting	Period	(2)	\$	2,590.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	5,000.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	5,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	Period	(4)	\$	0.00
			1	
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			\$	7,630.00

#### 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 FOR JUDY SCHWANK  From: 10/20/2015  DATE  Full Name of Contributing Committee AQUA AMERICA INC.  Mailing Address 762 W LANCASTER AVE  City BRYN MAWR  State  Reporting Period  From: 10/20/2015  10/20/2015	To:	11/23/2015
Full Name of Contributing Committee AQUA AMERICA INC. Mailing Address 762 W LANCASTER AVE  10 26 20:		11/23/2015
Full Name of Contributing Committee AQUA AMERICA INC.  Mailing Address 762 W LANCASTER AVE  10 26 203		
AQUA AMERICA INC.  Mo DAY YEAR  Mailing Address 762 W LANCASTER AVE  10 26 20:		AMOUNT
Mailing Address   762 W LANCASTER AVE   10   26   20	•	
	15 \$	250.00
DETECTION PROVED STATE   Zip Code (Fids 4)		
PA 190103402		
Full Name of Contributing Committee MO DAY YEAR	٠	
BIKEPAC DO BOY 15036		350.00
Mailing Address PO BOX 15226 10 26 203	15 <b>\$</b>	250.00
City         HARRISBURG         State         Zip Code (Plus 4)         PA         171055226		
PA 171055220		
Full Name of Contributing Committee  MO DAY YEAR	٠	
CITIZENS FOR A BETTER COMMONWEALTH  Mailing Address PO BOX 12090 10 26 20	$\dashv$	250.00
City         HARRISBURG         State         Zip Code (Plus 4)         10         26         20:	15   \$	250.00
PA 171082090		
171002030		
Full Name of Contributing Committee  MO DAY YEAR	٠	
DISPAC  Mailing Address 230 S BROAD ST STE 903	<b>-</b>	250.00
City PHILADELPHIA State Zip Code (Plus 4)	15 <b>\$</b>	230.00
PA 191024106		
Full Name of Contributing Committee MO DAY YEAR	,	
GREENLEE PARTNERS STATE PAC		
Mailing Address 230 STATE ST 10 26 20:	15   \$	250.00
City HARRISBURG State Zip Code (Plus 4)		
PA 171011172		
Full Name of Contributing Committee MO DAY YEAR		250.00
HIGHMARK HEALTH PAC  Mo DAY YEAR  Mailing Address 1900 CENTER ST	$\dashv$	230.00
HIGHMARK HEALTH PAC  Mo DAY YEAR  Mailing Address 1800 CENTER ST  11 4 20:	$\dashv$	
HIGHMARK HEALTH PAC  Mo DAY YEAR  Mo DAY  YEAR  Mo DAY  YEAR  A 20:  City CAMP HILL  State  Zip Code (Plus 4)	$\dashv$	
HIGHMARK HEALTH PAC  Mo DAY YEAR  Mailing Address 1800 CENTER ST  11 4 20:	$\dashv$	
HIGHMARK HEALTH PAC  Mo DAY YEAR  Mailing Address 1800 CENTER ST  City CAMP HILL State PA 170111702  Full Name of Contributing Committee  MO DAY YEAR  A 20:	\$	
HIGHMARK HEALTH PAC  Mo DAY  YEAR  Mo DAY  YEAR  Mo DAY  YEAR  Mo DAY  YEAR  Zip Code (Plus 4)  PA  170111702  Full Name of Contributing Committee  LABOR PAC AFL-CIO	\$	
HIGHMARK HEALTH PAC  Mailing Address 1800 CENTER ST  City CAMP HILL  State PA 170111702  Full Name of Contributing Committee LABOR PAC AFL-CIO  Mailing Address 319 MARKET ST FL 3  11 4 20:	\$	60.00
HIGHMARK HEALTH PAC  Mailing Address 1800 CENTER ST  City CAMP HILL  State PA 170111702  Full Name of Contributing Committee LABOR PAC AFL-CIO  Mo DAY YEAR  11 4 20:  Mo DAY  YEAR  YEAR  YEAR  11 4 20:  Mo DAY  YEAR  YEAR  12 10 MARKET ST. FL 2	\$	

