Campaign Finance Report

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

						I_			CAN	DII	DATE		C0	MMITTEE		LORE	BYIST			
Filer Identificati Number :	on	20180	C1175				port ed B		CAN	ווט	DATE	V		MMIIIEE		LODI	31131			
Name of Filing C	Committe	e, Candida	ite or Le	obbyist:		GUZ	ZMA	N, MA	NUEL	M J	R									
Street Address:																				
City:									State:					Zip Code: 19602						
TYPE OF REPORT	6TH TUES	_	1.	2ND FRIDA' PRIMARY	Y PRE	; -	2.	30 DA PRIMA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	No	~		
(place X to the right of	6TH TUES		4.	2ND FRIDA' ELECTION	y pre	E-	5.	30 DA ELECT		Р	OST-	6. TERMINATION Yes REPORT?				Yes	No			
report type)	ANNUAL	. REPORT	7. X	Year 2018					IG MET CHECK					PAPER		\checkmark	DISKE	TTE		
Name of Office S	Sought by	/ Candidat	:e:						DATE	01	F ELE	СТІС	ON .	District Number	Office Code	Par	ty Code	County Code		
DEDDECEMENT	\/E TN TI	IE CENED	AL ACC	EMDLV					МО		DAY	Υ	EAR	127	STH	DEN	1	06		
REPRESENTATI	VE IN IF	HE GENER	AL ASS	EMBLY						11		6	2018		(SEE INS	TRUCTIO	ONS FOR C	CODES)		
Summary of		s and	МО	DAY	YEAR	2			МО		DAY	Y	EAR	FOF	OFFIC	E USE	ONLY			
Expenditures	from:			11 27	2	018	T	0		12	(3)	31	2018							
A. Amount Bro	ught For	ward From	ı Last R	eport				\$					0.00							
B. Total Monet	ary Conti	ributions A	Ind Rec	eipts (From	Sche	dule	e I)	\$					0.00							
C. Total Funds	Available	e (Sum Of	Lines A	and B)				\$					0.00							
D. Total Expend	ditures (From Sche	dule II	I)				\$					0.00							
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$					0.00							
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le I	I)	\$					0.00							
G. Unpaid Debt	s And Ob	oligations	(From S	Schedule IV)			\$					0.00		,					
					AFF	·ID/	AVI	T SE	CTIO	Ν										
PART I - If this is	s a Comn	nittee repo	ort, trea	surer sign l	here.	If th	nis is	a Can	ndidate	re	port, c	and	idate sig	ın here.						
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	nedule	s file	ed on	paper (or by ele	ectr	onic me	ediun	n, are to t	he best of	my knov	vledge	and belie	ef , true		
Sworn to and subs	cribed bef day of	ore me this		20						•			Signature	of Person	Submitt	ing Rep	ort			
	_	Signatur						- -		•				Printe	ed Name					
My Commission Ex	cpires							_		-				Email						
		мо	D/	AY	YR						Are	ea Co	de	Daytime	Teleph	one Nu	mber			
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andida	ate sha	all s	sign he	ere.								
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	s poli	itical	commi	ittee ha	s no	ot violat	ted a	ny provisi	ions of the	act of Ju	ıne 3,1	937 (P.L	. 1333,		
Sworn to and subsc		re me this											Si	ignature of	Candida	ite				
	day of —							-						Printed	Name					
		Signature						-		_										
My Commission Exp		-												Email						
	_	МО	Di	AY	YR	ł		-			Area	Code		Day	time Te	elephon	e Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -									
Name of Filing Committee or Candidate	Reporting Period								
GUZMAN, MANUEL M JR	From:	11/27/201	<u>8</u> To:	12/31/2018					
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	J 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

Name of Filing Committee or Candidate			Reporti	ng Period			
			From:		То	:	
		L		DATE			AMOUNT
Full Name of Contributin	g Committee		МС	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

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 Reportin				ng 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					Reporting Period					
			Froi	m:		To) :			
				D	ATE		А	MOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plu	s 4)							
Employer Name		•		Occupa	tion		•			
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Cod	de (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	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		Report	ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
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. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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 Per	iod	
GUZMAN, MANUEL M JR	From:	<u>11/27/2018</u> To:	12/31/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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 Candid	Reportin	g 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 F on S	chedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate					porting P	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sci	nedule II, 1	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL
Summary Page, Section 3.	-, -									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Cand	Reporti						
	From			То:			
				DATE	AMOUNT		
To Whom Paid				DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Description of Expenditure				
· · · · · · · · · · · · · · · · · · ·							PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item			•			\$	0.00