

Campaign Finance Report

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

Filer Identification Number : 2011090		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: FRIENDS FOR JUDY SCHWANK								
Street Address: P O BOX 12424								
City: READING				State: PA		Zip Code: 19612		
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2019	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>	DISKETTE	
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code
				MO	DAY	YEAR		
				11	5	2019		
							(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR
		4	2	2019		5	6	2019
A. Amount Brought Forward From Last Report					\$ 120,023.26			
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 1,050.00			
C. Total Funds Available (Sum Of Lines A and B)					\$ 121,073.26			
D. Total Expenditures (From Schedule III)					\$ 1,270.00			
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 119,803.26			
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00			
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 0.00			

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS FOR JUDY SCHWANK	From: <u>4/2/2019</u> To: <u>5/6/2019</u>

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)	\$ 250.00
TOTAL for the Reporting Period (2)	\$ 250.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 800.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 800.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 1,050.00
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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				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL	
\$	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
FRIENDS FOR JUDY SCHWANK	From: <u>4/2/2019</u> To: <u>5/6/2019</u>

DATE				AMOUNT
Full Name of Contributor	MO	DAY	YEAR	\$ 250.00
ROBERT T T. ULLMAN				
Mailing Address 1252 VAN STEFFY AVE				
City WYOMISSING	State	Zip Code (Plus 4)		
	PA	196102446		

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

PAGE TOTAL
\$ 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 FRIENDS FOR JUDY SCHWANK	Reporting Period From: <u>4/2/2019</u> To: <u>5/6/2019</u>
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				DATE			AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$	300.00
DUANE MORRIS LLP GOVERNMENT COMMITTEE STATE & LOCAL FUND				5	1	2019		
Mailing Address 30 S 17TH ST								
City PHILADELPHIA		State PA	Zip Code (Plus 4) 191034001					

Full Name of Contributing Committee				MO	DAY	YEAR	\$	500.00
THE HOSPITAL & HEALTH SYSTEM ASSOCIATION OF PENNSYLVANIA POLITICAL ACTION COMMITTEE								
Mailing Address PO BOX 8600				5	1	2019		
City HARRISBURG		State PA	Zip Code (Plus 4) 171058600					

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

PAGE TOTAL
\$ 800.00

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: To:

			DATE	AMOUNT
Full Name of Contributor			MO	DAY
Mailing Address			YEAR	\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name			Occupation	
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (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
	<div style="display: flex; justify-content: space-between;"> From: To: </div>

			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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>4/2/2019</u> To: <u>5/6/2019</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 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: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS FOR JUDY SCHWANK	From <u>4/2/2019</u> To: <u>5/6/2019</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
FRIENDS FOR DONNA REED				
Mailing Address 1525 ARGONNE RD	5	2	2019	\$ 250.00
City READING	State PA	Zip Code (Plus 4) 196011314	Description of Expenditure CONTRIBUTION	
To Whom Paid	MO	DAY	YEAR	
FRIENDS FOR KEVIN BARNHARDT				
Mailing Address 8 EAGLES LN	5	5	2019	\$ 200.00
City SINKING SPRING	State PA	Zip Code (Plus 4) 196089381	Description of Expenditure CONTRIBUTION	
To Whom Paid	MO	DAY	YEAR	
JAMIE KLEIN				
Mailing Address 405 N KEMP ST	5	2	2019	\$ 70.00
City KUTZTOWN	State PA	Zip Code (Plus 4) 195301243	Description of Expenditure GIFT	
To Whom Paid	MO	DAY	YEAR	
KUTZTOWN GRANGE				
Mailing Address KEMP STREET	5	3	2019	\$ 50.00
City KUTZTOWN	State PA	Zip Code (Plus 4) 19530	Description of Expenditure REFRESHMENTS	
To Whom Paid	MO	DAY	YEAR	
MUHLENBERG SCHOOL DISTRICT IMPACT				
Mailing Address 400 SHARP AVE	5	2	2019	\$ 200.00
City READING	State PA	Zip Code (Plus 4) 19605	Description of Expenditure SPONSORSHIP	
To Whom Paid	MO	DAY	YEAR	
ZELDA YODER				
Mailing Address 1601 LORRAINE RD	5	3	2019	\$ 500.00
City READING	State PA	Zip Code (Plus 4) 196041633	Description of Expenditure CAMPAIGN ASSISTANCE	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL
				\$ 1,270.00

