Campaign Finance Report

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

Filer Identification 2011090 Report Filed By:									соми	4ITTEE	✓	LOBE	BYIST				
Name of Filing C	Committee, Candid	ate or L	obbyist:	F	RIENI	S FO	R JL	JDY SO	CHWAI	٧K							
Street Address:																	
City:	READING						Sta	ite:	PA		Zip Code: 19612						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PE PRIMARY	RE-	2.	30 D PRIM	AY 1ARY	Р			AMENDMENT REPORT?		Yes	No	•	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY P ELECTION	RE-	- 5.	30 D ELEC	AY CTIOI		POST-	6.		TERMINATION REPORT?			No	,	\
report type)	ANNUAL REPORT	7.	Year 2020					METHO				PAPER		/	DISKE	TTE	
Name of Office S	Sought by Candida	te:	-		-		D/	TE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
							МС)	DAY	YE	AR	11	STS	DEN	1	06	
SENATOR IN TH	HE GENERAL ASS	EMBLY						11		3	2020		(SEE IN:	STRUCTIO	ONS FOR	CODES)
	Receipts and	МО	DAY YE	٩R			МС)	DAY	YI	AR	FO	R OFFIC	E USE	ONLY		
Expenditures	Expenditures from: 5 19 2020 TO 6 22							2020									
A. Amount Bro	ught Forward Fro	n Last R	eport			\$	<u> </u>			139,2	226.24						
B. Total Moneta	ary Contributions	And Rec	eipts (From Scl	ned	lule I)	9	\$			2,5	63.24						
C. Total Funds Available (Sum Of Lines A and B) \$ 141,789.48																	
D. Total Expenditures (From Schedule III) \$ 1,2							70.10										
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)			9	\$		-	140,5	19.38]					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sched	lule	e II)	9	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)			9	\$				0.00						
			AF	FI	DAV:	IT SE	ЕСТ	ION									
PART I - If this is	s a Committee rep	ort, trea	surer sign here	e. If	f this i	s a Ca	ndid	late re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached schedu	les	filed or	paper	r or b	y electi	ronic m	edium	, are to t	he best o	f my knov	wledge	and beli	ef , trı	ue,
Sworn to and subs	cribed before me this day of	5	20							S	ignature	of Perso	n Submitt	ing Rep	ort		
	Signatu	re	_			_						Prin	ted Name				_
My Commission Ex	cpires							•				Ema	il				_
	мо	D	AY Y	'R					Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Con	nmi	ittee, (Candio	date	shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowle	edge and belief th	nis p	politica	comn	nitte	e has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this								-		s	ignature o	of Candida	ate			-
	day of					_						Printe	d Name				-
	Signature					_											_
My Commission Exp	ires											Ema	il				
	мо	D	AY	YR		-			Area	Code		Da	aytime To	elephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS FOR JUDY SCHWANK	From:	5/19/202	2 <u>0</u> To:	6/22/2020
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	63.24
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)			\$	2,500.00
TOTAL for the Reporting	Period	(3)	\$	2,500.00
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 Page			\$	2,563.24

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 C	ne of Filing Committee or Candidate			Reporting Period							
		Fi	rom:		То	•					
		•		DATE			AMOUNT				
Full Name of Contributing Comm	ittee		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.

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 Committ	tee or Candidate		Rep	orting P	eriod			
			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.

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	ne of Filing Committee or Candidate		Reporting Period						
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				МО	DAY	YEAR		0	00
Mailing Address							+	0.	00
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.0	0

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 Candida	te			Reporting Period						
FRIENDS FOR JUDY SCHWANK				Fron	n:	<u>5/19/2</u>	<u>020</u>	<u>6/22/2020</u>		
					D/	ATE			,	AMOUNT
Full Name of Contributor					мо	DAY	YEA	R	_	2 500 00
KARLA JURVETSON						5 /1.		.`	\$	2,500.00
Mailing Address				5	24	202	20			
City LOS ALTOS	State	Zi	ip Code (Plus	4)			202	_0		
	I _{CA}	94	40223602							
Employer Name SELF					Occupat	tion	PHYSI	ICI <i>A</i>	λN	
Employer Mailing Address/Principal	Place of Business		City			State			Zip Co	de (Plus 4)
			LOS ALTO	S		CA		9	94022	3602
Enter Grand Total of Part C on So	hedule I. Detailed S	Sumr	marv Page.	Section	on 3.					PAGE TOTAL
			,					\$		2,500.00

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:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Pl	us 4)					
Receipt Description	<u>'</u>	<u>'</u>					·	
Futor Curred Total of Bout	Fan Cabadula I. Datailad	I Communication of the Communi		4			F	PAGE TOTAL
Enter Grand Total of Part	E ON Schedule 1, Detalled	i Summary Page, S	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 Perio	d	
FRIENDS FOR JUDY SCHWANK	From:	<u>5/19/2020</u> To:	<u>6/22/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	me 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)							
Description of Contribution:		•	•			•			
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL		
						\$	(0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	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 Pla	ce of Business	Cit	ty	Stat	e Zij	p Code(Plus 4)	Descr	iptio	n of Contribution	on
Enter Grand Total of Part G on Sch	edule II. In-K	ind	Contributions D	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.					-					0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
FRIENDS FOR JUDY SCHWANK	From	5/19/2020	То:	6/22/2020			

					DATE			AMOUNT	
To Wi	hom Paid			МО	DAY	YEAR			
ACTB	LUE								
Mailin	ng Address			6	15	2020	\$	50.10	
City	WEST SOMERVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		MA	021440031	BANK S	ERVICES				
To Wi	nom Paid			МО	DAY	YEAR			
FOP L	LODGE #65			М		ILAK			
Mailin	ng Address			6	15	2020	\$	100.00	
City	BETHEL	State	Zip Code (Plus 4)	Description of Expenditure					
		PA	195070300	SPONS	DRSHIP				
	hom Paid			мо	DAY	YEAR			
	ASA SU CASA				20	2020	 \$	300.00	
мани	ng Address		5	20	2020		300.00		
City READING State Zip Code (Plus 4)					tion of Exp				
PA 196021010					HELPING I	HARVEST			
	hom Paid			мо	DAY	YEAR			
PHILA	ADELPHIA SOCIETY FOR PROM	OTING AGRICULTU	JRE						
Mailin	ng Address			5	30	2020	\$	160.00	
City	OTTSVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	189429580	MEMBE	RSHIP				
To Wi	hom Paid			МО	DAY	YEAR			
READ	ING DEMOCRATIC CITY COM	MITTEE							
Mailin	ng Address			5	19	2020	\$	160.00	
City	READING	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	196011728	SIGN B	OARDS				
To Wi	hom Paid			МО	DAY	YEAR			
ZELD	A YODER			1-10		127.11			
Mailing Address				6	4	2020	\$	500.00	
City	READING	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	196041633	CAMPAI	GN SERVI	CES			
F	" Cunned Take Lad F		mank Cause: Bee 71					PAGE TOTAL	
∟ntei	r Grand Total of Expenditur	es on Page 1, Re	port Cover Page, Item D) <u>.</u>			\$	1,270.10	
							•		