### **Campaign Finance Report**

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

| Filer Identificati<br>Number :           | on 2012                          | 0075        |                        |           | Rep<br>File |       |        | CANI            | DID   | ATE      |       | СОМ        | 1ITTEE                      | ✓              | LOBE     | BYIST     |         |          |
|--|----------------------------------|-------------|------------------------|-----------|-------------|-------|--------|-----------------|-------|----------|-------|------------|-----------------------------|----------------|----------|-----------|---------|----------|
| Name of Filing C                         | Committee, Candid                | ate or Lo   | obbyist:               |           | СОМ         | MIT   | TEE    | TO ELE          | СТ    | RYAN     | BIZZ  | ZARRO      |                             |                |          |           |         |          |
| Street Address:                          | 2653 WEST 2                      | 5TH STE     | REET                   |           |             |       |        |                 |       |          |       |            |                             |                |          |           |         |          |
| City:                                    | ERIE                             |             |                        |           |             |       |        | State:          |       | PA       |       |            | <b>Zip Code:</b> 16506-3011 |                |          |           |         |          |
| TYPE OF<br>REPORT                        | 6TH TUESDAY<br>PRE-PRIMARY       | 1.          | 2ND FRIDAY<br>PRIMARY  | / PRE     | - 2         |       | 30 DA  |                 | PC    | OST-     | 3.    |            | AMENDM<br>REPORT            |                | Yes      | No        |         | <b>\</b> |
| (place X to<br>the right of              | 6TH TUESDAY<br>PRE-ELECTION      | 4.          | 2ND FRIDAY<br>ELECTION | / PRE     | - 5         | i.    | 30 DA  |                 | PC    | OST-     | 6.    |            | TERMINA<br>REPORT           |                | Yes      | No        |         | <b>√</b> |
| report type)                             | ANNUAL REPORT                    | 7. <b>X</b> | <b>Year</b> 2017       |           |             |       |        | NG MET<br>CHECK |       |          |       |            | PAPER                       |                | /        | DISKE     | TTE     |          |
| Name of Office S                         | Sought by Candida                | te:         | •                      |           | _           |       |        | DATE            | OF    | ELEC     | CTIO  | N          | District<br>Number          | Office<br>Code | Par      | ty Code   | Cour    |          |
|  | ,                                |             |                        |           |             |       |        | МО              |       | DAY      | YE    | AR         | Number                      | Code           | DEM      | 1         | Code    | •        |
|  |                                  |             |                        |           |             |       |        | 1               | 11    |          | 7     | 2017       |                             | (SEE IN        | STRUCTIO | ONS FOR ( | CODES   | )        |
|  | Receipts and                     | МО          | DAY                    | YEAR      | l           |       |        | МО              |       | DAY      | YE    | AR         | FO                          | R OFFI         | CE USE   | ONLY      |         |          |
| Expenditures                             | from:                            | 1           | 11 28                  | 2         | 017         | T     | 0      | 1               | 12    | 3        | 31    | 2017       |                             |                |          |           |         |          |
| A. Amount Bro                            | ught Forward Fron                | n Last R    | eport                  |           |             |       | \$     |                 |       |          | 42,3  | 301.17     |                             |                |          |           |         |          |
| B. Total Moneta                          | ary Contributions                | And Rec     | eipts (From            | Sche      | dule        | I)    | \$     |                 |       |          | 3,1   | .01.58     |                             |                |          |           |         |          |
| C. Total Funds                           | Available (Sum Of                | Lines A     | and B)                 |           |             |       | \$     |                 |       |          | 45,4  | 102.75     |                             |                |          |           |         |          |
| D. Total Expend                          | ditures (From Sch                | edule II    | I)                     |           |             |       | \$     |                 |       |          |       | 0.00       |                             |                |          |           |         |          |
| E. Ending Cash                           | Balance (Subtract                | Line D      | From Line (            | <b>C)</b> |             |       | \$     |                 |       |          | 45,4  | 02.75      |                             |                |          |           |         |          |
| F. Value Of In-                          | Kind Contributions               | Receive     | ed (From So            | hedu      | le II)      | )     | \$     |                 |       |          |       | 0.00       |                             |                |          |           |         |          |
