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 2011	.090				port ed B		CAI	IIDI	DATE		COMN	1ITTEE	TTEE V LOBBYIST					
Name of Filing C	ommittee, Candid	iate or L	obbyist:		FRIE	END	S FOF	Z JUD	Y SC	CHWAI	ΝK								
Street Address:																			
City:	READING							State	e:	PA			Zip Cod	ie: 19	612				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	-	2.	30 DA PRIMA		Р	OST-	3.		AMENDM REPORT?		Yes	√ N	0		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA	AY PRI	E	5.	30 DA		Р	OST-	6. X		TERMINA REPORT		Yes	N	0	√	
report type)	ANNUAL REPORT	7.	Year 2023	3				NG ME					PAPER		\	DISK	ETTE		
Name of Office S	ought by Candida	ite:	-					DAT	E O	F ELE	CTIC	ON	District Office Party Code Number Code					nty	
								МО		DAY	Υ	EAR	11	STS	DEN	1	06		
SENATOR IN TH	HE GENERAL ASS	EMBLY							11		7	2023		(SEE IN	STRUCTI	ONS FOR	CODES)	
Summary of	•	МО	DAY	YEAR	ł			МО		DAY	Y	EAR	FO	R OFFI	E USE	ONLY			
Expenditures	from:	-	10 24	1 2	.023	Т	0		11	:	27	2023							
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				66,	767.09							
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 4,920.00																			
C. Total Funds	Available (Sum O	f Lines A	and B)				\$				71,	687.09							
D. Total Expend	ditures (From Sch	edule II	1)				\$				1,	385.54							
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$				70,3	301.55							
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	Schedu	le II	()	\$					0.00							
G. Unpaid Debt	s And Obligations	(From S	Schedule I	V)			\$					0.00			•				
				AFF	ID/	١٧٢	T SE	CTIC	N										
	a Committee rep	•	_							•		_							
I swear (or affirm)	that this report, inc ete.	luding the	e attached so	chedule	s file	d on	paper	or by e	lectr	onic m	ediun	ı, are to t	he best o	f my knov	vledge	and bel	ief , tr	ue	
Sworn to and subs	cribed before me thi day of	S	20								:	Signature	of Perso	n Submit	ing Rep	ort		_	
	Signatu	ıre					-						Prin	ted Name	1			_	
My Commission Ex	xpires						_		-				Ema	il					
	МО	D	AY	YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber			
Part II- If this is	a report of a can	didate's	authorized	l Comn	nitte	e, C	andid	ate sh	all s	sign he	ere.								
I swear (or affirm) No 320) as amende	that to the best of i	ny knowle	edge and bel	lief this	polit	tical	comm	ittee h	as no	ot viola	ted aı	ny provisi	ions of the	e act of J	ıne 3,1	937 (P.	L. 133	3,	
Sworn to and subsc	ribed before me this day of		20									Si	ignature o	of Candida	ate			_	
							-						Printe	d Name				-	
My Commission Exp	Signature						-		-				Ema	il				-	
·							-				_							-	
	МО	D	AY	YR	ł					Area	Code		Da	aytime T	elephor	e Numi	ber		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS FOR JUDY SCHWANK	From:	10/24/20	<u>123</u> To:	11/27/2023
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	20.00
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)			\$	4,900.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	4,900.00
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 ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	4,920.00

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	R	Reporting Period						
		F	rom:		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.

