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			Repo Filed			CAI	NDI	DATE		COM	AITTEE	V	LUBB	1131	
Name of Filing C	ommittee, Candi	idate or L	obbyist:	•	FRIE	NDS	S FOF	R JUD	Y S	CHWAI	١K	•					
Street Address:	PO BOX 124	-24															
City:	READING							State	e:	PA			Zip Co	de: 19	9612		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.		30 DA		F	POST-	3.		AMENDN REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5.		30 DA		F	POST-	6.		TERMIN/ REPORT		Yes	No	✓
report type)	ANNUAL REPOR	T 7.	Year 2020					IG ME					PAPER		$ \checkmark $	DISKE	ΓΤΕ
Name of Office S	ought by Candid	ate:			-			DAT	ΕO	F ELE	CTIO	N	District Number	Office Code	Part	y Code	County Code
SENATOD IN TH	HE GENERAL AS:	CEMBIV						МО		DAY	YE	AR	11	STS	DEM		06
SENATOR IN TI	IL GLINLRAL AS.	SCMDCI							11		3	2020		(SEE IN	STRUCTIO	NS FOR C	ODES)
Summary of		МО	DAY	YEAR	R			МО		DAY	YI	AR	FC	OR OFFI	CE USE	ONLY	
Expenditures	from:		3 10	2	020	T	0		5	:	18	2020					
A. Amount Bro	ught Forward Fro	om Last F	Report				\$				139,6	500.24					
B. Total Moneta	ary Contributions	s And Red	eipts (Fron	n Sche	dule 1	I)	\$				5,0	050.00					
C. Total Funds	Available (Sum (Of Lines A	A and B)				\$				144,6	550.24					
D. Total Expend	ditures (From Sc	hedule II	II)				\$				5,4	124.00					
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$			1	.39,2	26.24					
F. Value Of In-	Kind Contributio	ns Receiv	ed (From S	chedu	le II)		\$					0.00					
G. Unpaid Debt	s And Obligation	s (From	Schedule IV	/)			\$					0.00					
				AFF	'IDA	VI٦	ΓSE	CTIC	NC								
PART I - If this is I swear (or affirm)			_									_		of my kno	wledge :	and helie	of true
correct and comple	ete.	_	e accaenca se	cuuics	, mea	· ,	Jupe.	o. b, c				, are to t	ine best o	a my kno	euge a	ina bene	,
Sworn to and subs	cribed before me th day of —	nis	20								S	Signature	of Perso	n Submit	ting Rep	ort	
	Signa	ture					-						Prin	ited Name	•		
My Commission Ex	pires						_						Ema	il			
	МО	D	AY	YR						Are	a Cod	le	Daytin	ne Teleph	one Nun	nber	=
Part II- If this is	•					•				_							
I swear (or affirm) No 320) as amende	ed.	-	edge and beli	ief this	politio	cal	comm	ittee h	as n	ot viola	ed an	y provis	ions of th	e act of J	une 3,19	137 (P.L.	1333,
Sworn to and subsc	ribed before me thi day of	S	20									S	ignature (of Candid	ate		
	<u> </u>						•						Printe	ed Name			
My Commission Exp	Signature ires	2					•						Ema	nil			-
	МО	D	PAY	YR						Area	Code		D	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:	<u>3/10/202</u>	<u>0</u> To:	<u>5/18/2020</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)			\$	900.00
TOTAL for the Reporting	\$	900.00		
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	3,050.00
All Other Contributions (Part D)			\$	1,000.00
TOTAL for the Reporting) Period	(3)	\$	4,050.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	100.00
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			\$	5,050.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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

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 Candidat	e		Rep	orting Po	eriod			
FRIENDS FOR JUDY SCHWANK	FOR JUDY SCHWANK				3/10/2	2020 T o):	5/18/2020
					DATE			AMOUNT
Full Name of Contributor ROBERT HOBAUGH				МО	DAY	YEAR		
Mailing Address 710 E WALNUT ST							\$	250.00
City KUTZTOWN	State PA	Zip Code (Plus 4) 195301316		4	9	2020		
Full Name of Contributor GAIL LANDIS				МО	DAY	YEAR		
Mailing Address 1006 CHRISTINA D	R						\$	250.00
City LEESPORT	State PA	Zip Code (Plus 4) 195338804			2020			
Full Name of Contributor HAROLD LEIBY				МО	DAY	YEAR		
Mailing Address 403 SPRING VALLE	Y RD						\$	100.00
City READING	State PA	Zip Code (Plus 4) 196052754		3	19	2020		
Full Name of Contributor KAREN RIGHTMIRE				МО	DAY	YEAR		
Mailing Address 305 N TULPEHOCKE	EN RD					2020	\$	200.00
City READING	State PA	Zip Code (Plus 4) 196011025		3	20	2020		
Full Name of Contributor MELANIE J SMITH				МО	DAY	YEAR		
Mailing Address 403 SPRING VALLE	Y RD			_			\$	100.00
City READING	State PA	Zip Code (Plus 4) 196052754		3	19	2020		

