Campaign Finance Report

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

Filer Identificat Number :	ion 20	11090			Report Filed B		CANDI	DATE		СОММ	1ITTEE	✓	LOB	BYIST		
Name of Filing	Committee, Can	didate or L	obbyist:			-	UDY FRIE	NDS FC	DR							
Street Address:	P O BOX 12	2424														
City:	READING						State:	PA			Zip Co	Zip Code: 19612				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE-	2.	30 DA PRIM		POST-	3.		AMENDN REPORT		Yes	No	 ✓ 	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA	AY PRE-	5.	30 DA ELEC		POST-	6.		TERMIN REPORT		Yes	No	\checkmark	
report type)	ANNUAL REPO	RT 7. X	Year 2017	7			NG METHO				PAPER		\checkmark	DISKE	TTE	
Name of Office	L Sought by Candi	date:					DATE O	F ELEC	TION		District Number		Par	ty Code	County Code	
	5 /						мо	DAY	YEA	R	Humber	coue			coue	
							11	-	7	2017		(SEE INS	STRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR			мо	DAY	YEA	AR	FC	OR OFFIC	E USE	ONLY		
Expenditures	s from:		11 28	3 20	17 T	0	12	3	1	2017						
A. Amount Brought Forward From Last Report						\$		1	02,11	.0.94						
B. Total Monetary Contributions And Receipts (From Schedule I						\$		8,050.00								
C. Total Funds Available (Sum Of Lines A and B)						\$		1	10,16	50.94						
D. Total Expen	ditures (From S	chedule II	I)			\$			4,32	20.28						
E. Ending Cash	Balance (Subtr	act Line D	From Line	C)		\$		10	05,84	0.66						
F. Value Of In-	Kind Contributi	ons Receiv	ed (From S	Schedule	e II)	\$				0.00						
G. Unpaid Deb	ts And Obligatio	ons (From	Schedule I	V)		\$				0.00						
				AFFI	DAVI	T SE	CTION									
PART I - If this i		• •	-					• •		_						
I swear (or affirm correct and compl) that this report, ete.	including th	e attached so	chedules 1	filed on	paper	or by elect	ronic me	dium, a	are to t	he best c:	of my knov	vledge	and beli	ef , true	
Sworn to and sub	scribed before me day of	this	20						Sig	gnature	e of Perso	on Submitt	ing Rep	oort		
	Sign	ature				-					Prin	ited Name				
My Commission E	xpires					_					Ema	nil				
	мо	D	AY	YR				Area	a Code		Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a c	andidate's	authorized	l Commi	ittee, C	andid	ate shall	sign hei	re.							
I swear (or affirm) No 320) as amend		of my knowl	edge and be	lief this p	oolitical	comm	ittee has n	ot violate	ed any	provisi	ions of th	e act of Ju	ine 3,1	937 (P.I	1333,	
Sworn to and subs	cribed before me t day of	his	20					Signature of Candidate								
						-					Printe	ed Name				
My Commission Ex	Signatu	re				-					Ema	il				
						-										
	МО	D	AY	YR				Area C	ode		D	aytime Te	elephor	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** SCHWANK, JUDY FRIENDS FOR From: <u>11/28/2017</u> To: <u>12/31/2017</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 50.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 950.00 **Contributions Received From Political Committees (Part A)** 200.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 1,150.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 4,850.00 2,000.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 6,850.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 8,050.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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		Re	porting F	Period				
SCHWANK, JUDY FRIENDS FOR			Fre	om:	<u>11/28,</u>	/20	<u>17</u> To:	:	<u>12/31/2017</u>
		•			DATE				AMOUNT
Full Name of Contributing Committee 1776 PAC				мо	DAY		YEAR		
Mailing Address 3031A WALTON F	RD STE 201			10		29	2017	\$	200.00
City PLYMOUTH MEETIN	State PA	Zip Code (Plus 194622369	4)			-			
Full Name of Contributing Committee MALADY & Commit				мо	DAY		YEAR		
Mailing Address 604 N 3RD ST				12		18	2017	\$	250.00
City HARRISBURG	State PA	Zip Code (Plus 171011120	4)	12		10	2017		
Full Name of Contributing Committee				мо	DAY		YEAR		
PENNSYLVANIA EMERGENCY PHYSICIA	NS PAC			110	DAI		I LAN		
Mailing Address 200 N 3RD ST S		1		11		20	2017	\$	250.00
City HARRISBURG	State PA	Zip Code (Plus 4 171011590	4)						
Full Name of Contributing Committee PENNSYLVANIA WINERY ASSOCIATION	IS PAC			мо	DAY		YEAR		
Mailing Address 411 WALNUT ST				10		29	2017	\$	250.00
City HARRISBURG	State PA	Zip Code (Plus 171011950	4)	10		2,5	2017		
									PAGE TOTAL