PART B 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 Com	mittee or Candidate		Reporting	Period			
			From:		Т	o :	
		'		DATE			AMOUNT
Full Name of Contribut	tor		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
							PAGE TOTAL
							PAGE 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						
FRIEN	DS FOR JUDY SCHWANK			From:	10/2	4/2023	То:	11/2	<u>27/2023</u>
					DA	TE		АМ	OUNT
Full Na	ame of Contributing Committee PAC				МО	DAY	YEAR	\$	500.00
Mailin	g Address				10	24	2022]	300.00
City	PLYMOUTH MEETING	State PA	Zip Codo 194622	e (Plus 4) 369	10	24	2023		
Full Name of Contributing Committee DEMOCRACY FUND Mailing Address						DAY	YEAR	\$	1,000.00
Mailin	g Address					30	2023		
City	HARRISBURG	State							
		PA	171082	.090					
	Full Name of Contributing Committee DUANE MORRIS LLP GOVERNMENT COMMITTEE STATE & DUANE WORK FUND						YEAR	\$	500.00
Mailin	g Address				11	20	2023		
City	PHILADELPHIA	State		e (Plus 4)	11	20	2023		
		PA	191034	001					
	ame of Contributing Committee MARK PAC				МО	DAY	YEAR	\$	300.00
Mailin	g Address				11	1	2023		300.00
City	CAMP HILL	State PA	Zip Code 170111	e (Plus 4) 702		1	2023		
	ame of Contributing Committee SON & JOHNSON POLITICAL	ACTION COMMITTEE			мо	DAY	YEAR	\$	1,000.00
Mailin	g Address				11	8	2023]	_,000.00
City	NEW BRUNSWICK	State NJ	Zip Code 089330	e (Plus 4) 001			2023		
Full Name of Contributing Committee PA ACADEMY OF FAMILY PHYSICIANS					мо	DAY	YEAR		
	g Address							\$	300.00
City	HARRISBURG	State		e (Plus 4)	10	26	2023		
		PA	171109	380					

Full Name of Contributing Committee	-				YEAR	
PENNSYLVANIA BAR ASSOCIATION			МО	DAY	. Lotte	\$ 300.00
Mailing Address			11	8	2023	
City HARRISBURG	State	Zip Code (Plus 4)	11		2023	
	PA	171080186				
Full Name of Contributing Committee				DAY	YEAR	
PENNSYLVANIA OPTOMETRIC PAC			МО			\$ 500.00
Mailing Address			11	1	2023	
City HARRISBURG	State	Zip Code (Plus 4)		_	2023	
	PA	171011124				
Full Name of Contributing Committee			МО	DAY	YEAR	
PPL - PEOPLE FOR GOOD GOVERNMENT						\$ 500.00
Mailing Address		10	30	2023		
City ALLENTOWN	State	Zip Code (Plus 4)	10	30	2023	
	PA	181011139				

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

PAGE TOTAL \$ 4,900.00

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 Ca	indidate			Rep	orting Pe	riod			
				Fror	n:		т	o:	
					D	ATE		AN	MOUNT
Full Name of Contributor					МО	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	4)					
Employer Name					Occupa	tion			
Employer Mailing Address/Prine	cipal Place of Business		City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C	on Schedule I, Detail	ed Sumn	mary Page,	Section	on 3.			P/	AGE 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:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description		.			•	•		
Futor Crowd Total of Book	F an Cabadula I Batailad	Summer Base Se		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, Se	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 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	1	
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 Candid	Reporting Period								
			From:			\$			
		•		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 on S	chedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	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			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

STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	andidate		Reporti	ng Period			
FRIENDS FOR JUDY SCHWANK			From	10/2	4/2023	То:	11/27/2023
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
BERKS NATURE							
Mailing Address	Mailing Address City READING State Zip Code (Plus 4)				2023	\$	40.00
City READING	Description of Expenditure						
	BREAKE	BREAKFAST TICKET					
To Whom Paid				DAY	YEAR		
DEBBIE L. LUIGARD			МО		1 = 1 111		
Mailing Address			11	17	2023	\$	306.04
City READING	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	196012511	CANDY	FOR PARA	DE		
To Whom Paid			МО	DAY	YEAR		
SECOGES PHOTOGRAPHICS							
Mailing Address			10	31	2023	\$	238.50
City READING State Zip Code (Plus 4			Descrip	tion of Exp	enditure		
PA 196089524			CAMPA	IGN PHOTO	os		
To Whom Paid			МО	DAY	YEAR		
ZELDA YODER							

	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	\$ 1,385.54

196041633

State

Zip Code (Plus 4)

Mailing Address

READING

City

801.00

23

CAMPAIGN SERVICES AND POSTAGE

Description of Expenditure

11

2023