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	2022	C0498				port ed B		CAN	IDII	COMMITTEE LOBBYIST									
Name of Filing C	Committee	e, Candid	ate or L	obbyist:		BIZZ	ZAR	RO, R	YAN A	4										
Street Address:																				
City:	_							State:						Zip Code: 16506						
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDAY PRIMARY	/ PRE-	- [2	2.	30 DA PRIMA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	No	•	/	
(place X to the right of	6TH TUES		4.	2ND FRIDAY ELECTION	/ PRE	- !	5. X	30 DA ELECT		Р	OST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	No		/	
report type)	ANNUAL	REPORT	7.	Year 2022					IG ME				PAPER /					TTE		
Name of Office S	ought by	Candida	te:	-					DATI	E OI	F ELE	СТІО	N	District Office Party Code C						
									МО		DAY	YE	AR	3	STH	DEM	1	25		
REPRESENTATI	VE IN IH	IE GENER	KAL ASS	EMBLY						11		8	2022		(SEE INS	STRUCTIO	ONS FOR	CODES)	
Summary of		and	МО	DAY	YEAR				МО		DAY	YE	AR	FOF	ROFFIC	E USE	ONLY			
Expenditures	from:			6 6	2	022	Т	0		10	2	24	2022							
A. Amount Bro	ught Forv	vard Fron	n Last R	eport				\$					0.00							
B. Total Moneta	ary Contr	ibutions <i>i</i>	And Rec	eipts (From	Sche	dule	: I)	\$					0.00							
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$					0.00							
D. Total Expend	ditures (F	rom Sch	edule II	I)				\$					0.00							
E. Ending Cash	Balance	(Subtract	Line D	From Line C	:)			\$					0.00							
F. Value Of In-	Kind Cont	tributions	Receiv	ed (From Sc	hedu	le II	:)	\$					0.00							
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV)			\$					0.00			'				
					AFF	IDA	١٧٢	ΓSE	CTIC	N										
PART I - If this is	s a Comm	ittee rep	ort, trea	surer sign h	ere. 1	[f thi	is is	a Can	didat	e re	port, c	andi	late sig	jn here.						
I swear (or affirm) correct and complete		eport, incl	uding the	attached sch	edules	filed	d on	paper (or by e	lectr	onic m	edium	are to t	the best of	my knov	vledge a	and beli	ef , tru	ue	
Sworn to and subs	cribed befo	ore me this	i	20						•		s	ignature	of Person	Submitt	ing Rep	ort			
		Signatu	re					-		•				Printe	ed Name	1			_	
My Commission Ex	cpires	-								-				Email					-	
	,	мо	D	AY	YR						Are	ea Cod	е	Daytime	Teleph	one Nu	mber			
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	e, C	andida	ate sh	all s	ign he	ere.								
I swear (or affirm) No 320) as amende		e best of n	ny knowle	edge and belie	ef this	polit	tical	commi	ittee ha	as no	t viola	ted an	y provis	ions of the	act of Ju	ıne 3,19	937 (P.L	. 1333	3,	
Sworn to and subsc		re me this											s	ignature of	Candida	ate			-	
	day of —							-						Printed	l Name				-	
		Signature						-		_				rinteu	··········				_ [
My Commission Exp										-				Email						
	_	мо	D	AY	YR			•			Area	Code		Day	ytime Te	elephon	e Numb	er	-	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
BIZZARRO, RYAN A	From:	6/6/202	<u>2</u> To:	10/24/2022
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	y 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	J 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

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				Period			
		F	rom:		То	I	
		'		DATE			AMOUNT
Full Name of Contributing Committee			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.

PART B 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.

or Candidate		Reportin	g Period			
		From:			То:	
			DATE			AMOUNT
		мо	DAY	YEA	ıR	
					\$	0.00
State	Zip Code (Plus 4)			ĺ	Ī	
			From:	From: DATE MO DAY	From: DATE MO DAY YEA	From: To: DATE MO DAY YEAR \$

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

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	Period							
	From:	From: To:							
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				МО	DAY	YEAR		0	0.00
Mailing Address							+	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				
Fro					From: To:				
							AMOUNT		
				мо	DAY	YEAR	\$	0.00	
Mailing Address									
State	Zi	p Code (Plus	s 4)						
				Occupation					
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	Name of Filing Committee or Candidate				od				
			From:			To:			
		•		C	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.00	
Mailing Address							7		
City	State	Zip Code (P	Plus 4)						
Receipt Description	•	-		•	•	•	_		
Enter Crand Total of Dark	E on Schodule I. Detailed	Summany Base	Cootion	4				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 Period		
BIZZARRO, RYAN A	From:	<u>6/6/2022</u> To:	10/24/2022
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							
	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 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			
Fr					m:		То:		
DATE									AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Place of Business City St					e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									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)	Descrip	tion of Exp	enditure		
Enter Crand Total of Evnanditures	on Dogg 1 Donowh (Cover Dage Item F					PAGE TOTAL
Enter Grand Total of Expenditures	on Page 1, Report C	Lover Faye, Item L	, .			\$	0.00