### **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 202	2C0498			Repo Filed			CANDI	NDIDATE COMMITTEE LOBBYIST							Т	
Name of Filing C	Committee, Candi	date or L	obbyist:	•	BIZZA	RRO,	, R\	YAN A									
Street Address:																	
City:	_						- 1	State:				Zip Cod	<b>e</b> : 16	5506			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2. <b>)</b>	30 PRI			POST- 3. AMENDMENT Yes REPORT?							No	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5.	30 ELE		Y I ION	POST-	6.		TERMINA REPORT?	TION	Yes		No	<b>/</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2022					G METHO				PAPER		<b>/</b>	DIS	KETTE	
Name of Office S	Sought by Candida	ate:	-					DATE 0	F ELE	СТ	ION	District Number	Office Code	Pai	rty Co	de Cou	
								МО	DAY		YEAR	3	STH	DEI	М	25	
REPRESENTATI	VE IN THE GENE	RAL ASS	EMBLY				į	11		8	2022		(SEE IN	STRUCTI	ONS F	OR CODE	S)
Summary of		МО	DAY	YEAR				мо	DAY		YEAR	FO	R OFFI	CE USE	ONI	Υ.	
Expenditures	from:		1 1	20	022	то		5		2	2022	2					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule I	)	\$				0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$				0.00						
D. Total Expend	ditures (From Sch	nedule II	I)				\$				0.00						
E. Ending Cash	Balance (Subtra	t Line D	From Line	C)			\$				0.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)		\$				0.00						
G. Unpaid Debt	s And Obligations	s (From S	Schedule IV	<b>'</b> )			\$				0.00			'			
				AFF	IDAV	IT S	SEC	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign	here. 1	[f this	is a C	Can	didate re	eport,	can	didate si	gn here.					
I swear (or affirm) correct and comple	) that this report, inc ete.	luding the	e attached sc	hedules	filed o	n pape	er o	or by elect	ronic m	ediu	ım, are to	the best of	my kno	wledge	and b	elief , t	rue
Sworn to and subs	cribed before me th day of	is	20								Signatur	e of Persor	Submit	ting Re	port		_
	Signat	ure				_						Print	ed Name	e			
My Commission Ex	_											Emai	l				-
	мо	Di	AY	YR					Ar	ea C	Code	Daytim	e Telepi	none Nu	ımber		
Part II- If this is	a report of a can	didate's	authorized	Comm	nittee,	Cand	lida	ite shall	sign h	ere							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and beli	ef this	politica	l com	nmit	ttee has n	ot viola	ited	any provi	sions of the	act of J	une 3,1	937 (	P.L. 133	33,
Sworn to and subsc	ribed before me this	;										Signature o	f Candid	ate			-
	day of ————————————————————————————————————					_						Printe	d Name				_
	Signature					_											_
My Commission Exp	ires											Emai	I				
	мо	D.	AY	YR		_			Area	Cod	le	Da	ytime T	elephoi	ne Nu	mber	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
BIZZARRO, RYAN A	From:	1/1/202	<u>2</u> To:	5/2/2022
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	) 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

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			Re	porting					
				Fro	om:		То	•	
			·			DATE			AMOUNT
Full Name of Contributing Co	mmittee				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.

### 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 Ca	andidate		Rep	orting P	eriod			
			Fro	m:		To	):	
					DATE			AMOUNT
Full Name of Contributor								
run Name of Contributor				МО	DAY	YEAR		
Mailing Address				МО	DAY	YEAR	\$	0.00
	State	Zip Code (Plus	4)	МО	DAY	YEAR	\$	0.00

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

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			Reporting Period					
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.0	
Mailing Address							<b>-</b>   \$	0.0	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule 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 Candidate	ame of Filing Committee or Candidate				riod				
Fro					From: 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 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 of	or Candidate		Report	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							$\neg$	
City	State	Zip Code (I	Plus 4)					
Receipt Description	•	•			1	•	•	
Futor Coand Total of Bank	Cabadula I Detailed	Commence De	Cookie					PAGE TOTAL
Enter Grand Total of Part I	e on Schedule I, Detailed	Summary Page,	Section	4.			\$	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 Period	I	
BIZZARRO, RYAN A	From:	<u>1/1/2022</u> <b>To:</b>	<u>5/2/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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	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 Car	Name of Filing Committee or Candidate Re					Reporting Period				
	From:			To						
				DATE			AMOUNT			
Full Name of Contributor			МО	DAY	YEAR					
Mailing Address						<b>7</b> \$	C	0.00		
City	State	Zip Code (Plus 4)								
Description of Contribution:	•		•	•		•				
					-					
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pa	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	Name of Filing Committee or Candidate					Period				
					From:			То:		
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	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 Zi <sub>l</sub>	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporti							
						То:		
				DATE			AMOUNT	
To Whom Paid				DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
Enter Grand Total of Expenditures	on Dago 1 Bonort C	Cover Page Item F					PAGE TOTAL	
Lines Grand Total of Expenditures (	ni rage 1, keport c	Lovei Fage, Itelli L	<b>,</b> .			\$	0.00	