#### **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 2	0140117				port ed B		CANDI	DIDATE COMMITTEE V LOBBYIST							
Name of Filing C	Committee, Car	ndidate or I	.obbyist:		FRI	END	S OF	BARRY JO	DZWIA	K						
Street Address:	590 GRAN	IGE ROAD														
City:	BERNVILL	E						State:	PA			Zip Cod	de: 19	9506		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.					30 DA PRIMA		POST- 3.			AMENDM REPORT		Yes	No	<b>~</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION				30 DA		POST- 6.			TERMIN/ REPORT		Yes	No	<b>~</b>
report type)	ANNUAL REPO	<b>PRT</b> 7.	<b>Year</b> 2016					NG METHO				PAPER		<b>\</b>	DISKE	ГТЕ
Name of Office S	Sought by Cand	lidate:	_		-			DATE 0	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code
								МО	DAY	YE	AR	5	STH	REP		06
REPRESENTATI	VE IN THE GE	NERAL AS:	AL ASSEMBLY 11							8	2016	<b>-</b>	(SEE IN	STRUCTIO	ONS FOR C	ODES)
Summary of	•	МО	DAY	YEAR	R			МО	DAY	YE	EAR	FC	R OFFI	CE USE	ONLY	
Expenditures	i from:		3 8	2	016	5 T	0	4	:	11	2016					
A. Amount Bro	ught Forward	From Last I	Report				\$			42,2	223.93					
B. Total Moneta	ary Contributio	ns And Re	ceipts (From	Sche	dule	e I)	\$			5	550.00					
C. Total Funds Available (Sum Of Lines A and B)							\$			42,7	773.93					
D. Total Expenditures (From Schedule III)						\$			8,8	92.60						
E. Ending Cash	Balance (Subt	ract Line D	From Line (	C)			\$			33,8	81.33	]				
F. Value Of In-	Kind Contribut	ions Recei	ed (From So	hedu	le II	I)	\$				0.00					
G. Unpaid Debt	ts And Obligati	ons (From	Schedule IV	)			\$			14,8	321.25					
				AFF	IDA	AVI	T SE	CTION								
PART I - If this is	s a Committee	report, tre	asurer sign l	nere. I	If th	his is	a Car	ndidate re	eport, c	candi	date sig	jn here.				
I swear (or affirm) correct and comple		, including th	e attached sch	nedules	s file	ed on	paper	or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge	and belie	f , true
Sworn to and subs	cribed before me day of	this	20							S	ignature	of Perso	n Submit	ting Rep	ort	
	— — Sign	nature					-					Prin	ted Name	•		
My Commission Ex	cpires											Ema	il			
	мо		AY	YR					Are	ea Cod	le	Daytim	e Teleph	one Nu	mber	
Part II- If this is	a report of a	candidate's	authorized	Comn	nitte	ee, C	andid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende		of my know	ledge and belie	ef this	poli	itical	comm	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subsc		this									s	ignature o	of Candid	ate		
	day of						_					Dei/	d Name			
	Signat	ure					-					Printe	ed Name			
My Commission Exp	_	uic										Ema	il			
	мо	ſ	PAY	YR	l		•		Area	Code		D	aytime T	elephon	e Numbe	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF BARRY JOZWIAK	From:	3/8/201	<u>6</u> То:	<u>4/11/2016</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)	\$	250.00		
TOTAL for the Reporting	\$	250.00		
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)	\$	300.00
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			\$	550.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

Use this Part to itemize only contributions rec with an aggregate value from \$50.01 to s												
Name of Filing Committee of Candidate			From:			То	:					
					DATE			AMOUNT				
Full Name of Contribut	ing Committee			МО	DAY	YEAR						
Mailing Address							\$	0.00				
City	State	Zip Code (Plus 4)	)									
	<b>!</b>	<b>I</b>	!		<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

**Reporting Period** 

FRIENDS OF BARRY JOZWIAK

From: 3/8/2016 To:

DATE

4/11/2016

**AMOUNT** 

Full Name of Contributor JESSICA L SNYDER	МО	DAY	YEAR			
Mailing Address 330 WEST WALNUT TREE						<b>\$</b> 250.00
City BLANDON	State PA	<b>Zip Code (Plus 4)</b> 19510	1	22	2016	

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

**PAGE TOTAL \$** 250.00

#### **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		
Mailing Address							\$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	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.)

lame of Filing Committee or Candidate				Reporting Period					
			Fron	n:		To	То:		
				D	ATE		AMOUNT		
Full Name of Contributor						YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Place of Business  City				State Zip Code (Plus 4			(Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							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 Candidate	Reporting P	Period			
FRIENDS OF BARRY JOZWIAK	From:	<u>3/8/2016</u> <b>To</b> :	4/11/2016		
		DATE	AMOUNT		

