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	20200	20165				Repor Filed I		CA	NDII	DATE	\	C	MMITTE	E	LOB	BYIST		
Name of Filing C	ommittee,	Candida	ite or Lo	obbyis	st:	В	ARRY	J. JOZ	ZWIAI	<									
Street Address:																			
City:									State	e:				Zip Code: 19506					
TYPE OF REPORT	6TH TUESE PRE-PRIMA		1.	2ND F PRIMA	RIDAY ARY	PRE-	2.	30 DA		Р	POST- 3.			AMENDM REPORT	Yes	N	0	\	
(place X to the right of	6TH TUESE PRE-ELECT		4.	2ND F		PRE-	5.	30 DA	AY POST- 6. TERMIN. REPORT						Yes	N	0	√	
report type)	ANNUAL F	REPORT	7. X	Year	2020			FILING METHOD () CHECK ONE						PAPER		\checkmark	DISK	ETTE	
Name of Office S	ought by (Candidate	e:						DAT	ΈO	F ELE	СТІ	ON	District Number	Office Code	Pai	ty Code	Code	
REPRESENTATI	VF IN THE	GENER	AI ASS	FMRI '	Y				МО		DAY	ľ	YEAR	5	STH	REF)	06	
KEI KEGENTIKI	VE 217 1112	. 02/12/0			•					11		3	2020		(SEE IN	STRUCTI	ONS FOR	CODES)
Summary of		and	МО	DA	Y	YEAR			МО		DAY	,	YEAR	FO	R OFFI	E USE	ONLY		
Expenditures	from:		1	11	24	20	20 1	ГО		12	,	31	2020						
A. Amount Bro	ught Forwa	ard From	Last R	eport				\$			((12,	321.25)						
B. Total Moneta	ary Contrib	outions A	nd Rec	eipts ((From	Sched	ule I)	\$;			12	2,321.25						
C. Total Funds	Available ((Sum Of	Lines A	and B	3)			\$					0.00						
D. Total Expend	ditures (Fr	om Sche	dule II	I)				\$;				0.00						
E. Ending Cash Balance (Subtract Line D From Line C)							\$					0.00							
F. Value Of In-	Kind Contr	ibutions	Receive	ed (Fr	om Sc	hedule	e II)	\$	i				0.00						
G. Unpaid Debt	s And Obli	gations ((From S	chedu	ule IV))		\$					0.00			'			
						AFFI	DAVI	T SE	CTI	NC									
PART I - If this is		-			_														
I swear (or affirm) correct and comple		port, inclu	ıding the	attach	ned sch	edules 1	filed on	paper	or by	electr	ronic m	ediu	m, are to	the best o	f my knov	wledge	and bel	ief , tr	ue
Sworn to and subs	cribed befor day of	e me this		20									Signature	e of Perso	n Submit	ing Re	oort		_
		Signature		_				<u>-</u> -						Prin	ted Name				_
My Commission Ex	rpires							_		•				Ema	il				
	M	10	D#	ΑY		YR					Ar	ea C	ode	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report o	of a candi	idate's	autho	rized (Commi	ttee, (Candid	late s	halls	sign h	ere.							
I swear (or affirm) No 320) as amende		best of my	y knowle	edge an	nd belie	f this p	olitical	comm	ittee l	as no	ot viola	ted	any provis	ions of th	e act of J	une 3,1	937 (P.	L. 133	з,
Sworn to and subsc		me this		20									S	ignature o	of Candida	ate			_
-	day of							_						Printe	d Name				-
	Si	gnature						_											_
My Commission Exp	ires													Ema	il				
	_	мо	D#	AY		YR		_			Area	Cod	e	Da	aytime T	elephor	ne Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
BARRY J. JOZWIAK	From:	11/24/20	<u>)20</u> To :	12/31/2020
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)			\$	12,321.25
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	12,321.25
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			\$	12,321.25

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	Period			
		From:		То	:		
		L		DATE			AMOUNT
Full Name of Contributing	Committee		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

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 Canadate			Reporting Period From: To:					
			Fro	m:		10):	
					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	Reporting P			
BARRY J. JOZWIAK	From:	11/24/2020	То:	12/31/2020

DATE AMOUNT

Full Name of Contributing Committee FRIENDS OF BARRY JOZWIAK	МО	DAY	YEAR			
Mailing Address 590 GRANGE ROAD						\$ 12,321.25
City BERNVILLE	State PA	Zip Code (Plus 4) 19506	12	16	2020	

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

PAGE TOTAL 12,321.25

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					
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	ode (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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	bd			
			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. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 Peri	od	
BARRY J. JOZWIAK	From:	<u>11/24/2020</u> To:	<u>12/31/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	١	
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			Reporting	g Period					
	Fr				From: To:				
				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					Reporting Period					
				Fro	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	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Kind (Contributions De	etaile	ed				PAGE TOTAL 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	