# **Campaign Finance Report**

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

Filer Identificat Number :	<b>ion</b> 2024	C0128			Repor Filed		CANDI	DATE	✓	co	OMMITTEI		LOBI	BYIST		
	Committee, Candid	ate or Lo	obbyist:		RYAN E	-	ARRO			_					]	
Street Address:	Street Address:															
City:							State:	Zip Code:								
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D PRIN	DAY MARY	POST-	3.		AMENDMENT REPORT?		Yes	No	<ul> <li>Image: A start of the start of</li></ul>	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION				DAY CTION	POST- 6. <b>X</b>			TERMINATION REPORT?		Yes	No	$\checkmark$	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2024				ING METH ) CHECK O				PAPER		$\checkmark$	DISKE	TTE	
Name of Office	L Sought by Candidat	te:					DATE C	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code	
	IVE IN THE GENER						мо	DAY	YE	AR	3	STH	DEN	1	•	
REPRESENTAT	IVE IN THE GENER	AL ASSI					11		5	2024		(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	YE	AR	FO	R OFFIC	E USE	ONLY		
Expenditures	s from:	1	LO 22	2	024	ГО	11	. 2	25	2024						
A. Amount Bro	ought Forward From	n Last Ro	eport			9	\$			0.00						
B. Total Monet	ary Contributions	And Reco	eipts (From	1 Sche	dule I)		\$	0.00								
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			0.00						
D. Total Expen	ditures (From Scho	edule II	I)			9	\$			0.00						
E. Ending Cash	n Balance (Subtract	t Line D	From Line	C)			\$			0.00	-					
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)		\$			0.00	-					
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	')		9	\$			0.00						
				AFF	IDAV	IT SI	ECTION									
	s a Committee report, incl											my know	uladaa	and hali	of true	
correct and compl		luaing the	attached sci	neaule	s filed of	i pape	r or by elect		eaium,	are to	the best of	ту клом	leage	and bell	er, true	
Sworn to and sub	scribed before me this day of 	5				_			Si	gnatur	e of Person	Submitt	ing Rep	oort		
	Signatu	re				_					Print	ed Name				
My Commission E	xpires										Email					
	МО	DA	AY	YR				Are	a Code		Daytime	e Telepho	one Nu	mber		
Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.																
Sworn to and subs	cribed before me this		20							s	ignature o	f Candida	ite			
	day of										Printeo	i Name				
My Commission Ex	Signature					_					Emai	1				
						_										
	МО	D/	AY .	YR	l			MO DAY YR Area Code Daytime Telephone Nu								

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### SCHEDULE I **CONTRIBUTIONS AND RECEIPTS Detailed Summary Page**

Name of Filing Committee or Candidate **Reporting Period** RYAN BIZZARRO From: <u>10/22/2024</u> **To:** 11/25/2024 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ **Contributions Received From Political Committees (Part A)** All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount

totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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				Reporting Period						
				From: To:			:			
· · ·					DATE	AMOUNT				
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
Γ								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								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. (Exclude contributions from political committees reported in Part A)										
Name of Filing Committee or Candidate Reporting Period										
			From: To			<b>D:</b>				
					DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address	_	_					\$	0.00		
City	State	Zip Code (Plus 4	l)							
								PAGE TOTAL		
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						
				То:					
				DA	TE		A	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 Schedule I, Detailed Summary Page, Sect							\$	0.00	

## PART D 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						
From:				m:			То:			
				D	ATE		AMOUNT			
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Pl	ıs 4)							
Employer Name				Occupation						
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section							P#	<b>AGE TOTAL</b> 0.00		

## PART E **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			Reporting Period							
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (	Plus 4)							
Receipt Description	·	•								
		_	<b>.</b>	_				PAGE TO	ΓAL	
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumr	nary 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 Perio	d									
RYAN BIZZARRO	From:	<u>10/22/2024</u> <b>To:</b>	<u>11/25/2024</u>								
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR											
TOTAL for the Reporting Pe	riod (1)	\$	0.00								
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)										
TOTAL for the Reporting Pe	riod (2)	\$	0.00								
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)											
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00								

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting Period					
				From:			То:	
	DATE			AMOUNT				
Full Name of Contributor				DAY	YEAR			
Mailing Address		_				<b>7</b> \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:			1					
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detai Section 2.				ailed Summary Page,			PAGE TOTAL	
						\$		0.00

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period						
				From:		То:					
					DATE		AMOUNT				
Full Name of Contributor				мо	DAY	YEAR					
Mailing Address							<b>\$</b> 0.00				
City	State	Zip Code(Plus 4)									
Employer of Contributor		•		Occupa	tion		•				
Employer Mailing Address/Principal Place of Business City				e Zip	Code(Plus 4)	Descri	ption of Contribution				
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	Contributions D	etaile	d			<b>PAGE TOTAL</b> 0.00				

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period						
				From							
		DATE		AMOUNT							
To Whom Paid	мо	DAY	YEAR								
Mailing Address						\$	0.00				
City	Zip Code (Plus 4)	) Description of Expenditure									
Enter Crand Tatal of Evnanditures					PAGE TOTAL						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	0.00				