| G. Unpaid Debt                           | s And Obligations                | (From S     | Schedule IV            | )         |             |       | \$     |                 |       |          |       | 0.00       |                             |                |          |           |         |          |
|  |                                  |             |                        | AFF       | IDA         | VI    | ΓSE    | CTIO            | V     |          |       |            |                             |                |          |           |         |          |
| PART I - If this is                      | s a Committee rep                | ort, trea   | surer sign l           | nere.     | If this     | s is  | a Car  | ndidate         | rep   | port, c  | andio | date sig   | ın here.                    |                |          |           |         |          |
| I swear (or affirm) correct and complete | ) that this report, incl<br>ete. | uding the   | attached sch           | edule     | s filed     | on    | paper  | or by ele       | ectro | onic me  | edium | , are to t | he best o                   | f my kno       | wledge a | and beli  | ef , tr | ue,      |
| Sworn to and subs                        | cribed before me this<br>day of  | •           | 20                     |           |             |       |        |                 | -     |          | s     | ignature   | of Perso                    | n Submit       | ting Rep | ort       |         | _        |
|  |                                  |             | -                      |           |             |       | -<br>- |                 | -     |          |       |            | Prin                        | ted Name       | •        |           |         | _        |
| My Commission Ex                         | Signatu<br>pires                 | re          |                        |           |             |       |        |                 | -     |          |       |            | Ema                         | il             |          |           |         |          |
|  | мо                               | DA          | AY                     | YR        |             |       | -      |                 | -     | Are      | a Cod | e          |                             | e Teleph       | one Nu   | mber      |         | _        |
| Part II- If this is                      | a report of a cand               | lidate's    | authorized             | Comn      | nittee      | e, Ca | andid  | ate sha         | II s  | ign he   | re.   |            |                             |                |          |           |         |          |
| I swear (or affirm)<br>No 320) as amende | that to the best of n            | ny knowle   | edge and belie         | ef this   | politi      | cal   | comm   | ittee has       | s no  | t violat | ed an | y provisi  | ions of th                  | e act of J     | une 3,19 | 937 (P.L  | . 133   | 3,       |
| Sworn to and subsc                       | ribed before me this             |             |                        |           |             |       |        |                 |       |          |       | Si         | ignature o                  | of Candid      | ate      |           |         | -        |
|  | day of                           |             |                        |           |             |       | -      |                 |       |          |       |            | Duint                       |                |          |           |         | _        |
|  | Cianatura                        |             |                        |           |             |       | -      |                 |       |          |       |            | Printe                      | d Name         |          |           |         |          |
| My Commission Exp                        | Signature<br>ires                |             |                        |           |             |       |        |                 | -     |          |       |            | Ema                         | il             |          |           |         | _        |
|  | МО                               | D/          | AY                     | YR        |             |       | •      |                 | •     | Area     | Code  |            | Da                          | aytime T       | elephon  | e Numb    | er      | -        |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| , -  |           |           |              |            |
|--|-----------|-----------|--------------|------------|
| Name of Filing Committee or Candidate  | Reporting | g Period  |              |            |
| COMMITTEE TO ELECT RYAN BIZZARRO   | From:     | 11/28/201 | <u>7</u> To: | 12/31/2017 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |           |              |            |
| TOTAL for the Reporting  | g 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)  |           |           | \$           | 3,001.58   |
| All Other Contributions (Part D)   |           |           | \$           | 0.00       |
| TOTAL for the Reporting  | J Period  | (3)       | \$           | 3,001.58   |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |           |           |              |            |
| TOTAL for the Reporting  | g Period  | (4)       | \$           | 100.00     |
|  |           |           | 1            |            |
| 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 |           |           | \$           | 3,101.58   |

