### **Campaign Finance Report**

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

Filer Identification 2011090 Report Filed By : CANDIDATE COMMITTEE LOBBYIST																
Name of Filing C	Committee, Can	didate or L	obbyist:		FRI	END	S FOR	JUDY	SCHWA	NK						
Street Address:	PO BOX 12	424														
City:	READING							State:	PA			Zip Cod	<b>ie:</b> 19	9612		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	-	5.	30 DA ELECT		POST-	6. <b>X</b>	(	TERMINA REPORT		Yes	No	<b>~</b>
report type)	ANNUAL REPO	<b>RT</b> 7.	<b>Year</b> 2023					IG METI CHECK						DISKE	TE	
Name of Office S	Sought by Candi	date:	•		•			DATE	OF ELECTION District Office Number Code					y Code	County Code	
								МО	DAY	Y	EAR	11	STS	DEM		06
SENATOR IN TH	HE GENERAL A	SSEMBLY						1	1	7	2023		(SEE IN	STRUCTIO	NS FOR C	ODES)
Summary of		МО	DAY	/EAR	l			МО	DAY	Y	/EAR	FO	R OFFI	CE USE	ONLY	
Expenditures	5 Trom:		10 24	20	023	3 <b>T</b>	0	1	1	27	2023					
A. Amount Bro	ught Forward F	rom Last R	eport				\$			66,	,767.09					
B. Total Monet	ary Contribution	ns And Rec	eipts (From S	Sche	dule	e 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 (Subti	act Line D	From Line C)	)			\$			70,	301.55					
F. Value Of In-	Kind Contributi	ons Receiv	ed (From Sch	nedul	le II	I)	\$				0.00					
G. Unpaid Debt	s And Obligation	ns (From S	Schedule IV)				\$				0.00			1		
			,	AFF	ΊD	AVI	T SE	CTION	l							
PART I - If this is		-	_								_					
I swear (or affirm) correct and complete		including the	e attached sche	dules	file	ed on	paper o	or by ele	ctronic m	ediur	n, are to t	he best o	f my kno	wledge a	nd belie	f , true
Sworn to and subs	cribed before me day of	this	20								Signature	of Perso	n Submit	ting Rep	ort	
							- -					Prin	ted Name	<u> </u>		
My Commission Ex	_	ature										Ema	il			
	МО	D	AY	YR			-		Aı	ea Co	de	Daytim	e Teleph	none Nun	nber	
Part II- If this is	a report of a c	andidate's	authorized C	omn	nitte	ee, C	andida	ate sha	l sign h	ere.						
I swear (or affirm) No 320) as amende		of my knowl	edge and belief	this	poli	itical	commi	ittee has	not viola	ited a	ny provis	ions of th	e act of J	une 3,19	37 (P.L.	1333,
Sworn to and subsc		nis									s	ignature o	of Candid	ate		
	day of						_					Di	al Na			
	Signatu	ro.					-					Printe	d Name			
My Commission Exp	_											Ema	il			
	МО	D	AY	YR			-		Area	Code	<u> </u>	Da	aytime T	elephone	Numbe	r

# 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)	\$	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	\$	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	g Period	(3)	\$	4,900.00			
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 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 Candida	te		Reporting	Period			
			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.

(Exclude contributions from political committees reported in Part A)