							_	
Full Name of Contri	_			мо	DAY	YEAR		
PA PROFESSIONAL	FIREFIGHTERS							
<b>Mailing Address</b>	240 N 3RD ST S	TE 403		10	26	2015	\$	250.00
City HARRISBUF	RG	State	Zip Code (Plus 4)	]		2013		
		PA	171011529					
Full Name of Contri	buting Committee			мо	DAY	YEAR		
PA REALTORS POLI	ITICAL ACTION COM	MITTEE		140	DAI	ILAK		
<b>Mailing Address</b>	500 N 12TH ST			11	4	2015	\$	80.00
City LEMOYNE		State	Zip Code (Plus 4)	]		2013		
		PA	170431241					
Full Name of Contri	buting Committee				DAY	VEAD		
Full Name of Contrib PAMD PAC	buting Committee			МО	DAY	YEAR		
	buting Committee  240 N 3RD ST						<b>\$</b>	250.00
PAMD PAC	240 N 3RD ST	State	Zip Code (Plus 4)	<b>MO</b>	DAY 4		\$	250.00
PAMD PAC  Mailing Address	240 N 3RD ST	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171011504				<b>\$</b>	250.00
PAMD PAC  Mailing Address	240 N 3RD ST						\$	250.00
PAMD PAC  Mailing Address	240 N 3RD ST RG			- 11	4	2015	• \$	250.00
PAMD PAC  Mailing Address  City HARRISBUR	240 N 3RD ST RG						\$	250.00
PAMD PAC  Mailing Address  City HARRISBUE  Full Name of Contril	240 N 3RD ST RG			11	DAY	2015 YEAR	\$	250.00 200.00
PAMD PAC  Mailing Address  City HARRISBUR  Full Name of Contril  UGI CORP/PAC	240 N 3RD ST RG buting Committee			- 11	4	2015 YEAR		
PAMD PAC  Mailing Address  City HARRISBUR  Full Name of Contril UGI CORP/PAC  Mailing Address	240 N 3RD ST RG buting Committee	PA	171011504	11	DAY	2015 YEAR		

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

**PAGE TOTAL \$** 2,340.00

### **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

**Reporting Period** 

FRIENDS FOR JUDY SCHWANK

From: <u>10/20/2015</u> **To:** 

DATE

11/23/2015

AMOUNT

Full Name of Contributor	МО	DAY	YEAR			
	RONALD G HENRY  Mailing Address 711 PENNSTONE RD					<b>\$</b> 250.00
City BRYN MAWR State Zip Code (Plus 4)				4	2015	
	PA	190102939				

**PAGE TOTAL** 

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

250.00 \$

#### **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	e of Filing Committee or Candidate						
FRIENDS FOR JUDY SCHWANK			From:	10/2	0/2015	То:	11/23/2015
				DA	TE		AMOUNT
Full Name of Contributing Committee 1776 PAC				МО	DAY	YEAR	500.00
Mailing Address 3031A WALTON RD	STE 201					2015	\$ 500.00
City PLYMOUTH MEETIN	State	Zip Code	e (Plus 4)	11	4	2015	
	PA	194622	369				
Full Name of Contributing Committee  AFSCME COUNCIL 13				мо	DAY	YEAR	\$ 500.00
Mailing Address 4031 EXECUTIVE PA	RK DR			10	26	2015	300.00
City HARRISBURG	State	Zip Code	e (Plus 4)	10		2013	
	PA	171111	507				
Full Name of Contributing Committee CARPENTERS LEGISLATIVE PROGRAM C	)F GREATER PA			мо	DAY	YEAR	\$ 500.00
Mailing Address 650 RIDGE RD STE	200			11	4	2015	
City PITTSBURGH	State	Zip Code	e (Plus 4)	1		2013	
	PA	152059	503				
Full Name of Contributing Committee CERTIFIED PUBLIC ACCOUNTANTS				мо	DAY	YEAR	\$ 500.00
Mailing Address 500 N 3RD ST STE 6	500A			11	4	2015	
City HARRISBURG	State PA	<b>Zip Code</b> 171011	<b>e (Plus 4)</b> 163				
Full Name of Contributing Committee CITIZENS FOR HUGHES				мо	DAY	YEAR	\$ 1,500.00
Mailing Address 7478 RHOADS ST S	TE A			11	4	2015	_,
City PHILADELPHIA	State	Zip Code	e (Plus 4)		·		
	PA	191512	922				
Full Name of Contributing Committee PENNSYLVANIA OPTOMETRIC PAC			_	мо	DAY	YEAR	\$ 500.00
Mailing Address 218 NORTH ST				10	26	2015	]
City HARRISBURG	State	Zip Code	e (Plus 4)		20	2013	
	PA	171011	124				