#### **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: |                  | То   | :       |  |  |  |
|                                       |        | •                 |       | DATE             |      | AMOUNT  |  |  |  |
| Full Name of Contributing Com         | mittee |                   | мо    | DAY              | YEAR |         |  |  |  |
| Mailing Address                       |        |                   |       |                  |      | \$ 0.00 |  |  |  |
| City                                  | State  | Zip Code (Plus 4) |       |                  |      |         |  |  |  |

PAGE TOTAL
0.00

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

### **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.

| (EXCIUI                  | de contributions fro | m pontical comm   | iiile | es re    | ported | III Part | A)         |            |
|--------------------------|----------------------|-------------------|-------|----------|--------|----------|------------|------------|
| Name of Filing Committee | e or Candidate       |                   | Rep   | orting P | Period |          |            |            |
|                          |                      |                   | Froi  | m:       |        | To       | <b>o</b> : |            |
|                          |                      |                   |       |          | 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.

#### **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 Repo |                          |            |            |        |      |                  |
|--|---|--------------------------|------------|------------|--------|------|------------------|
| COMMITTEE TO ELECT RYAN BIZZARRO                                     |   |                          | From:      | 11/2       | 8/2017 | То:  | 12/31/2017       |
|  |   |                          |            | DA         | TE     |      | AMOUNT           |
| Full Name of Contributing Committee TROOPERS ASSOCIATION PAC         |   |                          |            | МО         | DAY    | YEAR | \$ 500.00        |
| Mailing Address 3625 VARTAN WAY                                      |   |                          |            | 12         | 23     | 2017 |                  |
| City HARRISBURG  | <b>State</b><br>PA                        | <b>Zip Code</b><br>17110 | e (Plus 4) |            |        |      |                  |
| Full Name of Contributing Committee GENERAL ELECTRIC PAC             |   |                          |            | МО         | DAY    | YEAR | <b>\$</b> 500.00 |
| Mailing Address 1299 PENNSYLVANIA                                    | AVE., NW STE 900                          |                          |            | 12         | 23     | 2017 |                  |
| City WASHINGTON  | State<br>DC                               | <b>Zip Code</b> 20004    | e (Plus 4) |            |        |      |                  |
| Full Name of Contributing Committee STEAMFITTERS LOCAL UNION 449 PAC |   |                          |            | МО         | DAY    | YEAR | \$ 300.00        |
| Mailing Address 1517 WOODRUFF ST                                     |   |                          |            | 12         | 23     | 2017 | , 555.55         |
| City PITTSBURGH  | State<br>PA                               | <b>Zip Code</b><br>15220 | e (Plus 4) |            |        |      |                  |
| Full Name of Contributing Committee EXXONMOBIL PAC                   |   |                          |            | мо         | DAY    | YEAR | \$ 500.00        |
| Mailing Address 5959 LAS COLINAS E                                   | BLVD                                      |                          |            | 12         | 23     | 2017 | 300.00           |
| City IRVING  | State<br>TX                               | <b>Zip Code</b> 75039    | e (Plus 4) |            |        |      |                  |
| <b>Full Name of Contributing Committee</b> ABBVIE PAC                |   |                          |            | МО         | DAY    | YEAR | \$ 300.00        |
| Mailing Address 1 N WAUKEGAN RD                                      | DEPT 0312, BLDG AP                        | 34-3                     |            | 12         | 23     | 2017 |                  |
| City CHICAGO   | State<br>IL                               | <b>Zip Code</b> 60064    | e (Plus 4) |            |        |      |                  |
| Full Name of Contributing Committee PSCOA PAC                        |   |                          |            | мо         | DAY    | YEAR | <b>\$</b> 500.00 |
| Mailing Address 2421 N FRONT ST                                      |   |                          |            | 12         | 23     | 2017 | 300.00           |
| City HARRISBURG  | <b>State</b><br>PA                        | <b>Zip Code</b> 17110    | e (Plus 4) | - <b>-</b> |        | ,    |                  |

| Full N                          | Full Name of Contributing Committee |       |                   |    | DAY  | YEAR             |  |
|---------------------------------|-------------------------------------|-------|-------------------|----|------|------------------|--|
| FRIENDS OF TIM BEVERIDGE        |                                     |       | МО                |    | ILAK | <b>\$</b> 401.58 |  |
| Mailing Address 4114 HARVARD RD |                                     |       |                   | 12 | 23   | 2017             |  |
| City                            | ERIE                                | State | Zip Code (Plus 4) |    |      |                  |  |
|                                 |                                     | PA    | 16509             |    |      |                  |  |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**PAGE TOTAL \$** 3,001.58

### 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 |                |         | orting Pe | riod  |      |        |                    |
|--|--------------------------------------|----------------|---------|-----------|-------|------|--------|--------------------|
|  |                                      |                | Fron    | n:        |       | To   | ):     |                    |
|  |                                      |                |         | D         | ATE   |      |        | AMOUNT             |
| Full Name of Contributor               |                                      |                |         | мо        | DAY   | YEAR | \$     | 0.00               |
| Mailing Address                        |                                      |                |         |           |       |      | 7      |                    |
| City                                   | State                                | Zip Code (Plus | s 4)    |           |       |      |        |                    |
| Employer Name                          |                                      |                |         | Occupa    | tion  |      |        |                    |
| Employer Mailing Address/Principal Pla | ce of Business                       | City           |         | •         | State |      | Zip Co | ode (Plus 4)       |
| Enter Grand Total of Part C on Sche    | dule I, Detailed Su                  | ımmary Page,   | Section | on 3.     |       |      | \$     | PAGE TOTAL<br>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 Pe | eriod                 |            |
|---------------------------------------|--------------|-----------------------|------------|
| COMMITTEE TO ELECT RYAN BIZZARRO      | From:        | 11/28/2017 <b>To:</b> | 12/31/2017 |