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

\$

Use this Part to it	\$50.0 emize all othe 50.01 to \$250	.00 in the repo	s w ortir	ith an ng peri	aggreg iod.			rom
Name of Filing Committee or Candida	te		Rep	orting P	eriod			
SCHWANK, JUDY FRIENDS FOR From: <u>11/28/2017</u> To					i: <u>12/31/2017</u>			
					DATE			AMOUNT
Full Name of Contributor TIMOTHY S SMITH				мо	DAY	YEAR		
Mailing Address 200 GIRARD AVE							\$	200.00
City READING	State PA	Zip Code (Plus 4 196053136)	11	6	2017		
								PAGE TOTAL
Enter Grand Total of Part A on	Schedule I, Deta	iled Summary Pag	je, So	ection 2	-		\$	200.00

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			
SCHWANK, JUDY FRIENDS FOR			From:	<u>11/2</u>	<u>8/2017</u>	То:	<u>12/31/2017</u>
				DA	TE		AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR	
ABBVIE POLTICIAL ACTION COMMITTEE	1						\$ 500.00
Mailing Address 1 N WAUKEGAN RD	DEPT 0312, BLDG 2			11	27	2017	
City NORTH CHICAGO	State	Zip Code	e (Plus 4)				
	IL	600641	802				
Full Name of Contributing Committee				мо	DAY	YEAR	
GLAXOSMITHKLINE PAC							\$ 500.00
Mailing Address 5 MOORE DR				11	6	2017	
City RESEARCH TRIANG	State	Zip Code	e (Plus 4)				
	NC	277090	183				
Full Name of Contributing Committee				мо	DAY	YEAR	
INDEPENDENCE BLUE CROSS							\$ 500.00
Mailing Address 500 N 3RD ST STE 500				11	6	2017	
City HARRISBURG	State	Zip Code	e (Plus 4)		-		
	РА	171011	164				
Full Name of Contributing Committee				мо	DAY	YEAR	
PA ACADEMY OF FAMILY PHYSICIANS				no	DAI		\$ 350.00
Mailing Address 2704 COMMERCE DR	R STE A			11	20	2017	
City HARRISBURG	State	Zip Code	e (Plus 4)		20	2017	
	РА	171109	380				
Full Name of Contributing Committee				мо	DAY	YEAR	
PENNSYLVANIA HORSEBREEDER'S ASS	OCIATION INC				2711		\$ 500.00
Mailing Address 701 E BALTIMORE PI	IKE STE E			11	6	2017	
City KENNETT SQ	State	Zip Code	e (Plus 4)				
	РА	193482	400				
Full Name of Contributing Committee				мо	DAY	YEAR	
PENNSYLVANIA OPTOMETRIC PAC	-			MO	DAT		\$ 500.00
Mailing Address 218 NORTH ST				10	29	2017	
City HARRISBURG	State	Zip Code	e (Plus 4)		25	2017	
	РА	171011	124				

Full Name of Contributing Commi THE HOSPITAL & amp; HEALTH S		OF PENNSYLVANIA	мо	DAY	YEAR		
POLITICAL ACTION COMMITTEE						\$	500.00
Mailing Address PO BOX 8600			11	20	2017		
City HARRISBURG	State	Zip Code (Plus 4)					
	PA	171058600		I	I	I	
Full Name of Contributing Commi	ttee		мо	DAY	YEAR		
ROOPERS ASSOCIATION PAC						\$	1,000.00
Mailing Address 3625 VARTAN WAY			10	29	2017		,
City HARRISBURG	State	Zip Code (Plus 4)					
	PA	171109439					
Full Name of Contributing Commi	ttee		мо	DAY	YEAR		
UNITEDHEALTH GROUP						\$	500.00
Mailing Address 112 WALNUT	ST		11	27	2017		
City HARRISBURG	State	Zip Code (Plus 4)			2017		
	PA	171011609					
	ſ		PAGE TOTAL				
Enter Grand Total of Part C on	Schedule I, Detaile	ed Summary Page, Sectio	on 3.				
						\$	4,850.00

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			Rep	orting Pe	riod				
SCHWANK, JUDY FRIENDS FOR			From	n:	<u>11/28/2</u>	<u>017</u> To	: <u>12/31/2017</u>		
				DA	ATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR	¢ 500.00		
DAVID MAYERNIK					2		\$ 500.00		
Mailing Address 213 MARKET ST FL	8			10	29	2017			
City HARRISBURG	State	Zip Code (Plu	s 4)						
	PA	171012141							
Employer Name ECKERT SEAMANS				Occupation REPR			ESENTING FRANKLIN LAB		
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Code (Plus 4)		
Full Name of Contributor				мо	DAY	YEAR	\$ 500.00		
JOHN HANGER									
Mailing Address 637 ZURICH DR				10	29	2017			
City HUMMELSTOWN	State	Zip Code (Plu	s 4)						
	PA	170368532							
Employer Name INFORMATION REQUE	STED			Occupat	ion	INFORM	ATION REQUESTED		
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Code (Plus 4)		
Full Name of Contributor				мо	DAY	YEAR			
BALLARD SPAHR LLP				MO	DAT	TEAR	\$ 1,000.00		
Mailing Address 1735 MARKET ST F	L 51			12	18	2017			
City PHILADELPHIA	State	Zip Code (Plu	s 4)	12	10	2017			
	PA	191037507							
Employer Name				Occupat	ion				
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Code (Plus 4)		
							PAGE TOTAL		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section				on 3.			\$ 2,000.00		

