### **Campaign Finance Report**

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

Name of Filing Committee, Candidate or Lobbyist: FRIENDS FOR JUDY SCHWANK									
Street Address: PO BOX 12424									
City: READING State: PA Zip Code: 19612									
TYPE OF REPORT 1. 2ND FRIDAY PRE-PRIMARY 1. 2ND FRIDAY PRE-PRIMARY 2. 30 DAY POST-PRIMARY 3. AMENDMENT REPORT? Yes	No	<b>~</b>							
(place X to the right of PRE-ELECTION 4. 2ND FRIDAY PRE-ELECTION 5. 30 DAY POST-ELECTION FERDAT? Yes	No	<b>\</b>							
	DISKET	TE							
Name of Office Sought by Candidate:  DATE OF ELECTION District Number Code Part	ty Code	County Code							
SENATOR IN THE GENERAL ASSEMBLY  MO DAY YEAR  11 STS DEM	l	06							
11 1 2022 (SEE INSTRUCTIO	ONS FOR C	ODES)							
Summary of Receipts and Expenditures from:  MO DAY YEAR MO DAY YEAR FOR OFFICE USE	ONLY								
5 3 2022 <b>TO</b> 5 27 2022									
A. Amount Brought Forward From Last Report \$ 79,216.47									
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 7,300.00									
C. Total Funds Available (Sum Of Lines A and B) \$ 86,516.47									
D. Total Expenditures (From Schedule III) \$ 2,490.00	2,490.00								
E. Ending Cash Balance (Subtract Line D From Line C) \$ 84,026.47									
F. Value Of In-Kind Contributions Received (From Schedule II) \$ 500.00	500.00								
G. Unpaid Debts And Obligations (From Schedule IV)									
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 a correct and complete.	and belie	f , true							
Sworn to and subscribed before me this day of 20 Signature of Person Submitting Repo	ort								
Printed Name Signature									
My Commission Expires Email									
MO DAY YR Area Code Daytime Telephone Nun	nber								
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 3,19 No 320) as amended.	937 (P.L.	1333,							
Sworn to and subscribed before me this  day of  20  Signature of Candidate									
Printed Name		— I							
Signature Email		—							
MO DAY YR Area Code Daytime Telephone	e Numbe	er							

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -									
Name of Filing Committee or Candidate	Reporting Period								
FRIENDS FOR JUDY SCHWANK	5/3/202	<u>2</u> To:	5/27/2022						
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)	\$	0.00							
TOTAL for the Reporting	\$	0.00							
3. Contributions Received Over \$250.00 (From Part C and Part D)									
Contributions Received From Political Committees (Part C)			\$	6,800.00					
All Other Contributions (Part D)			\$	500.00					
TOTAL for the Reporting	Period	(3)	\$	7,300.00					
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			\$	7,300.00					

#### **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 Candidate			Reporting Period				
		F	rom:		То	:	
				DATE			AMOUNT
Full Name of Contributing Commi	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.

### 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			Rep	Reporting Period				
Fr			From: To			o:		
		•			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						

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	me of Filing Committee or Candidate Re						
FRIENDS FOR JUDY SCHWANK			From:	<u>5</u> /	<u>/3/2022</u>	То:	5/27/2022
				DA	TE		AMOUNT
Full Name of Contributing Committee				МО	DAY	YEAR	
AFSCME COUNCIL 13							\$ 1,000.00
Mailing Address 4031 EXECUTIVE PAR	RK DR			5	24	2022	
City HARRISBURG	State	Zip Code	(Plus 4)				
	PA	171111	507				
Full Name of Contributing Committee				мо	DAY	YEAR	
CPA PAC							<b>\$</b> 500.00
Mailing Address 500 N 3RD ST STE 6	500A			5	16	2022	
City HARRISBURG	State	Zip Code	(Plus 4)			2022	
	PA	171011	163				
Full Name of Contributing Committee				мо	DAY	YEAR	
GGR INC PAC				MO	DAT	TEAR	<b>\$</b> 500.00
Mailing Address 212 LOCUST ST STE 300				5	25	2022	333.33
City HARRISBURG	State	Zip Code	(Plus 4)		23	2022	
	PA	171011	510				
Full Name of Contributing Committee		•					
PA FOP PAC				МО	DAY	YEAR	<b>\$</b> 300.00
Mailing Address 2949 N FRONT ST				5	24	2022	300.00
City HARRISBURG	State	Zip Code	(Plus 4)	,	24	2022	
	PA	171101	250				
Full Name of Contributing Committee							
PENNSYLVANIA OPTOMETRIC PAC				МО	DAY	YEAR	\$ 500.00
Mailing Address 218 NORTH ST				-	24	2022	300.00
City HARRISBURG	State	Zip Code	(Plus 4)	5	24	2022	
	PA	171011	124				
Full Name of Contributing Committee							
PENNSYLVANIA THOROUGHBRED HORSEMEN'S ASSOCIATION				МО	DAY	YEAR	<b>\$</b> 1,000.00
Mailing Address PO BOX 300				5	24	2022	1,000.00
City BENSALEM	State	Zip Code	(Plus 4)			2022	
	PA	190200	300				

