#### **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 20	11090				Repo Filed			CAI	NDII	DATE		СОМІ	MITTEE	<b>✓</b>	LOB	BYIST		
Name of Filing C	ommittee, Cand	idate or L	obbyis	it:	F	RIEN	DS F	OR	JUD'	Y SC	CHWAI	ΝK							
Street Address:	P O BOX 12	424																	
City:	READING								State	e:	PA			Zip Cod	<b>ie:</b> 19	612			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.							AMENDM REPORT	Yes	N	0	<b>√</b>						
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND F	RIDAY FION	PRE-	5.		DA\ CTI		Р	OST-	6. <b>)</b>	(	TERMINA REPORT		Yes	N	0	<b>√</b>
report type)	ANNUAL REPOR	7.	Year	2022					G ME		_			PAPER		<b>√</b>	DISK	ETTE	
Name of Office S	ought by Candi	date:				•			DAT	E O	F ELE	CTI	ON	District Number	Office Code	Pai	ty Code	Code	
SENATOR IN TH	HE GENEDAL AS	SEMBLY						I	МО		DAY	١	/EAR	11	STS	DEI	1	06	
SLINATOR IN TI	IL GLIVERAL AS									11		8	2022		(SEE INS	STRUCTI	ONS FOR	CODES	)
Summary of Expenditures		МО	DA		YEAR		<b>T</b> 0		МО		DAY		YEAR	FO	R OFFIC	E USE	ONLY		
-			10	25	20	22	TO			11		28	2022						
									,031.21	-									
C. Total Funds Available (Sum Of Lines A and B) \$ 76,231.21																			
									,161.35										
E. Ending Cash Balance (Subtract Line D From Line C)								\$				75,	.069.86	1					
	Kind Contributio					e II)	+	\$					0.00	-					
G. Unpaid Debt	s And Obligation	ns (From	Schedu	ıle IV)				\$					0.00						_
					AFFI	DAV	IT S	SEC	CTIC	N									
PART I - If this is I swear (or affirm)		-		_											f my knou	ulodao	and ho	iof to	
correct and comple		ncidaling th	e attaci	ieu scii	edules	illeu o	п рар	ei o	груе	iecu	OIIIC III	eului	iii, are to	ille best o	i iliy kilov	vieuge	and be	iei , ti	ue
Sworn to and subs	cribed before me t day of	his	20										Signature	e of Perso	n Submitt	ing Re	ort		
	Signa	iture					_							Prin	ted Name	1			
My Commission Ex	pires									•				Ema	il				
	МО	D	AY		YR						Are	ea Co	ode	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	autho	rized (	Commi	ittee,	Cand	lida	te sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		f my knowl	edge ar	nd belie	f this p	politica	l com	nmit	tee h	as no	ot viola	ted a	ny provis	ions of the	e act of Ju	ıne 3,1	937 (P.	L. 133	з,
Sworn to and subsc		is											S	ignature o	of Candida	ite			-
·	day of		_ 20 _				_							Printe	d Name				-
	Signatur	e					_												_
My Commission Exp	ires										Email								
	мо	D	AY		YR		_				Area	Code	•	Da	aytime Te	elephor	e Num	ber	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS FOR JUDY SCHWANK	From:	10/25/202	22 To:	11/28/2022
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)			\$	900.00
TOTAL for the Reporting	Period	(2)	\$	900.00
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)			\$	1,300.00
TOTAL for the Reporting	Period	(3)	\$	1,300.00
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			\$	2,200.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu								
Name of Filing Comm	nittee or Candidate		Reporting Period						
			From: T			То	o:		
		<u> </u>			DATE			AMOUNT	
Full Name of Contributi	ing Committee			МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	)						
	•	·			•	•	$\overline{}$	DACE TOTAL	

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

**PAGE TOTAL**\$ 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 Candidate			Rep	Reporting Period					
FRIENDS FOR JUDY SCHWANK			Fro	m:	10/25/2	2022 <b>T</b> o	):	11/28/2022	
					DATE			AMOUNT	
Full Name of Contributor KAREN BAXTER				МО	DAY	YEAR			
Mailing Address 2 BELGIAN LN							\$	100.00	
City WERNERSVILLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 195659480		11	21	2022			
Full Name of Contributor DOUGLAS RAUCH				МО	DAY	YEAR			
Mailing Address 4 PARK PLZ FL 2  City WYOMISSING	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 196101398		11	13	2022	<b>\$</b>	200.00	
Full Name of Contributor MICHAEL SETLEY ESQ.				МО	DAY	YEAR			
Mailing Address 4 PARK PLZ FL 2							\$	100.00	
City WYOMISSING	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 196101398		11	13	2022			
Full Name of Contributor TIMOTHY S SMITH				МО	DAY	YEAR			
Mailing Address 1735 RAMICH RD  City TEMPLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 195609787		11	16	2022	\$	100.00	
Full Name of Contributor LINDA AND TOM WOLESLAGLE				МО	DAY	YEAR			
Mailing Address 242 WHITTON DR							\$	200.00	
City READING	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 196072440		11	14	2022			

