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	20220	C0498				port ed B		CANDI	DATE	√	СО	MMITTEE		LOBI	BYIST		
Name of Filing C	committe	e, Candida	ate or Lo	obbyist:		BIZ	ZAR	RO, R	YAN A									
Street Address:																		
City:									State:				Zip Code	e: 16	506			
TYPE OF REPORT	6TH TUES	_	1.	2ND FRIDA' PRIMARY	Y PRE	-	2. X	30 DA		POST-	3.		AMENDME REPORT?	NT	Yes	No)	/
(place X to the right of	6TH TUES		4.	2ND FRIDA' ELECTION	Y PRE	E -	5.	30 DA		POST-	6.		TERMINAT REPORT?	TION	Yes	No		\
report type)	ANNUAL	REPORT	7.	Year 2022					NG METH				PAPER		/	DISKE	TTE	
Name of Office S	Sought by	, Candidat		<u> </u>		_			DATE C	F ELE	CTION		District	Office	Par	ty Code		
Maine or Cinec 2	ougnt 2,	Canala	.c.						МО	DAY	YEAR	2	Number 3	Code STH	DEN	1	Code 25	1
REPRESENTATI	VE IN TH	1E GENER	AL ASS	EMBLY					11		8 2	022		(SEE INS	TRUCTIO	ONS FOR	CODES)
Summary of		s and	МО	DAY	YEAR	2			МО	DAY	AY YEAR FOR OFFICE USE ONLY							
Expenditures	from:			1 1	2	022	<u> </u>	0	5		2 2	022						
A. Amount Bro	ught Forv	ward From	ı Last R	eport				\$	_		0	.00						
B. Total Monet	ary Contr	ibutions A	Ind Rec	eipts (From	1 Sche	dule	e I)	\$			0	.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$			0	.00						
D. Total Expend	ditures (I	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	CTION									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign l	here.	If th	nis is	a Car	ndidate r	eport, o	candidat	e sig	ın here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	nedule	s file	ed on	paper	or by elect	ronic m	edium, ar	e to t	he best of	my know	/ledge	and beli	ef , tr	ue
Sworn to and subs	cribed before day of	ore me this		20							Sign	ature	of Person	Submitti	ing Rep	ort		-
	_	Signatur	re					- -					Printe	d Name				-
My Commission Ex	cpires							_					Email					_
		мо	D/	AY	YR					Arc	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	; poli	itical	comm	ittee has r	ot viola	ted any p	rovisi	ions of the	act of Ju	ne 3,1	937 (P.I	133	3,
Sworn to and subsc		re me this										Si	ignature of	Candida	te			-
	day of —			_ 20				_					Printed	Name				-
	:	Signature				—		_					rimeu	···				_
My Commission Exp													Email					
	_	МО	Di	AY	YR			_		Area	Code		Day	rtime Te	lephon	e Numb	er	-

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	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	g 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	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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			Reporting				
		From:		То	:		
		I		DATE			AMOUNT
Full Name of Contributing C	ommittee		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 Fining Committee of Candidate					Reporting Period From: To:					
					DATE		AN	4OUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$ \$	0.00		
City	State	Zip Code (Plus 4)	1							

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 Candi	me of Filing Committee or Candidate Repo				eporting 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	ame of Filing Committee or Candidate					Reporting Period						
			Fron	n:		То	:					
				D	ATE		АМО	DUNT				
Full Name of Contributor				МО	DAY	YEAR						
Mailing Address							\$	0.00				
City State Zip Code (Plus 4)												
Employer Name				Occupation								
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)				
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PAG	GE 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 C	andidate		Repor	ting Perio	od			
			From:			To:		
				D	ATE		АМ	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description		·					•	
Enter Grand Total of Part E or	n Schedule T. Detailed	d Summary Page	Section	4			PAC	GE TOTAL
	Juliana I, Detailet	a cannual y 1 age,	2001011	••			\$	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	d	
BIZZARRO, RYAN A	From:	<u>1/1/2022</u> To:	<u>5/2/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Candid	ate		Reporting	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 Sum	mary Pag	те Г		PAGE TOTAL	
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL	
						\$	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 l	Period			
					Fro	om:		To:		
					•		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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	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)	Descrip	otion of Ex	penditure						
Forting Council Table 1 of Francis distance	P 1 P1 C						PAGE TOTAL				
Enter Grand Total of Expenditures	on Page 1, Report C	Lover Page, Item L).			\$	0.00				