### **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	20240	C0128				port		CAND	ANDIDATE COMMITTEE LOBBYIST								
Name of Filing C	ommittee,	Candida	te or Lo	obbyist:		RY/	AN B	IZZAF	RRO									
Street Address:																		
City:									State:				Zip Code	: 16	506			
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRIDAY PRIMARY	PRE	-	2.	30 DA PRIMA		POST-	3. <b>X</b>		AMENDME REPORT?	NT	Yes	No	•	<b>/</b>
(place X to the right of	6TH TUESDA PRE-ELECTION		4.	2ND FRIDAY ELECTION	PRE	≣-	5.	30 DA		POST-	6.	TERMINAT REPORT?	ION	Yes	No	•	<b>/</b>	
report type)	ANNUAL RI	EPORT	7.	<b>Year</b> 2024					IG METH CHECK C				PAPER		<b>\</b>	DISKE	TTE	
Name of Office S	ought by C	andidat	e:						DATE (	OF ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
									МО	DAY	YEAF	2	3	STH	DEN	1	•	
REPRESENTATI	VE IN THE	GENEK.	AL ASS	EMBLY					1:	1	5 2	2024		(SEE INS	TRUCTIO	ONS FOR C	ODES)	
Summary of		and	МО	DAY	YEAR	R			МО	DAY	YEAI	R	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			4 9	2	024	T	0	Į.	5	13 2	2024						
A. Amount Bro	ught Forwa	rd From	Last R	eport				\$	-		(	0.00						
B. Total Moneta	ary Contribu	utions A	and Rec	eipts (From	Sche	dule	e I)	\$			(	0.00						
C. Total Funds	Available (S	Sum Of	Lines A	and B)				\$			(	0.00						
D. Total Expend	ditures (Fro	m Sche	dule II	[)				\$			C	0.00						
E. Ending Cash	Balance (S	ubtract	Line D	From Line C	:)			\$			C	0.00						
F. Value Of In-	Kind Contril	butions	Receive	ed (From Sc	hedu	le I	I)	\$			C	0.00						
G. Unpaid Debt	s And Oblig	ations	(From S	chedule IV)	)			\$			C	0.00		,				
					AFF	ΊD	AVI	T SE	CTION									
PART I - If this is		•	•							•								
I swear (or affirm) correct and comple		ort, inclu	uding the	attached sch	edules	s file	ed on	paper (	or by elec	tronic m	iedium, ai	re to t	the best of i	ny know	/ledge	and belie	ef , tru	ıe
Sworn to and subs	cribed before day of	me this		20							Sigr	nature	e of Person	Submitti	ing Rep	ort		-
		Signatur	е.					- -					Printe	d Name				-
My Commission Ex		oigilat <b>a</b> i	_										Email					-
	мс	)	DA	ΛY	YR					Ar	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of	a cand	idate's	authorized (	Comn	nitte	ee, C	andida	ate shall	l sign h	ere.							
I swear (or affirm) No 320) as amende		est of m	y knowle	edge and belie	f this	poli	itical	commi	ittee has	not viola	ited any p	rovis	ions of the	act of Ju	ne 3,19	937 (P.L	. 1333	3,
Sworn to and subsc		me this										s	ignature of	Candida	te			-
-	day of — —							_					Printed	Name				-
	Sig	nature						-										_
My Commission Exp	ires												Email					
		мо	D	ΑΥ	YR	l		-		Area	Code		Day	time Te	lephon	e Numb	er	۱ ٔ

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
RYAN BIZZARRO	From:	4/9/202	<u>4</u> То:	5/13/2024
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	y 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	y 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 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 Candidat	e	R	eporting	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. \$

7/3/2025 11:30:03 AM

0.00

### **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.

(Exclu	ide contributions from	n political comm	itte	es re <sub>l</sub>	ported	in Part .	A)	
Name of Filing Committe	ee or Candidate		Rep	orting P	eriod			
			Froi	m:		To	):	
		•			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	ame of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				DA	TE		A	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR			0.00	
Mailing Address							<b>-</b>   \$		0.00	
City	State	Zip Cod	e (Plus 4)							
								PAGE TOT	AL	
Enter Grand Total of Part C on School	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.)

ame of Filing Committee or Candidate				Reporting Period				
			Fron	n:		T	0:	
				D	ATE			AMOUNT
				мо	DAY	YEAR	\$	0.00
State	Zi	p Code (Plus	s 4)					
				Occupa	tion			
ce of Business		City			State		Zip	Code (Plus 4)
dule I, Detailed	Sumn	mary Page,	Section	on 3.			\$	PAGE TOTAL 0.00
	State ce of Business	State Zi ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4)  ce of Business City	From:  MO  State Zip Code (Plus 4)  Occupa	From:  DATE  MO DAY  State Zip Code (Plus 4)  Occupation  ce of Business City State	State Zip Code (Plus 4)  State Zip Code (Plus 4)  Occupation ce of Business City State  cdule I, Detailed Summary Page, Section 3.	From: To:  DATE  MO DAY YEAR  State Zip Code (Plus 4)  Occupation  ce of Business City State Zip

## 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	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 Period		
RYAN BIZZARRO	From:	4/9/2024 <b>To</b> :	5/13/2024
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 Can	Name of Filing Committee or Candidate Ro					Reporting Period					
	From:		To:	То:							
				DATE			AMOUNT				
Full Name of Contributor			МО	DAY	YEAR						
Mailing Address						<b>7</b> \$	0.0	10			
City	State	Zip Code (Plus 4)									
Description of Contribution:	•		•	•							
Enter Grand Total of Part F or	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	ge,		PAGE TOTAL				
Section 2.						\$	0.0	0			

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate					Period				
					From:					
						DATE			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	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.	<b></b>									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 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	<b>,</b> .			\$	0.00	