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				Repor Filed I		CA	NDII	DATE		СОМ	1ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Cand	idate or L	obbyis	t:	F	RIEND	S FOI	R JUD	Y SC	CHWAI	ΝK							
Street Address:	Street Address: P O BOX 12424																	
City:	READING							State	e:	PA			Zip Cod	le: 19	612			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND F PRIMA	RIDAY ARY	PRE-	2.	30 DA		Р	OST-	3.		AMENDM REPORT?		Yes	N	0	√
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND F ELECT		PRE-	5.	30 DA		Р	OST-	6. X	(TERMINA REPORT?		Yes	N	0	√
report type)	ANNUAL REPOR	T 7.	Year	2023				NG ME					PAPER		√	DISK	ETTE	
Name of Office S	ought by Candid	ate:				•		DAT	ΈO	F ELE	CTIC	ON	District Number	Office Code	Par	ty Code	Code	
SENATOD IN TH	HE GENERAL AS	SEMRIV						МО		DAY	Y	EAR	11	STS	DEN	1	06	
SENATOR IN TI	IL GLIVLIVAL AS	JEMBET							11		7	2023		(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of Expenditures		МО	DA		YEAR			МО		DAY		EAR	FO	R OFFIC	E USE	ONLY		
			10	24	20	23	<u> </u>		11		27	2023						
A. Amount Bro	ught Forward Fro	om Last R	Report				\$					767.09						
B. Total Moneta	ary Contributions	s And Rec	eipts (From	Sched	ule I)	\$				4,	920.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 71,687.09																		
D. Total Expenditures (From Schedule III) \$ 1,385.54																		
E. Ending Cash	Balance (Subtra	ct Line D	From	Line C)		\$				70,	301.55						
	Kind Contributio					e II)	\$;				0.00						
G. Unpaid Debt	s And Obligation	s (From	Schedu	ıle IV))		\$	1				0.00		,				
					AFFI	DAVI	T SE	CTI	NC									
PART I - If this is				_								_						
I swear (or affirm) correct and comple		cluding th	e attach	ed sch	edules	filed on	paper	or by e	electr	ronic m	ediun	n, are to t	he best o	f my knov	vledge	and be	ief , tr	ue
Sworn to and subs	cribed before me tl day of	nis	20									Signature	of Perso	n Submitt	ing Re	ort		_
	Signa	ture					<u>-</u>						Prin	ted Name				
My Commission Ex	pires						_		•				Emai	il				
	мо	D	AY		YR					Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	autho	rized (Commi	ittee, C	Candid	late sl	halls	sign he	ere.							
I swear (or affirm) No 320) as amende		my knowl	edge an	d belie	f this p	oolitical	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		s										s	ignature o	of Candida	ite			_
-	day of		_ 20 _				_						Printe	d Name				-
	Signature	e					-											_
My Commission Exp	ires												Emai	il				
	мо	D	AY		YR		_			Area	Code	1	Da	ytime Te	elephor	e Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period							
FRIENDS FOR JUDY SCHWANK	From:	10/24/202	<u>3</u> To:	11/27/2023				
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor								
TOTAL for the Reporting	g 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	(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	J Period	(3)	\$	0.00				
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)								
TOTAL for the Reporting	g 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			\$	0.00				

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate value		\$2) in the			
Name of Filing Committee or Candidate			From:			То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	!	I	!		<u> </u>			DAGE 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 Reporting Period										
					From: To:					
					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.

PAGE TOTAL \$0.00

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 Candi	me of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				DA	TE		Α	MOUNT		
Full Name of Contributing Commit	tee			мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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 Candi	ame of Filing Committee or Candidate			Rep	orting Pe	Reporting Period					
				Fron	n:		To) :			
			_		D	ATE		А	MOUNT		
Full Name of Contributor					МО	DAY	YEAR				
Mailing Address City State Zip Code (Plus 4)								\$	0.00		
City	State	Zi	p Code (Plus	4)							
Employer Name	•				Occupa	tion	•	•			
Employer Mailing Address/Principa Business	l Place of		City		•	State		Zip Cod	de (Plus 4)		
Enter Grand Total of Part C on	Schedule I, Deta	iled Sumr	mary Page,	Section	on 3.			F \$	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 C	Candidate		Report	ting Perio	od			
			From:			To:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description								
Enter Grand Total of Part E o	on Schedule I. Detailed	d Summary Page.	Section	4.			PAGE TOTA	\L
		· • • • • • • • • • • • • • • • • • • •					\$ C	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 Peri	od	
FRIENDS FOR JUDY SCHWANK	From:	<u>10/24/2023</u> To:	11/27/2023
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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	Name of Filing Committee or Candidate								
			From:			То:			
				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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	ımary 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	ame of Filing Committee or Candidate			Re	porting P	Period				
				Fro	om:		То:	То:		
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$	0.00	
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occupa	tion				
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Kind (Contributions De	etaile	ed				PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate					Reporting Period					
							То:				
				DATE			AMOUNT				
To Whom Paid				DAY	YEAR						
Mailing Address						\$	0.00				
City	State	Zip Code (Plus 4)	Description of Expenditure								
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item							PAGE TOTAL				
enter Grand Total of Expenditures	on Page 1, Report C	Lover Page, Item L).			\$	0.00				