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 :					√	LOBE	SYIST										
Name of Filing C	Committee, Candi	date or L	obbyist:	•	FRIE	END	S OF	BARRY J	AIWSC	K							
Street Address:	590 GRANG	E ROAD															
City:	BERNVILLE							State:	PA			Zip Code: 19506					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	~	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- [5.	30 DA ELECT		POST- 6.			TERMINA REPORT		Yes	No	~	
report type)	ANNUAL REPOR	T 7. X	Year 2016				FILING METHOD () CHECK ONE					PAPER DISE			DISKE	TTE	
Name of Office S	Sought by Candid	ate:	-					DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code	
	,							МО	DAY	YE	AR	5	STH	REP		06	
REPRESENTATI	VE IN THE GENE	RAL ASS	EMBLY					11		8	2016	-	(SEE IN	STRUCTIO	ONS FOR C	ODES)	
•	Receipts and	МО	DAY	YEAR				МО	DAY	YI	EAR	FC	R OFFI	CE USE	ONLY		
Expenditures	s trom:		11 29	20	016	T	0	12		31	2016						
A. Amount Bro	ught Forward Fro	om Last R	eport				\$	_		54,3	322.26						
B. Total Monetary Contributions And Receipts (From Schedule I							\$				0.00						
C. Total Funds Available (Sum Of Lines A and B)							\$			54,3	322.26						
D. Total Expenditures (From Schedule III)						\$			1,4	160.04							
E. Ending Cash Balance (Subtract Line D From Line C)						\$			52,8	62.22]						
F. Value Of In-	Kind Contributio	ns Receiv	ed (From Scl	hedu	le II	[)	\$				0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)				\$			14,8	321.25						
				AFF	IDA	٩VI	T SE	CTION									
PART I - If this is	s a Committee re	port, trea	surer sign h	ere. 1	[f thi	is is	a Can	ndidate re	eport, o	candi	date sig	jn here.					
I swear (or affirm) correct and comple) that this report, in ete.	cluding the	e attached sche	edules	filed	d 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 the day of	iis	20							S	ignature	of Perso	n Submit	ting Rep	ort		
	Signa	ure					<u>-</u>					Prin	ted Name	•			
My Commission Ex	cpires						_					Ema	il				
	МО	D	AY	YR					Ar	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authorized C	Comm	nitte	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		my knowl	edge and belie	f this	polit	tical	commi	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		s									s	ignature (of Candid	ate			
	day of						-					Printe	ed Name				
Mu Committee:	Signature	2					-					Ema	il				
My Commission Exp	ures											Lilla					
	МО	D	AY	YR			-		Area Code Daytime Telephone Number						er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF BARRY JOZWIAK	From:	11/29/20	<u>16</u> То:	12/31/2016
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	\$	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 ar 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

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Reporting Period					
		From:			То	:		
		1			DATE			AMOUNT
Full Name of Contribution	ng 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.

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 of Candidate			Reporting Period From: To:					
					DATE			AMOUNT
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 Candidate	ame of Filing Committee or Candidate Re		Reporting	Reporting Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule 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 Ca	ame of Filing Committee or Candidate		Reporting Period							
				Fron	n:		T	То:		
					D	ATE		AM	10UNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address City State Zip Code (Plus 4)							\$	0.00		
City	State	Zi	p Code (Plus	4)						
Employer Name	•	•			Occupa	tion	•	•		
Employer Mailing Address/Princ Business	cipal Place of		City			State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C	on Schedule I, Detai	led Sumr	mary Page,	Section	on 3.			P <i>/</i>	AGE 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		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	on Schedule I. Detailer	l Summary Page	Section	4				PAGE TOTAL
The state of the s	on concedere 1, betained	. Janimary rage,	50000011	••			\$	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 Pe	riod							
FRIENDS OF BARRY JOZWIAK	From:	11/29/2016 To :	<u>12/31/2016</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 PAR	TF)								
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 Period					
			From:			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 E on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL	
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail Section 2.			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					Re	porting l	Period				
					From:			To:	То:		
					•		DATE			AMOUNT	
Full Name of Contributor						МО	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(I	Plus 4)							
Employer of Contributor						Occupa	ition		•		
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00	

STATEMENT OF EXPENDITURES

		1					
Name of Filing Committee or Candi	date		Reporti	ng Period			
FRIENDS OF BARRY JOZWIAK			From	11/29	9/2016	То:	12/31/2016
		•		DATE			AMOUNT
To Whom Paid BERKS MILITARY HISTORY MUSEU	М		мо	DAY	YEAR		
Mailing Address 198 EAST WYO	MISSING AVE		12	5	2016	\$	200.00
City MOHNTON	State PA	Zip Code (Plus 4) 19540	Description of Expenditure DONATION				
To Whom Paid USPS READING			МО	DAY	YEAR		
Mailing Address 2100 N 13TH ST			12	6	2016	\$	235.00
City READING	State PA	Zip Code (Plus 4) 19612	Descrip STAMPS	otion of Exp	penditure		
To Whom Paid CARL R BIEBER			МО	DAY	YEAR		
Mailing Address 320 FAIR ST			12	8	2016	\$	58.00
City KUTZTOWN	State PA	Zip Code (Plus 4) 19530	Descrip TRAVEI	otion of Exp	penditure		
To Whom Paid WALDORF NY NY			мо	DAY	YEAR		
Mailing Address 301 PARK AVE			12	8	2016	\$	967.04
City NEW YORK State Zip Code (Plus 4) NY 10022			Descrip CONFE	ntion of Exp RENCE	penditure		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

1,460.04

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 Can	me of Filing Committee or Candidate			Reporting Period					
FRIENDS OF BARRY JOZWIAK	FRIENDS OF BARRY JOZWIAK From				/29/2016	12/31/2016			
					DATE			Outstanding Balance of Debt	
Name of Creditor BARRY JOZWIAK				мо	DAY	YEAR			
Mailing Address 590 GRANG	E RD			1	1	2016	\$	14,821.25	
City BERNVILLE	State PA	Zip Code (Plu 19506	us 4)	1	otion of Del				
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							\$	PAGE TOTAL 14,821.25	