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			Rep File			CAND	IDA	ATE		COMN	ITTEE	✓	LOBI	BYIS ⁻		
Name of Filing C	ommittee, Cand	idate or L	obbyist:		FRIE	ND	S FO	R JUDY :	SCH	IWAN	K							
Street Address:	P O BOX 12	424																
City:	READING							State:	Р	Ά			Zip Cod	ie: 19	612			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2	2.	30 DA		PO	ST-	3. X		AMENDM REPORT?		Yes	\	No	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5	5.	30 DA		PO	ST-	6.		TERMINA REPORT?		Yes	П	No	/
report type)	ANNUAL REPOR	7.	Year 2024					NG METH CHECK (PAPER		\checkmark	DIS	KETTE	
Name of Office S	ought by Candid	late:	-					DATE	OF	ELEC	TIO	N	District Number	Office Code	Par	ty Co	de Cou Cod	
SENATOR IN TH	HE GENERAL AS	SEMBLY						МО	D	AY	YE	AR	11	STS	DEN	1	06	
								1	1		5	2024		(SEE INS	TRUCTI	ONS FO	R CODE:	S)
Summary of Expenditures		МО	DAY	YEAR		_	•	МО		AY		AR	FO	R OFFIC	E USE	ONL	Υ	
			4 9	20	024		0		5	1	3	2024	ļ					
	ught Forward Fr		•				\$			1		.80.49						
B. Total Moneta	ary Contribution	s And Red	eipts (From	Sche	dule	1)	\$				8,4	20.00						
C. Total Funds	Available (Sum	Of Lines A	and B)				\$			1	29,6	00.49						
D. Total Expend	ditures (From So	hedule II	II)				\$				4,2	08.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$			13	25,3	92.49						
	Kind Contributio				le II))	\$					0.00		,				
G. Unpaid Debt	s And Obligation	ns (From	Schedule IV	<u>') </u>			\$					0.00				_		
				AFF	IDA	VI	T SE	CTION	1									
PART I - If this is			_						-			_						
I swear (or affirm) correct and comple		icluding th	e attached sc	hedules	filed	on	paper	or by elec	ctroi	nic me	dium,	, are to t	the best o	f my knov	/ledge	and b	elief , t	rue
Sworn to and subs	cribed before me t day of	his	20								S	ignature	of Perso	n Submitt	ing Rep	ort		
	Signa	ture					_		_				Prin	ted Name				_
My Commission Ex	xpires						_		_				Ema	il				
	МО	D	AY	YR						Area	a Cod	е	Daytim	e Teleph	one Nu	mber		ᆜ
Part II- If this is	a report of a ca	ndidate's	authorized	Comm	nittee	e, C	andid	ate shal	l sig	gn he	re.							
I swear (or affirm) No 320) as amende		f my knowl	edge and beli	ef this	politi	ical	comm	ittee has	not	violate	ed an	y provisi	ions of the	e act of Ju	ne 3,1	937 (I	P.L. 133	33,
Sworn to and subsc	ribed before me th day of	is	20						-			Si	ignature o	of Candida	te			_
							_		_				Printe	d Name				-
My Commission Exp	Signatur	e					-		_				Ema	il				-
, сеолоп Ехр							_		_									_
	МО	D	AY	YR						Area C	ode		Da	aytime Te	lephor	e Nur	nber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS FOR JUDY SCHWANK	From:	<u>4/9/202</u>	<u>4</u> То:	<u>5/13/2024</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	J Period	(1)	\$	100.00
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)			\$	320.00
TOTAL for the Reporting	g Period	(2)	\$	320.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	3,000.00
All Other Contributions (Part D)			\$	5,000.00
TOTAL for the Reporting	J Period	(3)	\$	8,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	j 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			\$	8,420.00

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 Ca	ame 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 Candida	ame of Filing Committee or Candidate				Reporting Period							
FRIENDS FOR JUDY SCHWANK			From:		4/9/	2024 T o	5 /1	3/2024				
		•			DATE		AMOU	NT				
Full Name of Contributor			М	10	DAY	YEAR						
CHARLES CORBIT					DAI	ILAK						
Mailing Address 54 SAWGRASS DI	₹						\$	120.00				
City READING	State	Zip Code (Plus 4)	5	4	2024						
	PA	196069626										
Full Name of Contributor			М	10	DAY	YEAR						
ARTHUR NAYLOR						. 27.11						
Mailing Address 1302 DAUPHIN A	/E						\$	100.00				
City WYOMISSING	State	Zip Code (Plus 4)	4	9	2024						
	PA	196102114										
Full Name of Contributor			М	10	DAY	YEAR						
ARTHUR NAYLOR					DAI	ILAK						
Mailing Address 1302 DAUPHIN A	/E						\$	100.00				
City WYOMISSING				5	9	2024						
WIONISSING	State	Zip Code (Plus 4))	5	9	2024						