PAGE TOTAL

\$ 900.00

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

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				
FRIENDS FOR JUDY SCHWANK			From:	<u>3/1</u>	0/2020	То:	5/18/20	<u>20</u>
				DA	TE		AMOUNT	
Full Name of Contributing Committee BAYERPAC				мо	DAY	YEAR		
Mailing Address 100 BAYER RD							\$	500.00
City PITTSBURGH	State	Zip Code	e (Plus 4)	5	7	2020		
	PA	152059	707					
Full Name of Contributing Committee				мо	DAY	YEAR		
FRIENDS OF SENATOR JOHN BLAKE				1-10		ILAK		
Mailing Address PO BOX 135							\$	750.00
City ARCHBALD	State	Zip Code	e (Plus 4)	5	13	2020		
	PA	184030	135					
Full Name of Contributing Committee				мо	DAY	YEAR		
PPL- PEOPLE FOR GOOD GOVERNMENT				МО	DAI	ILAK		
Mailing Address 2 N 9TH ST							\$	300.00
City ALLENTOWN	State	Zip Code	e (Plus 4)	3	20	2020		
	PA	181011	170					
Full Name of Contributing Committee		-		мо	DAY	YEAR		
THE PENNSYLVANIA INSURANCE PAC					- · · ·			
Mailing Address 1600 MARKET ST ST	ΓΕ 1720						\$	500.00
City PHILADELPHIA	State	Zip Code	e (Plus 4)	4	28	2020		
	РА	191037	233					
Full Name of Contributing Committee	·	-		мо	DAY	YEAR		
WILLIAMS FOR SENATE								
Mailing Address PO BOX 6313							\$	1,000.00
City PHILADELPHIA	State	Zip Code	e (Plus 4)	5	11	2020		
	PA	191396	313					

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

PAGE TOTAL

\$ 3,050.00

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	Reporting Period						
FRIENDS FOR JUDY SCHWANK			Fror	From: <u>3/10/202</u>			: <u>5/18/2020</u>
				D	ATE		AMOUNT
Full Name of Contributor FRITZ KLEIN				мо	DAY	YEAR	
Mailing PO BOX 411					20	2020	\$ 1,000.00
City OLEY	State PA	Zip Code (Plu : 195470411	5 4)	3	30	2020	
Employer Name				Occupa	tion		
Employer Mailing Address/Principal Plac Business	ce of	City			State		Zip Code (Plus 4)
Enter Grand Total of Part C on Sche	edule I, Detailed S	Summary Page,	Section	on 3.		4	PAGE TOTAL 1,000.00

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	Reporting Per	riod	
FRIENDS FOR JUDY SCHWANK	From:	3/10/2020 To:	5/18/2020

			D	ATE		AMOUNT
Full Name BERKS COUNTY IRISH AMERICAN	FRATERNAL ASSOC	CIATION	МО	DAY	YEAR	
Mailing Address PO BOX 6552	_		2020	\$ 100.00		
City WYOMISSING	State PA	Zip Code (Plus 4) 196100552	5	8	2020	
Receipt Description						

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

PAGE TOTAL\$ 100.00

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:	3/10/2020 To :	<u>5/18/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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					
Full Name of Contributor Mailing Address				From: To:				
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address					YEAR \$ 0		0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL	
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	e				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	-1		•			Occupa	tion			
Employer Mailing Address/Principal Pl Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on So Summary Page, Section 3.	hedule II,	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Pe	eriod		
FRIENDS FOR JUDY SCHWANK	From	3/10/2020	То:	<u>5/18/2020</u>

				DATE			AMOUNT
To Whom Paid FRIENDS OF FARNESE			мо	DAY	YEAR		
Mailing Address PO BOX 22596			5	7	2020	\$	2,000.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191102596	Description of Expenditure CAMPAIGN CONTRIBUTION				
To Whom Paid KLOPP NOVELTY INC			МО	DAY	YEAR		
Mailing Address 522 CHESTNUT ST # 528			3	19	2020	\$	316.00
City READING	State PA	Zip Code (Plus 4) 196021857	Description of Expenditure CAMPAIGN SIGNS				
To Whom Paid SPECIAL OCCASIONS BY PANEVINO			МО	DAY	YEAR		
Mailing Address 25 N 2ND ST			3	19	2020	\$	1,458.00
City READING	State PA	Zip Code (Plus 4) 196014007	Description of Expenditure FUNDRAISER EXPENSE				
To Whom Paid THE DRUM NEWSPAPER			МО	DAY	YEAR		
Mailing Address PO BOX 1271	1		3	24	2020	\$	450.00
City READING	State PA	Zip Code (Plus 4) 196122711	Descrip CAMPA	otion of Exp IGN AD	penditure		
To Whom Paid ZELDA YODER			МО	DAY	YEAR		
Mailing Address 1601 LORRAINE RD			4	4	2020	\$	600.00
City READING	State PA	Zip Code (Plus 4) 196041633	1	tion of Exp IGN SERVI			
			•				

To Whom Paid ZELDA YODER Mailing Address 1601 LORRAINE RD State Zip Code (Plus 4) Description of Expenditure CAMPAIGN SERVICES Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. PA \$ PA \$ PA \$ PA\$	600.00
City READING State Zip Code (Plus 4) Description of Expenditure PA 196041633 CAMPAIGN SERVICES PA PA PA PA PA PA PA PA	600.00
PA 196041633 CAMPAIGN SERVICES PA Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	
	5,424.00