Full Name of Contributing Committee STEAMFITTERS LOCAL 449	МО	DAY	YEAR	\$ 500.00		
Mailing Address 1517 WOODRUFF ST	11	4	2015			
City PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 152205303		·	2013	
Full Name of Contributing Committee  STEAMFITTERS LOCAL 449						
Full Name of Contributing Committee STEAMFITTERS LOCAL 449			МО	DAY	YEAR	\$ 500.00
_						\$ 500.00
STEAMFITTERS LOCAL 449	State	Zip Code (Plus 4)	<b>MO</b> 11	<b>DAY</b> 4	<b>YEAR</b> 2015	\$ 500.00

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

**PAGE TOTAL**\$ 5,000.00

### 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	ame of Filing Committee or Candidate				orting Pe	riod				
Fro					n:		To	То:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR	\$	0.00	
Mailing Address										
City	State	Zi	p Code (Plus	<b>(4)</b>						
Employer Name	•				Occupa	tion	-	-		
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)	
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumr	mary Page,	Section	on 3.				PAGE TOTAL	
								\$	0.00	

## 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	ing Peri	od			
			From:			To:		
		•		C	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	us 4)					
Receipt Description	•	•			•	•	•	
Futor Curred Total of Bout	Fan Cabadula I. Datailad	Summer Base S	<b>!</b> !	4				PAGE TOTAL
Enter Grand Total of Part	E ON Schedule 1, Detalled	Summary Page, Se	ection	4.			\$	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 Peri	od	
FRIENDS FOR JUDY SCHWANK	From:	<u>10/20/2015</u> <b>To:</b>	11/23/2015
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	ł	
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	g Period				
	From:			То:				
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				<b> </b>		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:		•	•			•		
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (	Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate					Period				
				Fro	m:		To:			
						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	e of Business	City	′	Stat	e Zip	Code(Plus 4)	Desci	ripti	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	Γ <b>AL</b>
Summary Page, Section 3.	<b></b>									0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period			
FRIENDS FOR JUDY SCHWANK	From	10/20/2015	То:	11/23/2015

				DATE			AMOUNT		
To Whom Paid			мо	DAY	YEAR				
FRIENDS OF WALLY SCOTT			МО		ILAK				
Mailing Address PO BOX 12845			10	23	2015	\$	50.00		
City READING	State	Zip Code (Plus 4)	Description of Expenditure						
PA 196122845				FUNDRAISER					
To Whom Paid			мо	DAY	YEAR				
KUTZTOWN BOTTLING WORKS									
Mailing Address			10	23	2015	\$	42.00		
City State Zip Code (Plus 4)			Description of Expenditure						
				PAYMENT FOR ICE					
To Whom Paid			мо	DAY	YEAR				
MF STRATEGIES LLC			МО		ILAK				
Mailing Address 1013 N FRONT ST			11	1	2015	\$	1,628.50		
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure						
	PA 171023331 FUNDRAISING								
							PAGE TOTAL		
Enter Grand Total of Expenditures	on Page 1, Re	eport Cover Page, Item D	-			\$	1,720.50		