### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| Filer Identificati                       | on   | 2022         | C0429     |                       |            |               | port        |                | CANDI       | CANDIDATE COMMITTEE LOBBYIST |         |         |                     |                        |          |           |          |              |  |
|--|--|--------------|-----------|-----------------------|------------|---------------|-------------|----------------|-------------|------------------------------|---------|---------|---------------------|------------------------|----------|-----------|----------|--------------|--|
| Number :                                 | Filed By:  Committee, Candidate or Lobbyist:  BARRY J. JOZWICK |              |           |                       |            |               |             |                |             |                              | —       |         |                     |                        |          |           |          |              |  |
|  |  | -,           |           |                       |            | <i>D</i> , (i |             |                |             |                              |         |         |                     |                        |          |           |          |              |  |
| Street Address:                          |  |              |           |                       |            |               |             |                |             |                              |         |         |                     |                        |          |           |          |              |  |
| City:                                    |  |              |           |                       |            |               |             |                | State:      |                              |         |         |                     | <b>Zip Code:</b> 19506 |          |           |          |              |  |
| TYPE OF<br>REPORT                        | 6TH TUES<br>PRE-PRIN   | _            | 1.        | 2ND FRIDA<br>PRIMARY  | Y PRE      | -             | 2. <b>X</b> | 30 DA<br>PRIMA |             | POST-                        | 3.      |         | AMENDME<br>REPORT?  | NT                     | Yes      | No        | •        | /            |  |
| (place X to<br>the right of              | 6TH TUES   |              | 4.        | 2ND FRIDA<br>ELECTION | Y PRI      | <b>E</b> -    | 5.          | 30 DA<br>ELECT |             | POST-                        | 6.      |         | TERMINATION REPORT? |                        | Yes      | No        | •        | /            |  |
| report type)                             | ANNUAL   | . REPORT     | 7.        | <b>Year</b> 2022      |            |               |             |                | IG METHO    |                              |         |         | PAPER               |                        | <b>/</b> | DISKE     | TTE      |              |  |
| Name of Office S                         | Sought by  | , Candidat   |           |                       |            |               |             |                | DATE 0      | F ELE                        | CTION   | 1       | District            | Office                 | Par      | ty Code   |          | ty           |  |
| Name of Office Sought by Candidate:      |  |              |           |                       |            |               |             |                | МО          | DAY                          | YEA     | \R      | Number<br>5         | Code<br>STH            | REP      |           | Code     |              |  |
| REPRESENTATI                             | VE IN TH   | HE GENER     | AL ASS    | EMBLY                 |            |               |             |                | 11          |                              | 8       | 2022    |                     | (SEE INS               | TRUCTIO  | ONS FOR ( | CODES)   |              |  |
| Summary of                               | Receipts   | s and        | МО        | DAY                   | YEAR       | ₹             |             |                | МО          | DAY                          | YEA     | \R      | FOF                 | OFFIC                  | E USE    | ONLY      |          |              |  |
| Expenditures                             | from:  |              |           | 3 29                  | 2          | 022           | Т           | 0              | 5           | i                            | 2       | 2022    | _                   |                        |          |           |          |              |  |
| A. Amount Bro                            | ught For   | ward Fron    | 1 Last R  | eport                 |            |               | 1           | \$             | <u>'</u>    |                              |         | 0.00    | 1                   |                        |          |           |          |              |  |
| B. Total Moneta                          | ary Contr  | ributions A  | And Rec   | eipts (From           | Sche       | dule          | e I)        | \$             |             |                              |         | 0.00    |                     |                        |          |           |          |              |  |
| C. Total Funds                           | Available  | e (Sum Of    | Lines A   | and B)                |            |               |             | \$             |             |                              |         | 0.00    |                     |                        |          |           |          |              |  |
| D. Total Expend                          | ditures (I   | From Sche    | edule II  | I)                    |            |               |             | \$             |             |                              |         | 0.00    |                     |                        |          |           |          |              |  |
| E. Ending Cash                           | Balance  | (Subtract    | Line D    | From Line (           | C)         |               |             | \$             |             |                              |         | 0.00    |                     |                        |          |           |          |              |  |
| F. Value Of In-                          | Kind Con   | tributions   | Receiv    | ed (From S            | chedu      | le I          | I)          | \$             |             |                              |         | 0.00    |                     |                        |          |           |          |              |  |
| G. Unpaid Debt                           | s And Ob   | oligations   | (From S   | Schedule IV           | <b>'</b> ) |               |             | \$             |             |                              |         | 0.00    |                     | ,                      |          |           |          |              |  |
|  |  |              |           |                       | AFF        | ID            | AVI         | T SE           | CTION       |                              |         |         |                     |                        |          |           |          |              |  |
| PART I - If this is                      | s a Comm   | nittee repo  | ort, trea | surer sign            | here.      | If th         | nis is      | a Can          | didate re   | eport, o                     | candida | ate sig | gn here.            |                        |          |           |          |              |  |
| I swear (or affirm) correct and comple   |  | report, incl | uding the | attached sci          | hedule     | s file        | d on        | paper o        | or by elect | ronic m                      | edium,  | are to  | the best of         | my know                | /ledge   | and beli  | ef , tru | i <b>e</b>   |  |
| Sworn to and subs                        | cribed bef<br>day of   | ore me this  |           | 20                    |            |               |             |                |             |                              | Sig     | nature  | e of Person         | Submitt                | ing Rep  | ort       |          | -            |  |
|  | <u>-</u>   | Signatur     | re        |                       |            |               |             | -<br>-         |             |                              |         |         | Printe              | ed Name                |          |           |          | -            |  |
| My Commission Ex                         | cpires   |              |           |                       |            |               |             |                |             |                              |         |         | Email               |                        |          |           |          | -            |  |
|  |  | мо           | D         | AY                    | YR         |               |             |                |             | Are                          | ea Code |         | Daytime             | Telepho                | one Nu   | mber      |          |              |  |
| Part II- If this is                      | a report   | of a cand    | lidate's  | authorized            | Comr       | nitte         | ee, C       | andida         | ate shall   | sign h                       | ere.    |         |                     |                        |          |           |          |              |  |
| I swear (or affirm)<br>No 320) as amende |  | ne best of m | ıy knowle | edge and beli         | ef this    | poli          | itical      | commi          | ittee has n | ot viola                     | ted any | provis  | ions of the         | act of Ju              | ne 3,1   | 937 (P.L  | . 1333   | ,            |  |
| Sworn to and subsc                       |  | re me this   |           |                       |            |               |             |                |             |                              |         | s       | ignature of         | Candida                | te       |           |          | -            |  |
|  | day of<br>—  |              |           | _ 20                  |            |               |             | _              |             |                              |         |         | Printed             | Namo                   |          |           |          | -            |  |
|  | ,  | Signature    |           |                       |            |               |             | _              |             |                              |         |         | Printed             | мате                   |          |           |          |              |  |
| My Commission Exp                        |  | g., a.tu. e  |           |                       |            |               |             |                |             |                              |         |         | Email               |                        |          |           |          | <sup>-</sup> |  |
|  | _  | МО           | D         | AY                    | YR         | <u> </u>      |             | -              |             | Area                         | Code    |         | Day                 | time Te                | lephon   | e Numb    | er       | ·            |  |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| , -  |           |                 |              |          |
|--|-----------|-----------------|--------------|----------|
| Name of Filing Committee or Candidate  | Reporting | g Period        |              |          |
| BARRY J. JOZWICK   | From:     | <u>3/29/202</u> | <u>2</u> To: | 5/2/2022 |
| 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

