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	20110	090				Repor Filed I		CA	NDII	DATE		СОМ	ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee,	Candida	ite or Lo	obbyist	:	S	CHWA	NK, J	UDY I	RIE	NDS F	OR			·				
Street Address:	РОВС	X 1242	4																
City:	READII	NG							State	e:	PA			Zip Cod	le: 19	612			
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1.	2ND FF PRIMAI		PRE-	2.	30 D/ PRIM		Р	OST-	3.		AMENDM REPORT?		Yes	N	0	\
(place X to the right of	6TH TUESD PRE-ELECTI		4.	2ND FF ELECTI		PRE-	5.	30 DA		POST- 6.			TERMINA REPORT?	Yes	N	0	\		
report type)	ANNUAL R	EPORT	7. X	Year 2	2020					G METHOD CHECK ONE				PAPER	\	DISK	ETTE		
Name of Office S	- Sought by C	andidat	e:						DAT	ΈO	F ELE	CTIC	ON	District Number	Office Code	Par	ty Cod	e Cour Code	
SENATOR IN TH	HE GENERA	AL ASSE	MBLY						МО		DAY	Y	EAR	11 STS DEM 06					
	_				_					11		3	2020		(SEE INS	TRUCTI	ONS FO	CODES)
Summary of Expenditures		and	МО	DAY		YEAR		-0	МО		DAY		EAR	FO	R OFFIC	E USE	ONLY	,	
-					24	202	20	Г О		12		31	2020	ļ					
A. Amount Bro				-	Erom	Schodi	ulo T)	\$				110,	1.00						
						Scrieut	uie I)	\$											
C. Total Funds)			\$					383.12						
D. Total Expend					· 6	•		\$					737.63						
F. Value Of In-	<u> </u>							\$			-	105,	0.00						
G. Unpaid Debt								<u>\$</u>					0.00						
-						AFFII				N				I					
PART I - If this is	a Commit	tee repo	rt, trea	surer s							port, c	candi	idate sig	ın here.					
I swear (or affirm)		port, inclu	uding the	attache	ed sche	edules f	iled on	paper	or by e	electr	ronic m	ediun	n, are to t	he best o	f my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed before	e me this		20									Signature	of Perso	n Submitt	ing Re _l	oort		_
		Signatur	e					_						Prin	ted Name				
My Commission Ex	cpires							_		•				Ema	il				
	М	0	D/	AY		YR					Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report o	f a cand	idate's	authori	ized C	Commi	ttee, C	Candid	late sl	halls	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and	l belie	f this p	olitical	comm	ittee h	as no	ot viola	ted a	ny provis	ions of the	e act of Ju	ine 3,1	937 (P	L. 133	з,
Sworn to and subsc	ribed before day of	me this		20									s	ignature o	of Candida	ite			- $ $
								_						Printe	d Name				-
My Commission Exp	_	gnature						_						Ema	il				_
, commosion Exp								_											_
		МО	D	AY		YR					Area	Code		Da	aytime Te	lephor	ie Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period						
SCHWANK, JUDY FRIENDS FOR	From:	11/24/202	<u>0</u> То:	12/31/2020				
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor								
TOTAL for the Reporting) Period	(1)	\$	1.00				
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)	\$	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)			\$	0.00				
TOTAL for the Reporting) Period	(3)	\$	0.00				
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 Pa			\$	1.00				

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		Reporting	Period			
		1	From:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing Committee			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.

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.

Name of Filing Comn	nittee or Candidate		Repo	orting P	eriod			
			Fron	n:		To	o:	
		I			DATE			AMOUNT
Full Name of Contribut	or			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
	•					•		PAGE TOTAL
								TAGE TOTAL

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		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

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			Rep	orting Pe	riod			
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	PAGE TOTAL 0.00

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:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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 Perio	od	
SCHWANK, JUDY FRIENDS FOR	From:	<u>11/24/2020</u> To:	12/31/2020
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	l .	
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 Car	ndidate		Reporting Period					
			From:			To	:	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•				
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	ge,		PAGE TOTAL	•
Section 2.						\$	(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			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	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 Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting I			
SCHWANK, JUDY FRIENDS FOR	From	11/24/2020	То:	<u>12/31/2020</u>

				DATE			AMOUNT
To Whom Paid GREATER READING CHAMBE	R OF INDUSTRY AND COM	MMERCE	мо	DAY	YEAR		
Mailing Address 606 COUR	RT ST		12	7	2020	\$	20.00
City READING	NG State Zip Code (Plus 4) Description of Expenditure PA 196013542 MEETING REGISTRATION					EE	
To Whom Paid JUDITH L SCHWANK			мо	DAY	YEAR		
Mailing Address 169 STITZER RD STE 232				29	2020	\$	1,716.38
City READING	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19604	CAMPAIGN EXPENSES				
To Whom Paid JUDITH L SCHWANK			мо	DAY	YEAR		
Mailing Address 169 STIT	ZER RD STE 232		11	29	2020	\$	3,001.25
City READING	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	19604	MILEAG	E- 2020			
Enter Crond Total of Evne	anditures on Dogo 1. Do	nort Cover Dage Item D					PAGE TOTAL
Enter Grand Total of Expe	multures on Page 1, Re	port Cover Page, Item D	'-			\$	4,737.63