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 :	20240	0449				eport led B		CA	NDII	DATE	√	CC	MMITTEE		LOBE	BYIST			
Name of Filing C	Committee, Ca	andida	te or Lo	bbyist:		JUI	DY SO	CHWA	NK											
Street Address:																				
City:									State	e:				Zip Code: 1952						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRI PRIMAR		E-	2.	30 DA PRIMA		Р	POST- 3. AMENDMENT Yes REPORT?						No		\	
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND FRI ELECTIC		RE-	5. X	30 DA		Р	OST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	No		√	
report type)	ANNUAL REP	PORT	7.	Year 20	24				NG ME					PAPER		/	DISKE	TTE		
Name of Office S	- Sought by Can	ndidate	e:						DAT	E O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun		
									МО		DAY	YE	AR	11	STS	DEM	1			
SENATOR IN TH	HE GENERAL	ASSE	MBLY							11		5	2024	<u> </u>	(SEE INS	STRUCTIO	ONS FOR	CODES)	
Summary of		nd	МО	DAY	YEA	R			МО		DAY	YE	AR	FOF	OFFIC	E USE	ONLY			
Expenditures	from:			9	17	2024	4 T	0		10	2	21	2024							
A. Amount Bro	ught Forward	l From	Last R	eport	·		•	\$			•	•	0.00							
B. Total Moneta	ary Contributi	ions A	nd Rec	eipts (Fr	om Sch	edul	le I)	\$					0.00							
C. Total Funds	Available (Su	ım Of I	Lines A	and B)				\$					0.00							
D. Total Expend	ditures (From	1 Sche	dule II	[)				\$					0.00							
E. Ending Cash	Balance (Sub	btract	Line D	From Lir	ne C)			\$					0.00]						
F. Value Of In-	Kind Contribu	utions	Receive	ed (Fron	Sched	ule I	II)	\$					0.00							
G. Unpaid Debt	s And Obligat	tions (From S	chedule	IV)			\$					0.00							
					AF	FID	AVI	T SE	CTI	ΟN										
PART I - If this is	s a Committee	e repo	rt, trea	surer sig	jn here	. If t	his is	a Car	ndida	te re	port, c	candid	ate sig	gn here.						
I swear (or affirm) correct and comple		rt, inclu	ding the	attached	schedul	es file	ed on	paper	or by e	electr	ronic m	edium,	are to t	the best of	my knov	vledge a	and beli	ef , tr	ue,	
Sworn to and subs	cribed before m	ne this		20						•		Si	gnature	e of Person	Submitt	ing Rep	ort		_	
	- Sie	gnature	<u> </u>	_				- -						Printe	ed Name	ı			-	
My Commission Ex		J								•				Email					-	
	МО		D#	Υ	Υ	R					Are	ea Code	е	Daytime	Teleph	one Nu	mber			
Part II- If this is	a report of a	candi	date's	authoriz	ed Con	mitt	ee, C	andid	ate sl	nall s	sign he	ere.								
I swear (or affirm) No 320) as amende		st of my	y knowle	dge and l	pelief th	is pol	litical	comm	ittee h	as no	ot viola	ted any	, provis	ions of the	act of Ju	ıne 3,19	937 (P.L	. 1333	3,	
Sworn to and subsc		e this											s	ignature of	Candida	ite			-	
	day of —— ——							-						Printed	Name				-	
	Signa	ature						-											_	
My Commission Exp	_													Email						
	Mo	o	DA	λΥ	١	'R		•			Area	Code		Day	time Te	elephon	e Numb	er	⁻	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
JUDY SCHWANK	From:	9/17/2024	<u>4</u> To:	10/21/2024
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)			\$	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)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	0.00
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			\$	0.00

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 Candidate				Reporting Period						
			From:		То	:				
		·		DATE			AMOUNT			
Full Name of Contributing Committee	ee		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 Candidate		Rep	oorting P	eriod			
			Fro	m:		To):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
								PAGE TOTAL

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			Period					
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.0	
Mailing Address							- \$	0.0	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	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.)

Name of Filing Committee or Candidate				Reporting Period					
Fro					From: To:				
				D	ATE			AMOUNT	
				мо	DAY	YEAR	\$	0.00	
State	Zi	p Code (Plus	s 4)						
				Occupa	tion				
ce of Business		City			State		Zip	Code (Plus 4)	
dule I, Detailed	Sumn	mary Page,	Section	on 3.			\$	PAGE TOTAL 0.00	
	State ce of Business	State Zi ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4) ce of Business City	From: MO State Zip Code (Plus 4) Occupa	From: DATE MO DAY State Zip Code (Plus 4) Occupation ce of Business City State	State Zip Code (Plus 4) State Zip Code (Plus 4) Occupation ce of Business City State cdule I, Detailed Summary Page, Section 3.	From: To: DATE MO DAY YEAR State Zip Code (Plus 4) Occupation ce of Business City State Zip	

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:		
				E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Count Total of Dout	Fan Cahadula I Datailad	I Commence Dance C	` !	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	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 Perio	d	
JUDY SCHWANK	From:	<u>9/17/2024</u> To:	10/21/2024
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 Ca	Name of Filing Committee or Candidate Rep						
	From:						
				DATE			AMOUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						- \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•		•				
					Г		
Enter Grand Total of Part F of Section 2.	n Schedule II, In-Ki	nd Contributions Detai	led Sum	ımary Pa	ge,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					orting	Period				
					From:			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	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period				
	From			То:				
				DATE			AMOUNT	
To Whom Paid				DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
Enter Grand Total of Expenditures	on Bogo 1 Bonort C	'over Page Item I	`				PAGE TOTAL	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.			<i>.</i>			\$	0.00	