Name of Filing Commit	Name of Filing Committee or Candidate  Reporting Period									
			From: To			<b>)</b> :				
				DATE			AMOUNT			
Full Name of Contributor			МО	DAY	YEAR					
						\$	0.00			
Mailing Address					•					
Mailing Address  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	ame of Filing Committee or Candidate Repor		Reporting	Period			
FRIENDS FOR JUDY SCHWANK			From:	10/2	<u>14/2023</u>	То:	11/27/2023
				DA	TE		AMOUNT
Full Name of Contributing Committee				МО	DAY	YEAR	
PPL - PEOPLE FOR GOOD GOVERNMENT	-						<b>\$</b> 500.00
Mailing Address 2 N 9TH ST		_		10	30	2023	
City ALLENTOWN	State	Zip Code	e (Plus 4)				
	PA	181011	139				
Full Name of Contributing Committee				мо	DAY	YEAR	
PENNSYLVANIA OPTOMETRIC PAC				1-10	DAI	ILAK	<b>\$</b> 500.00
Mailing Address 218 NORTH ST				11	1	2023	333.33
City HARRISBURG	State	Zip Code	e (Plus 4)		•	2025	
	PA	171011	124				
Full Name of Contributing Committee	•					1	
PENNSYLVANIA BAR ASSOCIATION				МО	DAY	YEAR	\$ 300.00
Mailing Address PO BOX 186				11	8	2023	300.00
City HARRISBURG	State	Zip Code	e (Plus 4)	1 11	8	2023	
	PA	171080	186				
Full Name of Contributing Committee							
PA ACADEMY OF FAMILY PHYSICIANS				МО	DAY	YEAR	\$ 300.00
Mailing Address 2704 COMMERCE DR	STE A			10	26	2022	300.00
City HARRISBURG	State	Zip Code	e (Plus 4)	10	26	2023	
	PA	171109	380				
Full Name of Contributing Committee	<u> </u>						
JOHNSON & DHNSON POLITICAL	ACTION COMMITTEE			МО	DAY	YEAR	
·	HNSON PLZ # WT405						\$ 1,000.00
City NEW BRUNSWICK	State		e (Plus 4)	11	8	2023	
NEW BRONSWICK	NJ	089330	-				
						1	ı
Full Name of Contributing Committee				мо	DAY	YEAR	
HIGHMARK PAC							<b>\$</b> 300.00
Mailing Address 1800 CENTER ST	Cha.		- (Bl., 1)	11	1	2023	
City CAMP HILL	State		e (Plus 4)				
	PA	170111	/02	l	I	I	

Full Name of Contributing Committee	ll Name of Contributing Committee					
DUANE MORRIS LLP GOVERNMENT COM	IMITTEE STATE &	; LOCAL FUND	МО	DAY	YEAR	<b>\$</b> 500.00
Mailing Address 30 S 17TH ST			11	20	2023	
City PHILADELPHIA	State	Zip Code (Plus 4)			2023	
	PA	191034001				
Full Name of Contributing Committee	мо	DAY	YEAR			
DEMOCRACY FUND				<i>-</i>		<b>\$</b> 1,000.00
Mailing Address PO BOX 12090			10	30	2023	,
City HARRISBURG	State	Zip Code (Plus 4)				
	PA	171082090				
Full Name of Contributing Committee			мо	DAY	YEAR	
1776 PAC				<i>-</i>		<b>\$</b> 500.00
Mailing Address 3031 A WALTON RD STE 201			10	24	2023	,
City PLYMOUTH MEETING	State	Zip Code (Plus 4)	10		2023	
	PA	194622369				

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 Candidate			Rep	orting Pe	riod			
			Fron	n:		To	):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus	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 Sche	dule I, Detailed Su	ımmary Page,	Section	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:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	•	•			1		<u> </u>	
Futor Count Total of Doub	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, 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 Per	od							
FRIENDS FOR JUDY SCHWANK	From:	<u>10/24/2023</u> <b>To:</b>	11/27/2023						
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 Candidate			Reporting Period					
			From:			То:		
				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:	-	<b>-</b>	•	•	•			
Enter Grand Total of Part F on Sche	dule II, In-Kind	d Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTA	L
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

## STATEMENT OF EXPENDITURES

Name of Filing Co	ommittee or Candidate			Reporti	ng Period				
FRIENDS FOR JU	IDY SCHWANK			From	10/24	<u>1/2023</u>	То:	11/27/2023	
					DATE			AMOUNT	
To Whom Paid				МО	DAY	YEAR			
BERKS NATURE									
Mailing Address	575 SAINT BERNARI	DINE ST		10	26	2023	\$	40.00	
City READING		State	Zip Code (Plus 4)	Description of Expenditure					
PA 196071724					AST TICKE	Т			
To Whom Paid				МО	DAY	YEAR			
DEBBIE L. LUIGA	RD								
Mailing Address	201 DOUGLASS ST			11	17	2023	\$	306.04	
City READING		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	196012511	CANDY FOR PARADE					
To Whom Paid				МО	DAY	YEAR			
SECOGES PHOTO	GRAPHICS								
Mailing Address	2549 JOSHUA DR			10	31	2023	\$	238.50	
City READING		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•		
		PA	196089524	CAMPAI	GN PHOTO	S			
To Whom Paid				МО	DAY	YEAR			
ZELDA YODER						LAK			
Mailing Address	1601 LORRAINE RD			11	23	2023	\$	801.00	

Zip Code (Plus 4)

196041633

**Description of Expenditure** 

CAMPAIGN SERVICES AND POSTAGE

\$

State

PA

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

City

READING

**PAGE TOTAL** 

1,385.54