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	22C0429				Repoi Filed			CAND	DIDATE COMMITTEE LOBBYIST						ST			
Name of Filing C	ommittee, Cand	idate or L	obby	yist:	E	BARRY	J. JC	ΣV	VIAK	AK									
Street Address:																			
City:	_							s	State:					Zip Code	e: 19	506			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		D FRIDAY IMARY	/ PRE-	2.	30 E PRIM			POST- 3. AMENDMENT Yes REPORT?						No	\		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		D FRIDAY	/ PRE-	- 5. X	30 E			POST- 6. TERMINATION REPORT?					Yes		No	\	
report type)	ANNUAL REPOR	7.	Yea	ar 2022					METH						\	DIS	KETTE		
Name of Office S	ought by Candid	late:				-			DATE (TE OF ELECTION District Office Number Code					Pai	rty Co	de Coi		
								N	МО	DAY	1	YEAR		5	STH	REF	P		
REPRESENTATIVE IN THE GENERAL ASSEMBLY									1	L	8	3 20)22		(SEE IN	STRUCTI	ONS F	OR CODE	(S)
Summary of		МО		DAY	YEAR			ı	мо	DA	1	YEAR		FOF	OFFI	CE USE	ON	LY	
Expenditures	from:		9	20	20)22	ГО		10)	24	1 20)22						
A. Amount Bro	ught Forward Fr	om Last R	Repo	rt		•	:	\$				0.	.00						
B. Total Moneta	ary Contribution	s And Rec	eipt	s (From	Sched	dule I)	:	\$				0.	.00						
C. Total Funds	Available (Sum	Of Lines A	and	d B)				\$				0.	.00						
D. Total Expend	ditures (From So	hedule II	(I)					\$				0.	00						
E. Ending Cash	Balance (Subtra	ct Line D	Froi	m Line C	C)			\$				0.	00						
F. Value Of In-	Kind Contributio	ns Receiv	ed (From Sc	hedul	e II)		\$				0.	00						
G. Unpaid Debt	s And Obligation	ns (From S	Sche	dule IV)			\$				0.	.00			•			
					AFF]	[DAV	IT S	EC	TION										
PART I - If this is				_						=			_						
I swear (or affirm) correct and comple		ncluding the	e atta	ached sch	edules	filed or	pape	r or	r by elec	tronic	med	lium, are	to t	he best of	my knov	wledge	and l	pelief , t	true
Sworn to and subs	cribed before me t day of	his	20									Signa	ture	of Person	Submit	ing Re	port		_
	Signa	ture	_				_							Printe	ed Name	<u> </u>			
My Commission Ex	_													Email					_
	мо	D	AY		YR						Area	Code		Daytime	Teleph	one Nu	ımbeı		
Part II- If this is	a report of a ca	ndidate's	auth	horized	Comm	ittee,	Candi	idat	te shall	sign	her	e.							
I swear (or affirm) No 320) as amende		f my knowl	edge	and belie	ef this	politica	com	mit	tee has	not vid	olate	d any pr	ovisi	ons of the	act of J	une 3,1	.937 (P.L. 13	33,
Sworn to and subsc		is											Si	gnature of	Candid	ate			-
	day of —— ———		_ 20 _				_							Printed	Name				-
	Signatur	e					_												
My Commission Exp	ires													Email					
	МО	D	AY		YR		_			Are	ea Co	ode		Day	time T	elephoi	ne Nu	mber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
BARRY J. JOZWIAK	From:	9/20/202	<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	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	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 ar 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 only with an aggregate valu	-			•			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•	•		•	•		DACE TOTAL

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			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	me of Filing Committee or Candidate Rep			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.)

Name of Filing Committee or Candidate	me of Filing Committee or Candidate				Reporting Period						
			Fron	n:):					
				D	ATE		A	AMOUNT			
Full Name of Contributor				МО	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Code (Plus	s 4)								
Employer Name				Occupat	tion						
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)			
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			1	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 Car	ime of Filing Committee or Candidate			Reporting Period					
			From:			To:			
				D	ATE		А	MOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)						
Receipt Description	·	·		•			•		
Enter Grand Total of Part E on	Schedule T. Detailed	l Summary Page.	Section	4.			P	AGE TOTAL	
	2, 2000		22300				\$	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	
BARRY J. JOZWIAK	From:	<u>9/20/2022</u> To:	10/24/2022
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		Reportin				
	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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pag	ge,		PAGE TOTAL
Section 2.						\$	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:			
							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					
	From			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							PAGE TOTAL				
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D).			\$	0.00				