#### **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	20220	C0429				Repo			CA	NDI	DATE	<b>~</b>	/ CC	MMITTE	E	LOBE	BYIST		
Name of Filing C	Committee,	Candida	ite or Lo	obbyist	:		BARR	RY J	I. JOZ	WIC	<									
Street Address:																				
City:										State	e:				Zip Cod	le: 19	9506			
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1.	2ND FR PRIMAR		/ PRE-	- 2.	.Х	30 DA		Р	OST-	3.		AMENDM REPORT		Yes	No		<b>\</b>
(place X to the right of	6TH TUESD PRE-ELECT		4.	2ND FR ELECTI		/ PRE	- 5.		30 DA		Р	OST-	6.		TERMINA REPORT		Yes	No		<b>√</b>
report type)	ANNUAL R	REPORT	7.	<b>Year</b> 2	022					NG ME				PAPER				DISKE	TTE	
Name of Office S	ought by C	Candidat	e:	-						DAT	TE OF ELECTION District Office Party Co					ty Code	Coun			
										МО		DAY	,	YEAR	5	STH	REP			
REPRESENTATI	VE IN THE	GENER	AL ASS	EMBLY							11 8 2022 (SEE INSTRUCTIONS					ONS FOR	CODES	)		
Summary of		and	МО	DAY	•	YEAR				МО		DAY		YEAR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:			3	29	20	022	T	0		5		2	2022						
A. Amount Bro	ught Forwa	ard From	Last R	eport					\$	•		•		0.00						
B. Total Moneta	ary Contrib	utions A	and Rec	eipts (F	rom	Sche	dule 1	I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																				
D. Total Expenditures (From Schedule III) \$ 0.00																				
E. Ending Cash Balance (Subtract Line D From Line C)							\$					0.00								
F. Value Of In-	Kind Contri	ibutions	Receive	ed (Fro	m Sc	hedul	le II)		\$					0.00						
G. Unpaid Debt	s And Obli	gations	(From S	chedul	e IV	)			\$					0.00						
						AFF	IDA'	VI	ΓSE	CTI	NC									
PART I - If this is	s a Commit	tee repo	rt, trea	surer s	ign l	nere. I	If this	s is	a Car	ndida	te re	port, o	can	didate si	gn here.					
I swear (or affirm) correct and comple		port, inclu	uding the	attache	d sch	ıedules	filed	on	paper	or by e	electi	ronic m	ediu	m, are to	the best o	f my knov	wledge	and beli	ef , tr	ue
Sworn to and subs	cribed befor	e me this		20										Signature	e of Perso	n Submit	ting Rep	ort		_
		Signatur	Δ	_					-						Prin	ted Name	•			-
My Commission Ex	cpires	orginacai	_												Ema	il				-
	м	o	D/	lΥ		YR			-			Ar	ea C	ode	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report o	f a cand	idate's	authori	zed	Comm	ittee	, Ca	andid	ate sl	hall :	sign h	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	dge and	beli	ef this	politio	cal	comm	ittee h	ias n	ot viola	ted	any provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		me this												s	ignature o	of Candid	ate			-
	day of — —								-						Printe	d Name				-
	-	gnature							-						F	· · · · · · · · · · · · · · · · · · ·				_
My Commission Exp	ires														Ema					
		МО	DA	AY		YR			•			Area	Cod	e	Da	aytime T	elephon	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

Name of Filing Comm	nittee or Candidate		Reporti	ng Period			
			From:		То	:	
		I		DATE			AMOUNT
Full Name of Contribut	ing 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.

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 Canadate					Reporting Period From: To:				
					DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)	1						

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 Candidate			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule 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	me of Filing Committee or Candidate			orting Pe	riod			
			Fron	n:		То	:	
				D	ATE		АМО	DUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address  City State Zip Code (Plus 4)							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupation				
Employer Mailing Address/Principal Place of Business City					State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Secti			Section	on 3.			PAG	<b>GE TOTAL</b> 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		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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	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	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,	<u> </u>	\$	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	g Period			
			From:			To:	
				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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pag	je,		PAGE TOTAL
Section 2.						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidat	me of Filing Committee or Candidate				Re	porting F	Period				
					Fro	om:		To:			
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address								<b>\$</b>	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	taile	ed				PAGE TOTAL 0.00	

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (	Candidate		Reporti	Reporting Period				
			From			То:		
				DATE			AMOUNT	
To Whom Paid	МО	DAY	YEAR					
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Description of Expenditure					
							PAGE TOTAL	
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D	).			\$	0.00	