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	2C0429				Report Filed B		CA	NDII	DATE	*	C	OMMITTE		LOB	BYIST		
Name of Filing C	ommittee, Candi	date or L	obbyist	:	В	ARRY J	. JOZ	WIA	<									
Street Address:																		
City:								State	e:	Zip Code: 19506								
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FR PRIMAR		PRE-		30 DA PRIMA		Р	OST-	3.		AMENDM REPORT?	ENT	Yes	١	lo	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FR ELECTI		PRE-		30 DA ELECT		Р	OST-	6.	Х	TERMINA REPORT?	TION	Yes	١	lo	\
report type)	ANNUAL REPOR	Г 7.	Year 2	022					IETHOD PAPER CK ONE					DISK	ETTE			
Name of Office S	ought by Candid	ate:	-					DAT	ΕO	F ELE	CT	ION	District Number	Office Code	Pai	rty Cod	e Cou	
DEDDECEMENT	VE THE CENT	- DAL ACC	SEMBLY					МО		DAY		YEAR	5	STH	REF)		
REPRESENTATI	VE IN THE GENE	KAL ASS	EMBLY						11		8	2022		(SEE IN	STRUCTI	ONS FO	R CODES	5)
Summary of		МО	DAY	,	YEAR			МО		DAY		YEAR	FO	R OFFI	CE USE	ONL	7	
Expenditures	Trom:		10	25	202	22 T (0		11	:	28	2022	2					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$					0.00)					
B. Total Moneta	ary Contributions	And Rec	eipts (F	rom	Sched	ule I)	\$					0.00)					
C. Total Funds	Available (Sum (of Lines A	and B)	1			\$					0.00)					
D. Total Expend	ditures (From Sc	nedule II	I)				\$					0.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Li	ine C	:)		\$					0.00						
F. Value Of In-	Kind Contribution	ıs Receiv	ed (Fro	m Sc	hedule	· II)	\$					0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedul	e IV))		\$					0.00						
					AFFI	DAVI	ΓSE	CTIC	NC									
PART I - If this is		•		_						•			-					
I swear (or affirm) correct and comple	that this report, in ete.	cluding the	a attache	d sch	edules f	filed on p	paper	or by e	electr	onic m	ediu	ım, are to	the best of	my kno	wledge	and be	lief , tr	rue
Sworn to and subs	cribed before me th day of	is	20									Signatu	re of Person	Submit	ting Re	port		
	Signat	ure					-						Print	ed Name	=			_
My Commission Ex	_	u. c							•				Emai	l				-
	мо	D.	AY		YR		-			Are	ea C	Code	Daytime	e Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authori	ized (Commi	ttee, Ca	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		my knowle	edge and	l belie	ef this p	olitical	comm	ittee h	as no	ot viola	ted	any provi	sions of the	act of J	une 3,1	937 (P	.L. 133	з,
Sworn to and subsc		5											Signature o	f Candid	ate			-
	day of						-						Printe	d Name				- J
	Signature	1					-											_
My Commission Exp	ires												Emai	I				
	мо	D	AY		YR		•			Area	Cod	le	Da	ytime T	elephor	ne Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
BARRY J. JOZWIAK	From:	10/25/202	<u>2</u> To:	11/28/2022
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

PAGE TOTAL

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

7/5/2025 11:41:40 AM

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 Committee or Candidate				orting P				
				m:				
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Full Name of Contributor Mailing Address				МО	DAY	YEAR	\$	0.00
	State	Zip Code (Plus 4	1)	МО	DAY	YEAR	\$	0.00

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

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 Candidate		Reporting	Period					
			From:			То:		
				DA	TE		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							+	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Schee	dule I, Detailed Sun	nmary 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			Rep	orting Pe	riod			
			Fron	n:		Т	o:	
				D/	ATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip	Code (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			\$	PAGE TOTAL 0.00
							7	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 of	or Candidate		Report	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							\neg	
City	State	Zip Code (I	Plus 4)					
Receipt Description	•	•			1	•	•	
Futor Coand Total of Bank	Cabadula I Detailed	Commence De	Cookie					PAGE TOTAL
Enter Grand Total of Part I	e on Schedule I, Detailed	Summary Page,	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 Per	od	
BARRY J. JOZWIAK	From:	10/25/2022 To:	11/28/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	₹	
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 Candidate Re				Reporting Period				
					To:			
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•	•			
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary 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 Candidate					porting	Period				
				Fro	m:		To:			
						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 _l	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
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