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 20	22C04	98			Rep File			CA	NDII	DIDATE COMMITTEE LOBBYIST								
Name of Filing C	Committee, Can	lidate d	or Lo	bbyist:	•	BIZZ	ARI	RO, R	YAN	A									
Street Address:																			
City:									State	e:				Zip Code	e: 16	506			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		2ND FRIDA PRIMARY	Y PRE-	- 2		30 DA PRIMA							Yes	N	0	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		2ND FRIDA ELECTION	Y PRE	- 5		30 DA ELECT		Р	OST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	N	0	/
report type)	ANNUAL REPO	RT 7.		Year 2022					IG ME CHEC					PAPER		\	DISK	ETTE	
Name of Office S	Sought by Candi	date:							DAT	E O	F ELE	CTI	ON	District Number	Office Code	Par	ty Cod	Code	
									МО		DAY	١	YEAR	3	STH	DEI	1	25	
REPRESENTATI	VE IN THE GEN	IERAL /	ASSE	EMBLY						11		8	2022	<u> </u>	(SEE IN	STRUCTI	ONS FOR	CODES	6)
Summary of		М	0	DAY	YEAR				мо		DAY	'	YEAR	FOF	OFFIC	E USE	ONLY	,	
Expenditures	from:			6 6	20	022	T	0		10	7	24	2022						
A. Amount Bro	ught Forward F	rom La	ıst Re	eport		·		\$					0.00						
B. Total Moneta	ary Contribution	ıs And	Rece	eipts (From	Sche	dule :	I)	\$					0.00						
C. Total Funds	Available (Sum	Of Line	es A	and B)				\$					0.00						
D. Total Expend	ditures (From S	chedul	le III	:)				\$					0.00						
E. Ending Cash	Balance (Subtr	act Lin	ie D F	From Line (C)			\$					0.00						
F. Value Of In-	Kind Contributi	ons Rec	ceive	ed (From S	chedu	le II))	\$					0.00						
G. Unpaid Debt	s And Obligation	ns (Fro	om S	chedule IV	')			\$					0.00			•			
					AFF	IDA'	VI٦	ΓSE	CTIO	NC									
PART I - If this is	s a Committee r	eport,	treas	surer sign	here. 1	[f this	s is	a Can	ndidat	te re	port, c	cand	lidate si	gn here.					
I swear (or affirm) correct and comple		ncluding	g the	attached sc	hedules	filed	on p	paper (or by e	electr	onic m	ediu	m, are to	the best of	my knov	vledge	and be	lief , tr	rue
Sworn to and subs	cribed before me day of	this		20						•			Signature	of Person	Submitt	ing Re	ort		_
	Sign	ature	<u> </u>	·				-						Printe	ed Name	1			-
My Commission Ex	-	iture								-				Email					-
	МО		DA	Y	YR			-			Are	ea Co	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a c	andidat	te's a	authorized	Comn	nittee	e, Ca	andida	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		of my kn	nowle	dge and beli	ef this	politi	cal	commi	ittee h	as no	ot viola	ted a	any provis	ions of the	act of Ju	ıne 3,1	937 (P.	L. 133	з,
Sworn to and subsc		nis											s	ignature of	Candida	ate			- $ $
	day of 							-						Printed	Name				_
	Signatu	re						-		_									_
My Commission Exp	ires													Email					
	мо		DA	ıΥ	YR						Area	Code	e	Day	time To	elephor	e Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

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

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	Name of Filing Committee or Candidate				Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•				-		DAGE TOTAL

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 Fining Committee of Candidate					Reporting Period From: To:					
Fr						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 Candi	ne of Filing Committee or Candidate			Reporting 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.)

me of Filing Committee or Candidate					Reporting Period					
				From:				То:		
					D	ATE		Α	MOUNT	
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 Coo	de (Plus 4)	
Enter Grand Total of Part C on Sch	edule I, Deta	iled Sumr	mary 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 or Co	andidate		Report	Reporting Period					
			From:			То:			
				D	ATE		AM	10UNT	
Full Name				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)						
Receipt Description	·	•							
Enter Grand Total of Part E or	Schedule T. Detailer	d Summary Page	Section	4			PA	GE TOTAL	
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	Section	•			\$	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>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 Candidat	:e		Reporting	g Period				
	Fr					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 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 Candidat	ame of Filing Committee or Candidate					Reporting Period						
					Fro	om:		To:	То:			
							DATE			AMOUNT		
Full Name of Contributor						мо	DAY	YEAR				
Mailing Address									\$	0.00		
City	State		Zip Code(F	Plus 4)								
Employer of Contributor	•		•			Occupa	tion					
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution		
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, i	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (ame 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)	Descri	ption of Ex	penditure						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item I							PAGE TOTAL				
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D).			\$	0.00				