Campaign Finance Report

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

Filer Identification 2014C0518 Number :							port ed B		CANE	DID	ATE	✓	cc	COMMITTEE LOBBYIST					
Name of Filing C	ommittee,	Candida	ate or Lo	obbyist:		JOZ	ZWIA	K, BA	RRY J									_	
Street Address:																			
City:						State:								Zip Code: 19506					
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1.	2ND FRII PRIMARY		-	2.	30 DA PRIMA		РО	ST-	3. X		AMENDMI REPORT?	ENT	Yes	No)	
(place X to the right of	6TH TUESD PRE-ELECT		4.	2ND FRII ELECTIO		E-	5.	30 DA		РО	ST-	6.		TERMINATION REPORT?		Yes	No)	\
report type)	ANNUAL R	REPORT	7.	Year 20	.4				IG MET					PAPER		\checkmark	DISKE	TTE	
Name of Office S	ought by C	Candidat	e:						DATE	OF	ELEC	CTION		District Number	Office Code	Par	ty Code	Cour	
									МО	C	DAY	YEA	R	5	STH	REF)	06	-
REPRESENTATI	VE IN THE	GENER	AL ASS	EMBLY					1	1		4	2014		(SEE IN	STRUCTI	ONS FOR	CODES)
Summary of		and	МО	DAY	YEA	R			МО	[DAY	YEA	R	FO	R OFFIC	E USE	ONLY		
Expenditures	from:			5	6 2	2014	T	0		6		9	2014						
A. Amount Bro	ught Forwa	ard From	ı Last R	eport				\$				(6,12	1.25)						
B. Total Moneta	ary Contrib	outions A	and Rec	eipts (Fr	m Sch	edule	e I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ (6,121.25)																			
D. Total Expend	ditures (Fr	om Sche	dule II	[)				\$				8,70	0.00						
E. Ending Cash	Balance (Subtract	Line D	From Lin	e C)			\$			(1	14,821	.25)]					
F. Value Of In-	Kind Contr	ibutions	Receive	ed (From	Schedu	ıle I	I)	\$					0.00						
G. Unpaid Debt	s And Obli	gations	(From S	chedule	IV)			\$					0.00			•			
					AFI	FID	AVI	ΓSE	CTIO	1									
PART I - If this is	a Commit	ttee repo	ort, trea	surer sig	n here.	If th	his is	a Can	didate	rep	ort, c	andida	te sig	n here.					
I swear (or affirm) correct and comple		port, incl	uding the	attached	schedule	s file	ed on p	paper (or by ele	ctro	nic me	edium, a	re to t	the best of	my knov	vledge	and beli	ef , tr	ue
Sworn to and subs	cribed befor day of	e me this		20						-		Sig	nature	e of Person	Submitt	ing Re	oort		_
		Signatur	·e	_				-		-				Print	ed Name	1			
My Commission Ex	pires	_								_				Email					_
	м	10	D/	λY	YR	l					Are	a Code		Daytime	Teleph	one Nu	mber		
Part II- If this is	a report o	of a cand	idate's	authoriz	d Com	mitte	ee, Ca	andida	ate sha	II si	gn he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and b	elief thi	s poli	itical	commi	ittee has	not	violat	ed any	provis	ions of the	act of Ju	ıne 3,1	937 (P.I	133	з,
Sworn to and subsc		me this								Signature of Candidate								-	
	day of — –			- —				-		-				Printed	l Name				-
	Sig	gnature						-											_
My Commission Exp	ires													Emai	l				
		МО	D	ΑY	YI	₹		•		-	Area (Code		Da	ytime To	elephor	ne Numb	er	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
JOZWIAK, BARRY J	From:	5/6/201	<u>4</u> To:	<u>6/9/2014</u>
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

	this Part to itemize onl with an aggregate value		\$2	250.00) in the			
Nume of Fining Comm	mittee or Candidate Reporting Period From: To:				:			
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	!	I	!		<u> </u>			DAGE TOTAL

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

PAGE TOTAL
\$ 0.00

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			oorting P					
			Fro	m:		To):	
					DATE		АМ	OUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL \$ 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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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	ame of Filing Committee or Candidate				riod			
			Fron	n:		To) :	
				D	ATE		ı	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			l	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 C	Candidate		Report	ting Perio	od			
			From:			To:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description								
Enter Grand Total of Part E o	on Schedule I. Detailed	d Summary Page.	Section	4.			PAGE TOTA	\L
		· • • • • • • • • • • • • • • • • • • •					\$ C	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> To:	6/9/2014
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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 Candidat	:e		Reporting	g Period			
	Fre					То:	
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		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			Re	eporting F	Period			
				Fr	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)					
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ee of Ci	ity	State	•	Zip 4)	Code(Plus	Descri	ption o	of Contribution
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-l	Kind (Contributions [etail	led				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting	Period		
JOZWIAK, BARRY J	From	5/6/2014	То:	6/9/2014

				DATE			AMOUNT
To Whom Paid FRIENDS OF BARRY JOZWIAK			МО	DAY	YEAR		
Mailing Address 590 GRANGE ROAD			5	12	2014	\$	8,700.00
City BERNVILLE	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	19506	LOAN TO CAMPAIGN				
							PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	8,700.00