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

PAGE TOTAL \$ 320.00

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 Candidate	Name of Filing Committee or Candidate Rep		Reporting	Period				
FRIENDS FOR JUDY SCHWANK			From:	<u>4</u> ,	<u>/9/2024</u>	То:	[-	5/13/2024
				DA	\TE			AMOUNT
Full Name of Contributing Committee CITIZENS FOR HUGHES				МО	DAY	YEAR	\$	1,000.00
Mailing Address PO BOX 13031				4	9	2024]	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
City PHILADELPHIA	State PA	Zip Code 191013	e (Plus 4) 031			2021		
Full Name of Contributing Committee PA AUTOMOTIVE ASSOCIATION				МО	DAY	YEAR	\$	1,000.00
Mailing Address 1925 N FRONT ST			4	12	2024		,	
City HARRISBURG	State PA	Zip Cod 171022	e (Plus 4)					
	1	1,1022		I	1	1	÷	
Full Name of Contributing Committee PENN NATIONAL GAMING				МО	DAY	YEAR	\$	500.00
Mailing Address 825 BERKSHIRE BLV	/D STE 200			4	16	2024	7	300.00
City WYOMISSING	State PA	Zip Code 196101	e (Plus 4) 247			2024		
Full Name of Contributing Committee SEIU HEALTHCARE PA COPE				мо	DAY	YEAR	\$	500.00
Mailing Address 1500 N 2ND ST STE	12			4	16	2024]	300.00
City HARRISBURG	State	Zip Code	e (Plus 4)		10	2024		
	PA	171022	528					
								PAGE TOTAL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			_	

7/16/2025 11:52:15 AM

3,000.00

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				Reporting Period						
FRIENDS FOR JUDY SCHWANK				Fron	n:	<u>4/9/2</u>	<u>024</u> 1	To: <u>5/13/2024</u>		
					DA	TE			AMOUN'	т
Full Name of Contributor					мо	DAY	YEAF	R	\$	5,000.00
CRAIG STEIN									7	3,000.00
Mailing Address 400 WALMERE WAY					5	10	202	4		
City BLUE BELL	State	Zip	Code (Plus	4)		10	202	•		
	PA	19	4222475							
Employer Name NOT EMPLOYED					Occupat	ion	NOT E	MP	LOYED	
Employer Mailing Address/Principal Plac	e of Business		City			State		7	Zip Code (Plu	s 4)
400 WALMERE WAY			BLUE BELL			PA			194222475	
ter Grand Total of Part C on Schedule I, Detailed Summary Page,					on 3.				PAGE T	OTAL
			, 5-7					\$	5,	000.00

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:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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>4/9/2024</u> To:	<u>5/13/2024</u>
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, 1		\$	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:			To:		
				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 Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(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	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	Stat	e Zip	Code(Plus 4)	Desci	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
FRIENDS FOR JUDY SCHWANK	From	<u>4/9/2024</u>	То:	<u>5/13/2024</u>			

				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
BERKS COUNTY DEMOCRATIC C	OMMITTEE		MO		ILAK		
Mailing Address 1251 N FRON	IT ST		4	14	2024	\$	160.00
City READING	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	196011419	SIGNBO	DARDS AT	POLLS		
To Whom Paid BERKS COUNTY DEMOCRATIC CO	OMMITTEE		МО	DAY	YEAR		
Mailing Address 1251 N FRON			5	13	2024	\$	600.00
City READING	State	Zip Code (Plus 4)	Descrip	 tion of Exp	 enditure		
NEXIBINO	PA	196011419	TICKET				
To Whom Paid		•	Mo	DAY	VEAD		
BERKS ENCORE			МО	DAT	YEAR		
Mailing Address 40 N 9TH ST			5	13	2024	\$	195.00
City READING	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	196013657	SENIOR	EXPO AD			
To Whom Paid BRIT CRAMPSIE COMMUNICATION	DNS LLC		мо	DAY	YEAR		
Mailing Address 1115 STRATE	ORD DR		4	30	2024	\$	2,000.00
City CARLISLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	ı enditure		
	PA	170133542	СОММИ	INICATION	S		
To Whom Paid SALVATION ARMY			мо	DAY	YEAR		
Mailing Address 301 S 5TH S	Γ		4	13	2024	\$	500.00
City READING	State	Zip Code (Plus 4)	Descrip	tion of Exp	ı enditure		
	PA	196022310	SPONS	ORSHIP			
To Whom Paid			МО	DAY	YEAR		
TROOPER MELLEY LODGE			1.10				
Mailing Address PO BOX 300			4	19	2024	\$	100.00
City BETHEL	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	195070300	SPONSORSHIP				

To Whom Paid				МО	DAY	YEAR			
WYOMISSING/READING ROTARY CLUB				110		ILAK			
Mailing Address PO BOX 6184				4	13	2024	\$	100.00	
City WYOMISSING State Zip Code (Plus 4)			Description of Expenditure						
PA 196100184 SPC				SPONSO	SPONSOR FLAGS				
To Whom Paid				мо	DAY	YEAR			
ZELDA YODER									
Mailing Address 1601 LORRAINE RD				4	19	2024	\$	553.00	
City READING		State	Zip Code (Plus 4)	Description of Expenditure					
PA 196041633 FUNDRAISING AND POST						D POSTA	GE		
								PAGE TOTAL	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							\$	4,208.00	