Full Name of Contributor  MARY ANN ZERKOWSKI				DAY	YEAR	
Mailing Address 2146 FAIRVIEW AVE						\$ 200.00
City MOUNT PENN	State	Zip Code (Plus 4)	11	16	2022	
	PA	196061810				

**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	me of Filing Committee or Candidate		Reporting Period					
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Sche	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.)

ame of Filing Committee or Candidate				Reporting Period					
FRIENDS FOR JUDY SCHWANK			Fror	m:	10/25/2	<u>022</u> <b>To</b>	: <u>11/28/2022</u>		
				D/	ATE		AMOUNT		
Full Name of Contributor JAMES S. BOSCOV				МО	DAY	YEAR			
Mailing 1 HIGH RD Address							\$ 1,000.00		
City WYOMISSING	<b>State</b> PA	<b>Zip Code (Plus</b> 196102521	s 4)	11 21 2022					
Employer Name BOSCOV'S  Employer Mailing Address / Principal Place of				Occupat	AN AND CEO				
Employer Mailing Address/Principal Place	e of	City		•	State		Zip Code (Plus 4)		
4500 PERKIOMEN AVE READING			3		PA		196063202		
Full Name of Contributor GLENN CORBIN				МО	DAY	YEAR			
							-		
Mailing 13 IRONSTONE DR							\$ 300.00		
	<b>State</b> PA	<b>Zip Code (Plu</b> : 196062946	s 4)	11	13	2022	'		
Address 13 IRONSTONE DR	PA		s 4)	11 Occupat	tion	2022 DPTOME			
City READING  Employer Name WYOMISSING OPTOM  Employer Mailing Address/Principal Place	PA ETRIC CENTER		s 4)		tion				
City READING  Employer Name WYOMISSING OPTON	PA ETRIC CENTER	196062946			tion		TRIST		

## 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 Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		A	MOUNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	·						
Enter Grand Total of Part E on	Schedule T. Detailed	d Summary Page	Section	4			P	AGE TOTAL
	2, <b>200</b> 0000		22300				\$	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 Per	od							
FRIENDS FOR JUDY SCHWANK	From:	<u>10/25/2022</u> <b>To:</b>	11/28/2022						
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 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 Candidat	:e		Reporting Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>\$</b>	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL	
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL	
						\$	0.00	

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candida	me of Filing Committee or Candidate				Reporting Period						
					Fro	m:		То	То:		
					<u> </u>		DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•		•			Occupa	ation				
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	ripti	on of C	ontribution
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	taile	ed					PAGE TOTAL
Summary Page, Section 3.											0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reportir	ng Period				
FRIENDS FOR JUDY SCHWANK			From	<u> 10/2!</u>	<u>5/2022</u>	То:	11/28/2022	
				DATE			AMOUNT	
<b>To Whom Paid</b> BSA- HAWK MOUNTAIN COUNC	IIL .		МО	DAY	YEAR			
Mailing Address 5027 POTTS	SVILLE PIKE		11	21	2022	\$	75.00	
City READING	READING         State         Zip Code (Plus 4)           PA         196059516			L ption of Exp GORSHIP	penditure	<u> </u>		
<b>To Whom Paid</b> DEBBIE L. LUIGARD			мо	DAY	YEAR			
Mailing Address 201 DOUGLA	AS ST		11 14 202				75.84	
City READING State PA Zip Code (Plus 4) 196012511				Description of Expenditure CANDY FOR PARADE				
<b>To Whom Paid</b> PFDW PAC	-		мо	DAY	YEAR			
Mailing Address PO BOX 27			11	20	2022	\$	250.00	
City RIDLEY PARK	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190780027	<b>Descrip</b> DONAT	Ption of Exp	penditure	1		
To Whom Paid JUDITH L SCHWANK			МО	DAY	YEAR			
Mailing Address 169 STITZER	R RD		11	25	2022	\$	326.51	
<b>City</b> READING	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19604		ption of Exp				
<b>To Whom Paid</b> WAY HAR FARMS			МО	DAY	YEAR			
Mailing Address 7701 BERNVILLE RD		11	15	2022	\$	434.00		
<b>City</b> BERNVILLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 195068639	Description of Expenditure SENATE GIFTS					
Enter Grand Total of Expend					1		PAGE TOTAL	

1,161.35