**Commonwealth of Pennsylvania** 

## **Campaign Finance Statement**



File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities

incurred each did not exceed \$250.00 during the reporting period.								
FILER IDENTIFICATION NUMBER: 2024	C0449	REPORT FILED (	ON BEHALF OF:	Candidate				
NAME OF FILING COMMITTEE, CANDIDATE OR LOBE	SYIST	JUDITH SCHWANK						
STREET ADDRESS	_							
CITY	STATE		ZIP CODE 1961	0				
TYPE OF REPORT Annual								
NAME OF OFFICE SOUGHT BY CANDIDATE	SENATOR II	N THE GENERAL ASSE	MBLY					
DISTRICT CODE 11		PARTY CO	<b>DDE</b> DEM					
DATE OF ELECTION 11/5/2024								
DATES OF REPORTING PERIOD 1	1/26/2024	то	12/31/2024	For Office Use Only				
AMENDMENT REPORT? NO	TERM	MINATION REPORT?	NO					
CASH BALANCE AT THE END OF REPORTING PERIOD:		0.00						
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		0.00						
PART I -  If statement is filed on behalf of a Political Committee or Candidate's Committee, the Treasurer must sign here.  If statement is filed on behalf of a Candidate, the Candidate must sign here.  If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.  I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID								

						REPORTING PERIOD INDICATED ABOVE DID ND BELIEF, TRUE, CORRECT AND COMPLETE.
SWORN TO AND SUBSCRIBED B	EFORE ME THI	s				
day of			20			
					SIGNATURE	OF PERSON SUBMITTING REPORT
SIGNATURE			PRINTED NAME			
MY COMMISION EXPIRES	MO.	DAY	YR.		AREA CODE	DAYTIME TELEPHONE NUMBER

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE 3, 1937 (P.L. 1333, No. 320) AS AM		NOWLEDGE A	AND BELIEF THIS	POLITICAL COM	MITTEE HAS NOT VIOL	ATED ANY PROVISIONS OF THE ACT OF JUNE
SWORN TO AND SUBSCRIBED BEFORE ME THIS						
day of			20			
					SIGNATURE	OF PERSON SUBMITTING REPORT
	SIGNATURE					PRINTED NAME
MY COMMISION EXPIRES	MO.	DAY	YR.		AREA CODE	DAYTIME TELEPHONE NUMBER