### **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			Rep File			CAND	COMMITTEE LOBBYIST									
Name of Filing C	Committee, Candi	date or L	obbyist:	•	BIZZ	'ARI	RO, R	YAN A										
Street Address:																		
City:								State:					Zip Code	e: 16	506			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2	١.	30 DA		POST	Γ- 3	3. <b>X</b>		AMENDME REPORT?	NT	Yes	١	lo	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5	i.	30 DA		POST	Γ- 6	5.		TERMINAT REPORT?	ΓΙΟΝ	Yes	ľ	lo	<b>\</b>
report type)	ANNUAL REPOR	Г 7.	<b>Year</b> 2022					NG METH CHECK (					PAPER		<b>V</b>	DISK	ETTE	
Name of Office S	Sought by Candid	ate:						DATE	OF E	LEC	TION		District Number	Office Code	Pai	ty Cod	e Cou	
								МО	DA	Y	YEAR		3	STH	DEI	М	25	
REPRESENTATI	VE IN THE GENE	RAL ASS	EMBLY					1	1	8	3 20	022		(SEE IN	STRUCTI	ONS FO	R CODES	5)
	Receipts and	МО	DAY	YEAR				МО	DA	Υ	YEAR	1	FOF	OFFIC	CE USE	ONL	′	
Expenditures	from:		5 3	20	022	T	0		6	(	5 20	022						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				0	.00						
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	1 Sche	dule	I)	\$				0	.00						
C. Total Funds	Available (Sum C	f Lines A	and B)				\$				0	.00						
D. Total Expend	ditures (From Scl	nedule II	I)				\$				0	.00						
E. Ending Cash	Balance (Subtra	ct 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 Obligation	s (From S	Schedule IV	<b>(</b> )			\$				0	.00						
				AFF	IDA	VI	ΓSE	CTION										
PART I - If this is	s a Committee re	ort, trea	surer sign	here. 1	[f this	s is	a Car	ndidate	repor	t, ca	ndidate	e sig	n here.					
I swear (or affirm) correct and comple	) that this report, in ete.	cluding the	e attached sc	hedules	filed	on	paper	or by elec	tronic	c med	lium, are	e to t	he best of	my knov	wledge	and be	lief , tr	rue
Sworn to and subs	cribed before me th day of	is	20								Signa	ature	of Person	Submit	ting Re	ort		_
	Signat						-						Printe	ed Name	•			_
My Commission Ex	-												Email					-
	мо	D	AY	YR			_			Area	Code		Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a car	ididate's	authorized	Comm	nittee	e, Ca	andid	ate shal	l sigr	n her	e.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and beli	ief this	politi	cal	comm	ittee has	not vi	iolate	d any pr	rovisi	ons of the	act of J	une 3,1	937 (P	.L. 133	з,
Sworn to and subsc		•							_			Si	gnature of	Candida	ate			- $ $
	day of ————————————————————————————————————						_		_				Printed	Name				_
	Signature						-											_
My Commission Exp	_												Email					
	МО	D.	AY	YR			•		Aı	rea C	ode		Day	time T	elephor	ne Nun	ber	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	J Period		
BIZZARRO, RYAN A	From:	<u>5/3/202</u>	<u>2</u> To:	6/6/2022
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	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

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				Period			
		F	rom:		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.

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 Commit	tee or Candidate	F	Reporting F	Period			
		F	From:		To	):	
		-		DATE			AMOUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
_	Gt-t-	Zin Code (Blue 4)		1	I		
City	State	Zip Code (Plus 4)					

#### **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.

ame of Filing Committee or Candidate			Reporting Period						
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				МО	DAY	YEAR		0	0.00
Mailing Address							<b>+</b>	U	.00
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.0	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					
Fr					rom: To:				
				D	ATE			AMOUNT	
				мо	DAY	YEAR	\$	0.00	
State	Zi	p Code (Plus	s 4)						
				Occupa	tion				
ce of Business		City			State		Zip	Code (Plus 4)	
dule I, Detailed	Sumn	mary Page,	Section	on 3.			\$	PAGE TOTAL 0.00	
	State ce of Business	State Zi ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4)  ce of Business City	From:  MO  State Zip Code (Plus 4)  Occupa	From:  DATE  MO DAY  State Zip Code (Plus 4)  Occupation  ce of Business City State	State Zip Code (Plus 4)  State Zip Code (Plus 4)  Occupation ce of Business City State  cdule I, Detailed Summary Page, Section 3.	From: To:  DATE  MO DAY YEAR  State Zip Code (Plus 4)  Occupation  ce of Business City State Zip	

## 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	ing Peri	od			
			From:			To:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>						<u> </u>	
	- C		<b>.</b> .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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 Perio	d	
BIZZARRO, RYAN A	From:	<u>5/3/2022</u> <b>To:</b>	6/6/2022
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	TF)		
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 Candidate	Reporting Period							
F						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					porting	Period				
					m:	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
Enter Grand Total of Part G on Schedule II, In-Kind Contributions De Summary Page, Section 3.										0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period					
						То:		
				DATE			AMOUNT	
To Whom Paid			мо	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
Enter Grand Total of Evnenditures	on Bago 1 Bonort C	Cover Page Item [					PAGE TOTAL	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.			<b>,</b> .			\$	0.00	