DATE

| Full Name   |       |                   |    | DAY | VEAD |    |        |
|---|-------|-------------------|----|-----|------|----|--------|
| CATHEDRAL PREP  |       |                   | МО | DAY | YEAR | \$ | 100.00 |
| Mailing Address 225 W 9TH STREET  |       |                   | 12 | 6   | 2016 |    |        |
| City ERIE   | State | Zip Code (Plus 4) | ]  |     | 2010 |    |        |
|   | PA    | 16501             |    |     |      |    |        |
| Receipt Description CHECK FROM 12/6/2016 THAT WAS NEVER CASHED BUT WAS REPORTED ON 2016 CF REPORT CYCLE 7 |       |                   |    |     |      |    |        |

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

**PAGE TOTAL**\$ 100.00

**AMOUNT** 

#### **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 Peri | od                           |            |
|--|----------------|------------------------------|------------|
| COMMITTEE TO ELECT RYAN BIZZARRO   | From:          | <u>11/28/2017</u> <b>To:</b> | 12/31/2017 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTOR | ł                            |            |
| 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, 1 |                | \$                           | 0.00       |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

| Name of Filing Committee or Candidate          | ame of Filing Committee or Candidate |                     |          |          | Reporting Period |          |            |      |  |
|--|--------------------------------------|---------------------|----------|----------|------------------|----------|------------|------|--|
|  |                                      |                     |          |          |                  | То:      |            |      |  |
|  |                                      |                     |          | DATE     |                  |          | AMOUNT     |      |  |
| Full Name of Contributor                       |                                      |                     | мо       | DAY      | YEAR             |          |            |      |  |
| Mailing Address                                |                                      | _                   |          |          |                  | <b> </b> |            | 0.00 |  |
| City   | State                                | Zip Code (Plus 4)   |          |          |                  |          |            |      |  |
| Description of Contribution:                   |                                      | •                   | •        |          |                  | •        |            |      |  |
|  |                                      |                     |          |          |                  |          |            |      |  |
| Enter Grand Total of Part F on Sche Section 2. | dule II, In-Kind (                   | Contributions Detai | iled Sum | mary 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 | Period         |       |       |                   |      |
|--|----------------|-----|------------------|--------|---------|----------------|-------|-------|-------------------|------|
|  |                |     |                  | Fro    | m:      |                | To:   |       |                   |      |
|  |                |     |                  |        |         | DATE           |       |       | AMOUNT            |      |
| Full Name of Contributor               |                |     |                  |        | мо      | DAY            | YEAR  |       |                   |      |
| Mailing Address                        |                |     |                  |        |         |                |       | \$    |                   | 0.00 |
| City                                   | State          |     | Zip Code(Plus 4) |        |         |                |       |       |                   |      |
| Employer of Contributor                |                |     |                  |        | Occup   | oation         |       |       |                   |      |
| Employer Mailing Address/Principal Pla | ce of Business | Cit | ty               | Stat   | e Zij   | p Code(Plus 4) | Descr | iptio | n of Contribution | on   |
| Enter Grand Total of Part G on Sch     | edule II. In-K | ind | Contributions D  | etaile | ed      |                |       |       | PAGE TOT          | ΓAL  |
| Summary Page, Section 3.               |                |     |                  |        | -       |                |       |       |                   | 0.00 |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate                                   |       |                   | Reporting Period           |     |      |    |            |
|---|-------|-------------------|----------------------------|-----|------|----|------------|
|   |       |                   | From                       |     | То:  |    |            |
|   |       |                   | DATE                       |     |      |    | AMOUNT     |
| To Whom Paid  |       |                   | мо                         | DAY | YEAR |    |            |
| Mailing Address   |       |                   |                            |     |      | \$ | 0.00       |
| City  | State | Zip Code (Plus 4) | Description of Expenditure |     |      |    |            |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |       |                   |                            |     |      |    | PAGE TOTAL |
|   |       |                   |                            |     |      | \$ | 0.00       |