

# 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		✓		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 POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	✓			
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	✓			
	ANNUAL REPORT	7. X	Year 2017	FILING METHOD ( ) CHECK ONE			PAPER	✓	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**

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

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 250.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 250.00

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

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</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.**

<b>Name of Filing Committee or Candidate</b>  SCHLOSSBERG, MIKE FRIENDS OF	<b>Reporting Period</b>  <b>From:</b> <u>11/28/2017</u> <b>To:</b> <u>12/31/2017</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"><b>DATE</b></td> <td style="width: 40%; border: none;"><b>AMOUNT</b></td> </tr> </table>		<b>DATE</b>	<b>AMOUNT</b>
<b>DATE</b>	<b>AMOUNT</b>		

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

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

<b>PAGE TOTAL</b>
\$ 250.00

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:

DATE			AMOUNT
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Full Name of Contributor			MO	DAY	YEAR	\$0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

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.**

<b>Name of Filing Committee or Candidate</b>  SCHLOSSBERG, MIKE FRIENDS OF	<b>Reporting Period</b>  <b>From:</b> <u>11/28/2017</u> <b>To:</b> <u>12/31/2017</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee ABBVIE POLITICAL ACTION COMMITTEE				MO	DAY	YEAR	\$ 300.00
Mailing Address 1 N WAUKEGAN RD				12	18	2017	
City NORTH CHICAGO	State IL	Zip Code (Plus 4) 60064					
Full Name of Contributing Committee HOSPITAL & HEALTHSYSTEM ASSOC OF PA PAC(HAPAC)				MO	DAY	YEAR	\$ 500.00
Mailing Address 30 NORTH THIRD STREET STE 600 PO BOX 8600				12	18	2017	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					

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

<b>PAGE TOTAL</b>
\$ 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: <span style="float: right;">To:</span>

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
Mailing Address							\$ 0.00
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.

<b>PAGE 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  From: <span style="float: right;">To:</span>
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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.

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
SCHLOSSBERG, MIKE FRIENDS OF		From: <u>11/28/2017</u> To: <u>12/31/2017</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period		(1)	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period		(2)	\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Mailing Address							\$ 0.00
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.							<b>PAGE TOTAL</b> \$ 0.00

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
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

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

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

<b>To Whom Paid</b> Nostos Greek Restaurant			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 62.94
<b>Mailing Address</b> 701 North 19th Street			12	22	2017	
<b>City</b> Allentown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18104	<b>Description of Expenditure</b> Campaign Expense - Meals			

<b>To Whom Paid</b> Target			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 16.95
<b>Mailing Address</b> 1600 North Cedar Crest			11	28	2017	
<b>City</b> Allentown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18104	<b>Description of Expenditure</b> Campaign Expense - Supplies			

<b>To Whom Paid</b> Wert's Cafe			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 21.94
<b>Mailing Address</b> 515 North 18th Street			12	20	2017	
<b>City</b> Allentown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18104	<b>Description of Expenditure</b> Campaign Expense - Meals			

<b>To Whom Paid</b> Marco Calderon			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b> 2510 West Fairview Street			12	14	2017	
<b>City</b> Allentown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18104	<b>Description of Expenditure</b> Campaign Expense - Photos			

<b>To Whom Paid</b> PA House Democratic Campaign Committee			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 2,500.00
<b>Mailing Address</b> 205 State Street			12	11	2017	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101	<b>Description of Expenditure</b> Contribution			

<b>To Whom Paid</b> Allentown School District Foundation			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b> 31 South Penn Street			12	4	2017	
<b>City</b> Allentown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18101	<b>Description of Expenditure</b> Event Tickets			

<b>To Whom Paid</b> Rose Garden Neighborhood Association			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 20.00
<b>Mailing Address</b> 435 Hamilton Street			12	4	2017	
<b>City</b> Allentown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18101	<b>Description of Expenditure</b> Membership			

  

<b>To Whom Paid</b> BB&T Bank			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 15.00
<b>Mailing Address</b> 835 Hamilton Street			12	1	2017	
<b>City</b> Allentown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18102	<b>Description of Expenditure</b> Service Charges			

  

<b>To Whom Paid</b> Bellissimo's Restaurant			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 95.19
<b>Mailing Address</b> 1243 Tilghman Street			12	1	2017	
<b>City</b> Allentown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18102	<b>Description of Expenditure</b> Campaign Expense - Meals			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 3,943.29

