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 2011	1090			Repo			CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST	
Name of Filing C	Committee, Candid	late or L	obbyist:		FRIE	NDS	S FOR	R JUDY S	CHWAI	٧K						
Street Address:	PO BOX 1242	24														
City:	READING							State:	PA			Zip Cod	ie: 19	9612		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	2.		30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5.		30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	~
report type)	ANNUAL REPORT	7. X	Year 2016					NG METHO				PAPER		$\overline{}$	DISKE	TTE
Name of Office S	Sought by Candida	ite:						DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County
	,							МО	DAY	YE	AR	Number	code			code
								11		8	2016		(SEE IN	STRUCTI	ONS FOR O	ODES)
	Receipts and	МО	DAY Y	EAR				МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY	
Expenditures	s from:		11 29	20	016	T	0	12		31	2016					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			99,0	34.59					
B. Total Moneta	ary Contributions	And Rec	eipts (From S	che	dule 1	I)	\$				0.00					
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			99,0	34.59					
D. Total Expend	ditures (From Sch	edule II	I)				\$			3,0	01.74					
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			96,0	32.85					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edul	e II)		\$				0.00					
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$				0.00			1		
			P	١FF	IDA	VI٦	ΓSE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign he	re. I	f this	s is	a Can	ndidate re	eport, o	candi	date sig	ın here.				
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached sched	dules	filed	on p	paper (or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true
Sworn to and subs	cribed before me thi day of	s	20							S	ignature	of Perso	n Submit	ting Rep	oort	
	Signatu	ire					•					Prin	ted Nam	e		
My Commission Ex	cpires						_					Ema	il			
	МО	D	AY	YR					Arc	ea Coc	le	Daytim	e Telepi	none Nu	mber	
Part II- If this is	a report of a can	didate's	authorized Co	omm	ittee	, Ca	andida	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowl	edge and belief	this	politio	cal	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333,
Sworn to and subsc	ribed before me this										S	ignature o	of Candid	ate		
	day of						-					Printe	d Name			
	Signature .						•					Ema	il			
My Commission Exp	ires											Ema				
	МО	D	AY	ΥR					Area	Code		Da	aytime T	elephor	ne Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS FOR JUDY SCHWANK	From:	11/29/20	<u>16</u> То:	12/31/2016
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)			\$	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)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	0.00
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			\$	0.00

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 Candidat	e	'	Reporting	Period			
		'	From:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

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 Ca	andidate		Rep	Reporting Period					
			From: To						
					DATE			AMOUNT	
Full Name of Contributor									
run Name of Contributor				МО	DAY	YEAR			
Mailing Address				МО	DAY	YEAR	\$	0.00	
	State	Zip Code (Plus	4)	МО	DAY	YEAR	\$	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		,	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							- \$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Schee	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

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			Rep	orting Pe	riod			
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	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:		
		•		E	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 Doub	F an Cabadula I Datailad	I Comment Dama Co		4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, Detalled	Summary Page, So	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>11/29/2016</u> To:	<u>12/31/2016</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
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 Can	didate		Reportin	g Period				
			From:			To	·	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•	•	•	•		·		
					-			
Enter Grand Total of Part F or	n Schedule II, In-Ki	nd Contributions Detai	led Sun	ımary 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	orting	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	oation				
Employer Mailing Address/Principal Plac	e of Business	Cit	ty	State	e Zi	p Code(Plus 4)	Descr	ipti	on of Contribution	1
Enter Grand Total of Part G on Sch	edule II. In-Kir	nd (Contributions D	etaile	ed				PAGE TOTA	,L
Summary Page, Section 3.									0	.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period							
FRIENDS FOR JUDY SCHWANK	From	11/29/2016	То:	<u>12/31/2016</u>				

				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
B.A.R.N.			140		IZAK		
Mailing Address 1238 COUNTY	WELFARE RD STE 1	.10	12	12	2016	\$	100.00
City LEESPORT	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	195339709	PROGRA	AM BOOKL	ET AD		
To Whom Paid			мо	DAY	YEAR		
BERKS ENCORE			140	JA.	ILAK		
Mailing Address 40 N 9TH ST			12	15	2016	\$	144.00
City READING	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	196013657	ADVER	TISEMENT			
To Whom Paid			МО	DAY	YEAR		
MF STRATEGIES LLC			140		IZAK		
Mailing Address 1013 N FRONT	ST		12	9	2016	\$	1,000.00
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	171023331	CAMPA1	IGN ASSIS	TANCE		
To Whom Paid			МО	DAY	YEAR		
NGP VAN INC			MO	DAT	TEAR		
Mailing Address 1225 I ST NW	STE 1225		12	9	2016	\$	450.00
City WASHINGTON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	ı	
	DC	200055918	SOFTW	ARE			
To Whom Paid			МО	DAY	YEAR		
JUDY SCHWANK			140		IZAK		
Mailing Address 169 STITZER	RD		12	15	2016	\$	620.00
City FLEETWOOD	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	195228941	GIFTS F	FOR SENAT	ORS		
To Whom Paid			МО	DAY	YEAR		
JUDY SCHWANK			1410		ILAK		
Mailing Address 169 STITZER	RD		12	31	2016	\$	137.74
City FLEETWOOD State Zip Code (Plus 4)			Description of Expenditure				
	PA	195228941	REIMBU	JRSEMENT	SUPPLIES	S	

To Whom Paid					DAY	YEAR		
STIRLING GUEST HOTEL Mailing Address 1120 CENTRE AVE				МО	DAI	ILAK		
				12	21	2016	\$	550.00
City	READING	State	Zip Code (Plus 4)	Description of Expenditure REFRESHMENTS				
		PA	196011410					
								PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							\$	3,001.74