

Campaign Finance Report

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

Filer Identification Number :		20120115		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: SCHLOSSBERG, MIKE FRIENDS OF												
Street Address: PO BOX 1537												
City: ALLENTOWN						State: PA			Zip Code: 18105-1537			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7. X	Year 2017	FILING METHOD () CHECK ONE				PAPER <input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR	DEM 39			
						11	7	2017	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		11	28	2017		12	31	2017				
A. Amount Brought Forward From Last Report						\$ 21,721.37						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 1,050.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 22,771.37						
D. Total Expenditures (From Schedule III)						\$ 3,943.29						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 18,828.08						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 0.00						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

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 subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
SCHLOSSBERG, MIKE FRIENDS OF	From: <u>11/28/2017</u> To: <u>12/31/2017</u>

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)	\$ 250.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 250.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 800.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 800.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 1,050.00
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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 SCHLOSSBERG, MIKE FRIENDS OF	Reporting Period From: <u>11/28/2017</u> To: <u>12/31/2017</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">DATE</td> <td style="width: 40%; border: none;">AMOUNT</td> </tr> </table>		DATE	AMOUNT
DATE	AMOUNT		

Full Name of Contributing Committee PA MEDICAL PAC (PAM PAC)	MO	DAY	YEAR	\$ 250.00
Mailing Address P.O. BOX 8820	12	18	2017	
City HARRISBURG State PA Zip Code (Plus 4) 171050000				

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

PAGE TOTAL
\$ 250.00

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 SCHLOSSBERG, MIKE FRIENDS OF	Reporting Period From: <u>11/28/2017</u> To: <u>12/31/2017</u>
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				DATE			AMOUNT
Full Name of Contributing Committee				MO	DAY	YEAR	
ABBVIE POLITICAL ACTION COMMITTEE							\$ 300.00
Mailing Address 1 N WAUKEGAN RD							
City NORTH CHICAGO	State IL	Zip Code (Plus 4) 60064		12	18	2017	

Full Name of Contributing Committee				MO	DAY	YEAR	
HOSPITAL & HEALTHSYSTEM ASSOC OF PA PAC(HAPAC)							\$ 500.00
Mailing Address 30 NORTH THIRD STREET STE 600 PO BOX 8600							
City HARRISBURG	State PA	Zip Code (Plus 4) 17101		12	18	2017	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 800.00

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: To:

				DATE			AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00	
Mailing Address								
City	State	Zip Code (Plus 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, Section 3.

PAGE TOTAL	
\$	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 From: To:
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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	
SCHLOSSBERG, MIKE FRIENDS OF		From: <u>11/28/2017</u> To: <u>12/31/2017</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	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 From: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
SCHLOSSBERG, MIKE FRIENDS OF	From <u>11/28/2017</u> To: <u>12/31/2017</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
Michael Schlossberg				
Mailing Address 944 North 19th Street	12	22	2017	\$ 543.42
City Allentown	State PA	Zip Code (Plus 4) 18104	Description of Expenditure Reimbursement - Campaign Expenses	
To Whom Paid	MO	DAY	YEAR	
AT&T				
Mailing Address 214 Lehigh Valley Mall	12	26	2017	\$ 52.01
City Whitehall	State PA	Zip Code (Plus 4) 18052	Description of Expenditure Cell Phone	
To Whom Paid	MO	DAY	YEAR	
AT&T				
Mailing Address 214 Lehigh Valley Mall	12	26	2017	\$ 173.02
City Whitehall	State PA	Zip Code (Plus 4) 18052	Description of Expenditure Cell Phone Data	
To Whom Paid	MO	DAY	YEAR	
GoDaddy				
Mailing Address 14455 North Hayden, Suite 226	12	26	2017	\$ 95.88
City Scottsdale	State AZ	Zip Code (Plus 4) 85260	Description of Expenditure Website	
To Whom Paid	MO	DAY	YEAR	
The Hamilton Kitchen & Bar				
Mailing Address 645 Hamilton Street	12	26	2017	\$ 146.94
City Allentown	State PA	Zip Code (Plus 4) 18101	Description of Expenditure Campaign Expense - Meals	
To Whom Paid	MO	DAY	YEAR	
Nostos Greek Restaurant				
Mailing Address 701 North 19th Street	12	22	2017	\$ 62.94
City Allentown	State PA	Zip Code (Plus 4) 18104	Description of Expenditure Campaign Expense - Meals	

To Whom Paid			MO	DAY	YEAR	\$ 16.95
Target						
Mailing Address 1600 North Cedar Crest			11	28	2017	
City Allentown	State PA	Zip Code (Plus 4) 18104	Description of Expenditure Campaign Expense - Supplies			
To Whom Paid			MO	DAY	YEAR	\$ 21.94
Wert's Cafe						
Mailing Address 515 North 18th Street			12	20	2017	
City Allentown	State PA	Zip Code (Plus 4) 18104	Description of Expenditure Campaign Expense - Meals			
To Whom Paid			MO	DAY	YEAR	\$ 100.00
Marco Calderon						
Mailing Address 2510 West Fairview Street			12	14	2017	
City Allentown	State PA	Zip Code (Plus 4) 18104	Description of Expenditure Campaign Expense - Photos			
To Whom Paid			MO	DAY	YEAR	\$ 2,500.00
PA House Democratic Campaign Committee						
Mailing Address 205 State Street			12	11	2017	
City Harrisburg	State PA	Zip Code (Plus 4) 17101	Description of Expenditure Contribution			
To Whom Paid			MO	DAY	YEAR	\$ 100.00
Allentown School District Foundation						
Mailing Address 31 South Penn Street			12	4	2017	
City Allentown	State PA	Zip Code (Plus 4) 18101	Description of Expenditure Event Tickets			
To Whom Paid			MO	DAY	YEAR	\$ 20.00
Rose Garden Neighborhood Association						
Mailing Address 435 Hamilton Street			12	4	2017	
City Allentown	State PA	Zip Code (Plus 4) 18101	Description of Expenditure Membership			
To Whom Paid			MO	DAY	YEAR	\$ 15.00
BB&T Bank						
Mailing Address 835 Hamilton Street			12	1	2017	
City Allentown	State PA	Zip Code (Plus 4) 18102	Description of Expenditure Service Charges			
To Whom Paid			MO	DAY	YEAR	\$ 95.19
Bellissimo's Restaurant						
Mailing Address 1243 Tilghman Street			12	1	2017	
City Allentown	State PA	Zip Code (Plus 4) 18102	Description of Expenditure Campaign Expense - Meals			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

\$ 3,943.29

