Campaign Finance Report

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

Filer Identificatio	on 2011)	090			Repor Filed I		CANDI	DATE	СОМ	ITTEE	✓	LOB	BYIST	
	ommittee, Candida	ate or Lo	bbyist:			-	R JUDY S	CHWANK	 					
Street Address:	P O BOX 1242	24												
City:	READING						State:	PA		Zip Co	le: 19	612		
	6TH TUESDAY PRE-PRIMARY		2ND FRIDA PRIMARY	Y PRE-	· 2.	30 D PRIM		POST- 3		AMENDM REPORT		Yes	No	\checkmark
	6TH TUESDAY PRE-ELECTION		2ND FRIDA ELECTION	Y PRE	- 5.	30 D ELEC	AY I TION	POST- 6		TERMIN/ REPORT		Yes	No	\checkmark
report type)	ANNUAL REPORT	7. X					NG METHO CHECK O			PAPER		\checkmark	DISKE	TTE
Name of Office Sought by Candidate:					DATE O	F ELEC	ION	District Number	Office Code	Par	ty Code	County Code		
мо					мо	DAY	YEAR							
	11					6	2018		(SEE INS	TRUCTI	ONS FOR	CODES)		
Summary of F		мо	DAY	YEAR	AR MO D				YEAR	FC	R OFFIC	e use	ONLY	
Expenditures	from:	1	1 27	20	018 1	0	12	31	2018					
A. Amount Brou	ight Forward Fron	n Last Re	port			\$		10	6,472.95					
B. Total Monetary Contributions And Receipts (From Schedule I)						\$	5		0.00					
C. Total Funds Available (Sum Of Lines A and B)					\$	5	10	6,472.95						
D. Total Expend	litures (From Sche	edule III))			\$	5		2,059.73					
E. Ending Cash	Balance (Subtract	Line D F	rom Line (C)		4	5	10	4,413.22					
F. Value Of In-H	(ind Contributions	Receive	d (From S	chedu	le II)	4	5		0.00	-				
G. Unpaid Debt	s And Obligations	(From So	chedule IV)		\$	5		0.00					
				AFF	IDAVI	T SE	CTION							
PART I - If this is	a Committee repo	ort, treas	urer sign	here. 1	(f this i	s a Ca	ndidate re	eport, ca	ndidate sig	gn here.				
I swear (or affirm) correct and comple	that this report, incl te.	uding the a	attached scl	hedules	filed on	paper	or by elect	ronic med	ium, are to t	the best o	f my know	ledge	and beli	ef , true
Sworn to and subso	cribed before me this day of		20						Signature	e of Perso	n Submitti	ing Rep	oort	
	Signatur	re				_				Prin	ted Name			
My Commission Ex	pires					_				Ema	il			
				YR				Area	Code	Daytim	e Telepho	one Nu	mhar	
Part II- If this is	мо	DA	Ŷ	ŤŔ									linder	
	MO a report of a cand				nittee, (Candio	late shall	sign her	е.					
I swear (or affirm) No 320) as amende	a report of a cand that to the best of m d.	lidate's a	uthorized	Comm				-		ions of th	e act of Ju			. 1333,
I swear (or affirm)	a report of a cand that to the best of m d.	lidate's a	uthorized	Comm				-	d any provis		e act of Ju of Candida	ne 3,1		. 1333,
I swear (or affirm) No 320) as amende	a report of a cand that to the best of m d. ribed before me this	lidate's a	uthorized	Comm				-	d any provis	ignature o		ne 3,1		. 1333,
I swear (or affirm) No 320) as amende	a report of a cand that to the best of m d. ribed before me this day of 	lidate's a	uthorized	Comm				-	d any provis	ignature o	of Candida ed Name	ne 3,1		. 1333,

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FRIENDS FOR JUDY SCHWANK From: <u>11/27/2018</u> **To:** 12/31/2018 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 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 \$ 0.00 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 Candidate				Reporting Period						
				From: To:						
		·			DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
								PAGE TOTAL		
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. (Exclude contributions from political committees reported in Part A)									
Name of Filing Committee or Candidate				Reporting Period					
				From: 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.								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		A	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 Schedule I, Detailed Summary Page, Section 3.						\$	0.00		

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				Reporting Period						
From:				om:			То:			
				D	ATE		AMOUNT			
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Pl	ıs 4)							
Employer Name				Occupation						
Employer Mailing Address/Principal Place of Business City				•	State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							PAGE TOTAL \$ 0.00			

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			Reporting Period						
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary 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

E THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THING DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period										
FRIENDS FOR JUDY SCHWANK	From:	<u>11/27/2018</u> то:	<u>12/31/2018</u>								
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR											
TOTAL for the Reporting Pe	riod (1)	\$	0.00								
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)										
TOTAL for the Reporting Pe	riod (2)	\$	0.00								
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)											
TOTAL for the Reporting Pe	riod (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 Candidate			Reporting	porting Period					
				From:			То:		
				DATE		AMOUNT			
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address		_				7 \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:			1						
Enter Grand Total of Part F on Sched Section 2.	Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, 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		•		Occupa	ation		•		
Employer Mailing Address/Principal Place of Business		City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00			

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Name of Filing Committee or Candidate				Reporting Period					
FRIENDS FOR JUDY SCHWAN	IK		From	<u>11/2</u>	7/2018	То:	<u>12/31/2018</u>			
				DATE			AMOUNT			
To Whom Paid			мо	DAY	YEAR					
NGP VAN INC										
Mailing Address 1225 I ST	NW STE 1225		12	20	2018	\$	450.00			
City WASHINGTON	State	Zip Code (Plus 4)	Description of Expenditure							
	DC	200055918	CAMPAIGN SOFTWARE							
To Whom Paid PENN AG DEMOCRATS				DAY	YEAR					
Mailing Address 2120 ROS	EDALE AVE		12	20	2018	\$	75.00			
City MIDDLETOWN	State	Zip Code (Plus 4)	Descrip	i tion of Exp	enditure	1				
PA 170573453				ON TICKE	TS					
To Whom Paid READING CHEERLEADING PARENTS GROUP				DAY	YEAR					
Mailing Address 1033 FREDRICK BLVD			12	9	2018	\$	100.00			
City READING State Zip Code (Plus 4)			Descrip	l tion of Exp	enditure	I				
	PA	196051166	SPONSO	ORSHIP/PR	OGRAM	٩D				
To Whom Paid			мо	DAY	YEAR					
JUDITH L SCHWANK										
Mailing Address 169 STITZ	ER RD STE 232		12	26	2018	\$	234.73			
City READING	State	Zip Code (Plus 4)	Description of Expenditure							
	PA	19604	REIMBURSEMENT SUPPLIES							
To Whom Paid STIRLING GUEST HOTEL			мо	DAY	YEAR					
Mailing Address 1120 CEN	TRE AVE		12	21	2018	\$	700.00			
City READING	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	PA	196011410	REFRES	HMENTS						
To Whom Paid			мо	DAY	YEAR					
ZELDA YODER										
Mailing Address 1601 LOR	RAINE RD		12	16	2018	\$	500.00			
City READING	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	PA	196041633	CAMPAI	GN ASSIS	TANCE					
Enter Grand Total of Exper	ditures on Page 1. Re	nort Cover Page Item I	ח				PAGE TOTAL			
		port cover r age, item i				\$	2,059.73			