				A1L		AMOUNT		
Full Name BARRY JOZWIAK	МО	DAY	YEAR					
Mailing Address 590 GRANGE RD				_		\$ 300.00		
City BERNVILLE	State PA	<b>Zip Code (Plus 4)</b> 19506	4	8	2016			
Receipt Description REPLACE FUNDS WITHDRAWN IN ERROR ON 03/31/2016								

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

**PAGE TOTAL \$** 300.00

#### **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 OF BARRY JOZWIAK	From:	3/8/2016 <b>To:</b>	<u>4/11/2016</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 Candid	Name of Filing Committee or Candidate			Reporting Period					
	Fr			m: To:					
				DATE			AMOUNT		
Full Name of Contributor				DAY	YEAR				
Mailing Address						<b>\$</b>	0.00		
City	State	Zip Code (Plus 4)							
Description of Contribution:									
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL		
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL		
						\$	0.00		

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

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

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period				
FRIENDS OF BARRY JOZWIAK	From	3/8/2016	То:	<u>4/11/2016</u>	
		AMOUNT			

				DATE			AMOUNT
To Whom Paid BERKS COUNTY REPUBLICAN COMMITTEE			мо	DAY	YEAR		
Mailing Address 425 WASHINGTON ST			1	12	2016	\$	25.00
City READING	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19601		otion of Exp		IGNING	
To Whom Paid WALMART			МО	DAY	YEAR		
Mailing Address 5370 ALLENTOWN P	IKE		1	17	2016	\$	39.74
City TEMPLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19560	Description of Expenditure OFFICE SUPPLIES				
To Whom Paid BEST BUY			мо	DAY	YEAR		
Mailing Address 1701 CROSSING DR			1	30	2016	\$	561.78
City WYOMISSING	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19610	Description of Expenditure LAPTOP FOR CAMPAIGN				
To Whom Paid SAM'S CLUB			МО	DAY	YEAR		
Mailing Address 5314 ALLENTOWN PIKE			1	30	2016	\$	63.58
City TEMPLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19560	Description of Expenditure PRINTER INK				
To Whom Paid COMMONWEALTH OF PA			МО	DAY	YEAR		
Mailing Address 210 NORTH OFFICE	BUILDING		2	12	2016	\$	100.00
City HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17120	<b>Descrip</b> FILING	otion of Exp	penditure		

					FAGL 12		
To Whom Paid BERKS COUNTY REPUBLICAN COMMITTEE	мо	DAY	YEAR				
Mailing Address 425 WASHINGTON ST	3	6	2016	\$	200.00		
City READING State Zip Code (Plus 4) PA 19601	Description of Expenditure DONATION						
To Whom Paid HRCC	МО	DAY	YEAR				
Mailing Address PO BOX 11787	3	6	2016	\$	5,000.00		
City HARRISBURG State Zip Code (Plus 4) PA 17108	Description of Expenditure DONATION						
To Whom Paid CPITECH	МО	DAY	YEAR				
Mailing Address 3212 PIKE ST	3	18	2016	\$	689.00		
City HARRISBURG State Zip Code (Plus 4) PA 17111	Descrip	Description of Expenditure CAMPAIGN FINANCE SOFTWARE					
To Whom Paid FLEETWOOD AREA HIGH SCHOOL SAFE GRADUATION	МО	DAY	YEAR				
Mailing Address 801 NORTH RICHMOND ST	3	18	2016	\$	250.00		
City FLEETWOOD PA 2ip Code (Plus 4) 19522	Description of Expenditure DONATION						
To Whom Paid FRASER ADVANCED INFORMATION SSTEMS	МО	DAY	YEAR				
Mailing Address 320 PENN AVE	3	27	2016	\$	1,139.50		
City WEST READING State Zip Code (Plus 4)	Descrip	Description of Expenditure PRINTER FOR CAMPAIGN					
WEST READING PA 19611	PRINTE						
west reading	MO	DAY	YEAR				
To Whom Paid				\$	300.00		

To Whom Paid BERKS COUNTY CHIEF OF POLICE ASSOCIATION			мо	DAY	YEAR		
Mailing Address PO BOX 13296			4	1	2016	\$	279.00
City READING	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 196123296	Description of Expenditure DONATION				
To Whom Paid FLEETWOOD POST OFFICE			МО	DAY	YEAR		
Mailing Address 9 LENHART RD		4	8	2016	\$	245.00	
City FLEETWOOD	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19522	1	otion of Exp			
Enter Crand Tatal of Evnanditures on Dags 1 Depart Cover Dags Them D						PAGE TOTAL	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	8,892.60	

## STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate			Reporti	ng Period				
FRIENDS OF BARRY JOZWIAK Fro			From:	3/8/2016 <b>To</b> :			<u>4/11/2016</u>	
					DATE			Outstanding Balance of Debt
Name of Creditor BARRY JOZWIAK				мо	DAY	YEAR		
Mailing Address 590 GRANGE RD				1	1	2016	\$	14,821.25
City BERNVILLE	State PA	Zip Code (Plu 19506	us 4)	1	otion of Del			
- · · · · · · · · · · · · · · · · · · ·								PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.					\$	14,821.25		