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 Rep |       |                   |       | Period |      |    |        |
|---|-------|-------------------|-------|--------|------|----|--------|
|   |       |                   | From: |        | То   | :  |        |
|   |       | ·                 |       | 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.

| (Exclud                  | le contributions fro | m political commi | ittee | es re <sub>l</sub> | oorted | in Part | A)         |            |
|--------------------------|----------------------|-------------------|-------|--------------------|--------|---------|------------|------------|
| Name of Filing Committee | or Candidate         |                   | Repo  | rting P            | eriod  |         |            |            |
| From: To:                |                      |                   |       |                    |        |         | <b>)</b> : |            |
|                          |                      | L                 |       |                    | DATE   |         |            | AMOUNT     |
| Full Name of Contributor |                      |                   |       | мо                 | DAY    | YEAR    |            |            |
| Mailing Address          |                      |                   |       |                    |        |         | \$         | 0.00       |
| City                     | State                | Zip Code (Plus 4) |       |                    |        |         |            |            |
|                          |                      |                   | ·     |                    |        |         |            | PAGE TOTAL |

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:       |        |     | То:  |               |            |  |
|                                       |                      |          |             | DA     | TE  |      | P             | AMOUNT     |  |
| Full Name of Contributing Committee   |                      |          |             | мо     | DAY | YEAR |               | 0.0        |  |
| Mailing Address                       |                      |          |             |        |     |      | <b>-</b>   \$ | 0.0        |  |
| City                                  | State                | Zip Cod  | e (Plus 4)  |        |     |      |               |            |  |
|                                       |                      |          |             |        |     |      |               | PAGE TOTAL |  |
| Enter Grand Total of Part C on Scheo  | 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  |                    |               |          | Reporting Period |          |      |       |                 |  |  |
|--|--------------------|---------------|----------|------------------|----------|------|-------|-----------------|--|--|
| Fr                                     |                    |               |          |                  | rom: To: |      |       |                 |  |  |
|  |                    |               |          | D                | ATE      |      |       | AMOUNT          |  |  |
| Full Name of Contributor               |                    |               |          | мо               | DAY      | YEAR | \$    | 0.00            |  |  |
| Mailing Address                        |                    |               |          |                  |          |      | 1     |                 |  |  |
| City                                   | State              | Zip Code (Plu | s 4)     |                  |          |      |       |                 |  |  |
| Employer Name                          |                    | •             |          | Occupa           | tion     |      |       |                 |  |  |
| Employer Mailing Address/Principal Pla | ce of Business     | City          |          | •                | State    |      | Zip C | ode (Plus 4)    |  |  |
| Enter Grand Total of Part C on Scho    | dule I, Detailed S | Summary Page, | , Sectio | 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 Candidate |                           |                 |             | 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>                  | 1               |             |          |     |      | <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 Peri  | od                   |                 |
|--|-----------------|----------------------|-----------------|
| BARRY J. JOZWICK   | From:           | 3/29/2022 <b>To:</b> | <u>5/2/2022</u> |
| 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   | 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          | 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   |                  |      |                  | Rep    | porting | Period       |        |       |                 |
|---|------------------|------|------------------|--------|---------|--------------|--------|-------|-----------------|
|   |                  |      |                  |        | m:      | То:          |        |       |                 |
|   |                  |      |                  |        |         |              |        |       | 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 Plac | e of Business    | City | у                | State  | 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 |          |     |            |  |  |
|---------------------------------------|---------------------|----------------------|------------|------------------|----------|-----|------------|--|--|
| F                                     |                     |                      |            |                  |          | 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 Expenditures     | on Dago 1 Bonort C  | Cover Page Item F    |            |                  |          |     | PAGE TOTAL |  |  |
| Lines Grand Total of Expenditures (   | ni rage 1, keport c | Lovei Fage, Itelli L | <b>,</b> . |                  |          | \$  | 0.00       |  |  |