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	2		Report	ing Perio	od			
			From:			То:		
				D	ATE		AMOUNT	
ull Name				мо	DAY	YEAR	\$;	0.00
Mailing Address								
City	State	Zip Code (Plus 4)					
Receipt Description						1		
							PAGE TO	TAL
Enter Grand Total of Part E on Scheo	iule I, Detailed	Summary Page,	Section	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	
SCHWANK, JUDY FRIENDS FOR	From:	<u>11/28/2017</u> то:	<u>12/31/2017</u>
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, 3		\$	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:			То:		
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address						\$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:						-		
Enter Grand Total of Part F on Sched Section 2.	iled Sum	mary Pag	e,		PAGE TOTA	<u>، ۱</u>		
						\$		0.00

PAGE 11

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

Name of Filing Committee or Candidate			Re	porting l	Period		
			Fro	om:		То:	
					DATE		AMOUNT
Full Name of Contributor				мо	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code(Plus 4)					
Employer of Contributor		•		Occupa	ation		•
Employer Mailing Address/Principal Plac	e of Business	City	Stat	e Zip	Code(Plus 4)	Descri	ption of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kin	d Contributions D	etaile	ed			PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period			
SCHWANK, JUDY FRIENDS FOR			From	<u>11/28</u>	<u>8/2017</u>	То:	<u>12/31/2017</u>
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
10,000 FRIENDS OF PENNSYLVANIA			МО		I LAK		
Mailing Address 240 N 3RD ST STE 4	107		11	30	2017	\$	1,000.00
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	171011519	SPONSO	ORSHIP			
To Whom Paid CHRISSY HOULAHAN FOR CONGRESS			мо	DAY	YEAR		
Mailing Address PO BOX 222			11	30	2017	\$	500.00
City DEVON	State	Zip Code (Plus 4)	Descrip				
	PA	193330222	CONTRI	BUTION			
To Whom Paid FALLER'S PRETZELS			мо	DAY	YEAR		
Mailing Address 528 MOSS ST			12	6	2017	\$	600.00
City READING	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	196042709	GIFTS F	OR SENAT	ORS		
To Whom Paid DEBBIE LUIGARD			мо	DAY	YEAR		
Mailing Address DOUGLAS ST			11	16	2017	\$	26.97
City READING	State	Zip Code (Plus 4)	Descrip	i tion of Exp	enditure	1	
	PA	19601	CANDY	FOR PARA	DE		
To Whom Paid NGP VAN INC			мо	DAY	YEAR		
Mailing Address 1225 I ST NW STE 1	.225		12	23	2017	\$	450.00
City WASHINGTON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1	
	DC	200055918	CAMPAI	GN SOFTW	/ARE		
To Whom Paid PENN AG DEMOCRATS			мо	DAY	YEAR		
Mailing Address 2120 ROSEDALE AV			11	27	2017	\$	100.00
City MIDDLETOWN	City MIDDLETOWN State Zip Code (Plus 4)		Descrip	l tion of Exp	enditure	1	
	PA	170573453	SPONSORSHIP				

To Whom Paid							
READING CHEERLEADING PARE	NTS GROUP		мо	DAY	YEAR		
Mailing Address 1033 FREDRI	CK BLVD		12	8	2017	\$	100.00
City READING	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure		
	PA	196051166	SPONSO	ORSHIP/PR	OGRAM A	٩D	
To Whom Paid			мо	DAY	YEAR		
STIRLING GUEST HOTEL			MO		TEAK		
Mailing Address 1120 CENTRE	E AVE		12	22	2017	\$	543.31
City READING	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
PA 196011410				HMENTS			
To Whom Paid			мо	DAY	YEAR		
ZELDA YODER			MO		TLAK		
Mailing Address 1601 LORRA	INE RD		11	2	2017	\$	500.00
City READING	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	196041633	CAMPAIGN ASSISTANCE				
To Whom Paid			мо	DAY	YEAR		
ZELDA YODER			110		12/44		
Mailing Address 1601 LORRA	INE RD		12	8	2017	\$	500.00
City READING	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	196041633	CAMPAI	GN ASSIS	TANCE			
							PAGE TOTAL
Enter Grand Total of Expendi	tures on Page 1, Re	port Cover Page, Item D	-			\$	4,320.28