Campaign Finance Report

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

	-			-	1	-				_		_					
Filer Identificati Number :	ion 2014	4C0518			Repo Filed		CANDI	DATE	\checkmark	cc	OMMITTEI		LOB	BYIST			
Name of Filing C	Committee, Candid	late or Lo	obbyist:		JOZWI	ак, в	ARRY J										
Street Address:																	
City:							State:				Zip Code: 19506						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D/ PRIM		POST-	3. X		AMENDMI REPORT?	ENT	Yes	✓ ^	lo		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	E- 5.	30 DA ELEC	AY TION	POST- 6.		TERMINATION REPORT?		Yes	٢	lo	\checkmark		
report type)	ANNUAL REPORT	7.	Year 2014				NG METH				PAPER		\checkmark	DISK	ETTE		
Name of Office S	L Sought by Candida	te:					DATE C)F ELE	CTION		District Number	Office Code	Pa	rty Cod	e Cou Cod		
							мо	DAY	YEAI	R	5	STH	REI	þ	06		
REPRESENTAL	IVE IN THE GENEI	RAL ASS	EMBLY				11		4 2	2014	j	(SEE INS	TRUCTI	ONS FO	R CODE	5)	
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YEAI	R	FO	R OFFIC	E USE	ONL	(
Expenditures	s from:		5 6	2	014	то	6		9 2	2014							
A. Amount Bro	ught Forward Fro	m Last R	eport			\$	i		(6,121	.25)							
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$	5		(0.00							
C. Total Funds	Available (Sum O	f Lines A	and B)			\$	5		(6,121	.25)							
D. Total Expenditures (From Schedule III)						\$	5		8,700	0.00							
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$	5	(14,821.	25)	-						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)	\$	5		C	0.00							
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	/)		\$	5		(0.00							
				AFF	IDAV	IT SE	CTION										
	s a Committee rep		_								-						
I swear (or affirm correct and compl) that this report, inc ete.	luding the	e attached sc	hedule	s filed o	n paper	or by elect	ronic m	edium, a	re to i	the best of	my know	vledge	and be	lief , t	rue	
Sworn to and subs	scribed before me thi day of	S	20						Sigr	nature	e of Person	Submitt	ing Re	port		-	
	Signatu	ire				_					Print	ed Name				—	
My Commission E	xpires										Emai					-	
	мо	D	AY	YR				Ar	ea Code		Daytime	e Telepho	one Nu	ımber			
Part II- If this is	a report of a can	didate's	authorized	Comm	nittee,	Candid	late shall	sign h	ere.								
I swear (or affirm) No 320) as amende) that to the best of ı ed.	ny knowle	edge and beli	ief this	s politica	l comm	nittee has r	iot viola	ted any p	provis	ions of the	act of Ju	ine 3,1	937 (P	.L. 133	33,	
Sworn to and subso	Sworn to and subscribed before me this Signature of Candidate										-						
	day of 										Printed	d Name				_	
	Signature					_											
My Commission Exp	bires										Emai	l					
	мо	D	AY	YR	ł			Area	Code		Da	ytime Te	elepho	ne Nun	ber	-	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** From: <u>5/6/2014</u> **To:** JOZWIAK, BARRY J 6/9/2014 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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: To:			:			
		·			DATE			AMOUNT		
Full Name of Contributing Committee			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.								0.00		

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. (Exclude contributions from political committees reported in Part A)										
Name of Filing Committee or Candidate Reporting Period										
			From: Te			D:				
					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. \$ 0.00										

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			Reporting Period						
			From:			То:			
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	\$	0.00	
Mailing Address							7 *	0.00	
City	State	Zip Cod	e (Plus 4)						
					PAGE TOTAL				
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							\$	0.00	

PART D 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 R				Reporting Period					
From:				n:		Т	То:		
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							P#	AGE TOTAL 0.00	

PART E **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			Reporting Period							
				From: 1				0:		
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description		•			•		•			
		_		_				PAGE TOT	AL	
Enter Grand Total of Part E on Schedu	le I, Detailed Sumn	nary Page,	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		
JOZWIAK, BARRY J	From:	<u>5/6/2014</u> то:	<u>6/9/2014</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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 Ro			Reporting Period						
						To:			
				DATE			AMOUNT		
Full Name of Contributor				DAY	YEAR				
Mailing Address		-				 \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:									
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL			
						\$		0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period						
				From:							
					DATE		AMOUNT				
Full Name of Contributor				мо	DAY	YEAR					
Mailing Address							\$ 0.00				
City	State	Zip Code(Plus 4)									
Employer of Contributor		•		Occupa	ation						
Employer Mailing Address/Principal Place of Business City			State	e Zip	Code(Plus 4)	Descri	ption of Contribution				
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					PAGE TOTAL 0.00						

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period						
JOZWIAK, BARRY J				<u>5/</u>	<u>5/2014</u>	То:	<u>6/9/2014</u>		
				DATE	AMOUNT				
To Whom Paid			мо	DAY	YEAR				
FRIENDS OF BARRY JOZWIAK									
Mailing Address 590 GRANGE ROA	D		5	12	2014	\$	8,700.00		
City BERNVILLE	State	Zip Code (Plus 4)	Description of Expenditure						
	PA	19506	LOAN T	O CAMPAI	GN				
	_				PAGE TOTAL				
Enter Grand Total of Expenditures) .			\$	8,700.00				