ull Name of Contributing Committee				DAY	YEAR	
STANDARDBRED BREEDERS ASSOCIAT	ION OF PENNSYLVAN	IA	МО	JA.	IZAK	<b>\$</b> 1,000.00
Mailing Address 2310 HANOVER PIKE			5	24	2022	
City HANOVER	State	Zip Code (Plus 4)			2022	
	PA	173318846				
Full Name of Contributing Committee			мо	DAY	YEAR	
STRATEGY PAC						<b>\$</b> 1,000.00
Mailing Address 96 CAROL ST			5	16	2022	,
City NEW CUMBERLAND	State	Zip Code (Plus 4)				
	PA	170701129				
Full Name of Contributing Committee			мо	DAY	YEAR	
TROOPERS ASSOCIATION PAC				<b>5</b> /(1		<b>\$</b> 1,000.00
Mailing Address 3625 VARTAN WAY			5	24	2022	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
City HARRISBURG	State	Zip Code (Plus 4)				
	PA	171109439				

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

**PAGE TOTAL**\$ 6,800.00

### 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 Candid	late			Repo	orting Pe	riod			
FRIENDS FOR JUDY SCHWANK			From:		<u>5/3/2022</u> <b>T</b> o		o:	5/27/2022	
					D/	ATE			AMOUNT
Full Name of Contributor JOHN LOYACK					МО	DAY	YEAR	\$	500.00
Mailing Address 117 RAMBLEWOORD DRIVE				5	24	2022	, ]		
City WHITE HAVEN	State	Zi	ip Code (Plus	4)	3	2 '	2022		
	PA	18	8661						
Employer Name ALVERNIA UNIVE	RSITY				Occupat	ion	PRESIC	ENT	
Employer Mailing Address/Principal	Place of Business		City			State		Zip C	Code (Plus 4)
401 PENN ST			READING			PA		1960	)13973
Enter Grand Total of Part C on S	chedule I, Detailed	d Sumr	mary Page, S	Sectio	on 3.				PAGE TOTAL
	·		. 5,					\$	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	ting Peri	od			
			From:			То:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (	Plus 4)					
Receipt Description		•		•	•		•	
Enter Crand Total of Bart	inter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.							PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary 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 DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period								
FRIENDS FOR JUDY SCHWANK	From:	<u>5/3/2022</u> <b>To:</b>	<u>5/27/2022</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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)	\$	500.00						
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		\$	500.00						

## 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:			
				DATE			AMOUNT		
Full Name of Contributor			МО	DAY	YEAR				
Mailing Address						<b>7</b> \$	0.00		
City	State	Zip Code (Plus 4)							
Description of Contribution:	•	-							
Enter Grand Total of Part F	on Schedule II, In-Ki	nd Contributions Detai	led Sun	ımary Pa	ige,		PAGE TOTAL		
Section 2.						\$	0.00		

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate	Reporting Period				
FRIENDS FOR JUDY SCHWANK	From:	5/3/2022	То:	<u>5/27/2022</u>	

						DATE		AMOUNT
Full Name of Contributor HAMID B CHAUDHRY					мо	DAY	YEAR	
Mailing Address 6 BUCKSKIN DR				5	5	2022	\$ 500.00	
City SHILLINGTON	State		Zip Code(Plus 4)					
	PA		196079538					
Employer of Contributor	-			•	Occupa	tion		
Employer Mailing Address/Principa	al Place of Business	Cit	ty	State	te Zip Code(Plus 4) Descri			ption of Contribution
Enter Grand Total of Part G or Summary Page, Section 3.	n Schedule II, In-K	ind (	Contributions D	etaile	d			<b>PAGE TOTAL</b> 500.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period			
FRIENDS FOR JUDY SCHWANK	From	5/3/2022	То:	<u>5/27/2022</u>

				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
HERKS COUNTY SPORTS HALL OF FAME			1-10		12/11		
Mailing Address 145 CHESTNUT ST			5	25	2022	\$	50.00
City MOHNTON	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	195401601	SPONSORSHIP				
To Whom Paid			мо	DAY	YEAR		
CORK AND FORK					1 = 1		
Mailing Address 200 STATE ST		5	24	2022	\$	882.00	
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	171011132	CAMPAIGN FUNDRAISER				
To Whom Paid			МО	DAY	YEAR		
DILLON FOR SENATE			140		ILAK		
Mailing Address PO BOX 63136		5	4	2022	\$	1,500.00	
City PHILADELPHIA	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	191140936					
To Whom Paid			мо	DAY	YEAR		
ZELDA YODER			MO	DAT	ILAK		
Mailing Address 1601 LORRAINE RD		5	24	2022	\$	58.00	
City READING	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	196041633	POSTAGE				
							PAGE TOTAL
Enter Grand Total of Expend	itures on Page 1, Re	port Cover Page, Item D	).			\$	2,490.00
						I	