

# Campaign Finance Report

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

<b>Filer Identification Number :</b>		20120115		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> ✓		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> SCHLOSSBERG, MIKE FRIENDS OF												
<b>Street Address:</b> 1620 POND RD, STE 200												
<b>City:</b> ALLENTOWN						<b>State:</b> PA			<b>Zip Code:</b> 18104-2255			
<b>TYPE OF REPORT</b>  (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 2018	<b>FILING METHOD ( ) CHECK ONE</b>			<b>PAPER</b> ✓	<b>DISKETTE</b>				
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>				
						11	6	2018				
									(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		11	27	2018		12	31	2018				
<b>A. Amount Brought Forward From Last Report</b>						\$ 31,485.75						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 325.00						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 31,810.75						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 2,095.88						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 29,714.87						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 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>11/27/2018</u> To: <u>12/31/2018</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>	\$ 325.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 325.00

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

<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>	\$ 325.00
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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>11/27/2018</u> <b>To:</b> <u>12/31/2018</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"><b>DATE</b></td> <td style="width: 40%;"><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> Friends of Peter Schweyer			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 75.00
<b>Mailing Address</b> PO Box 4364			12	3	2018	
<b>City</b> Allentown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18105				

<b>Full Name of Contributing Committee</b> HAPAC-State			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> 30 North 3rd Street, Suite 600			12	27	2018	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101				

<b>Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.</b>	<b>PAGE TOTAL</b> \$ 325.00
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**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:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$	0.00
Mailing Address							
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 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="margin-left: 100px;">To:</span>

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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>  <b>From:</b> <b>To:</b>
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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>11/27/2018</u> To: <u>12/31/2018</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>
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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.						<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:

				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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
SCHLOSSBERG, MIKE FRIENDS OF	From <u>11/27/2018</u> To: <u>12/31/2018</u>

				DATE		AMOUNT	
To Whom Paid				MO	DAY	YEAR	\$
Wreaths Across America							
Mailing Address				11	30	2018	
City		State	Zip Code (Plus 4)	Description of Expenditure			
Allentown		PA	18109	Sponsorship			
To Whom Paid				MO	DAY	YEAR	\$
UVC Inc							
Mailing Address				12	3	2018	
City		State	Zip Code (Plus 4)	Description of Expenditure			
Washington		DC	20018	Travel			
To Whom Paid				MO	DAY	YEAR	\$
RGNA Internet Payment							
Mailing Address				12	3	2018	
City		State	Zip Code (Plus 4)	Description of Expenditure			
Washinton		DC	20008	Travel			
To Whom Paid				MO	DAY	YEAR	\$
DC VIP Cab							
Mailing Address				12	5	2018	
City		State	Zip Code (Plus 4)	Description of Expenditure			
Washinton		DC	20018	Travel			
To Whom Paid				MO	DAY	YEAR	\$
Amtrak							
Mailing Address				12	6	2018	
City		State	Zip Code (Plus 4)	Description of Expenditure			
Philadelphia		PA	19104	Travel			
To Whom Paid				MO	DAY	YEAR	\$
Nick's Diner							
Mailing Address				12	10	2018	
City		State	Zip Code (Plus 4)	Description of Expenditure			
Allentown		PA	18104	Meals			

To Whom Paid			MO	DAY	YEAR	\$ 770.93
Michael Schlossberg						
Mailing Address 944 North 19th Street			12	7	2018	
City Allentown	State PA	Zip Code (Plus 4) 18104	Description of Expenditure Reimbursement and Miles			
To Whom Paid			MO	DAY	YEAR	\$ 13.77
Fine Wine & Good Spirit						
Mailing Address 3300 Lehigh Street			12	17	2018	
City Allentown	State PA	Zip Code (Plus 4) 18103	Description of Expenditure Gift			
To Whom Paid			MO	DAY	YEAR	\$ 302.00
Cedar Crest College						
Mailing Address 100 College Avenue			12	21	2018	
City Allentown	State PA	Zip Code (Plus 4) 18104	Description of Expenditure Event Expenses			
To Whom Paid			MO	DAY	YEAR	\$ 199.33
Union & Finch						
Mailing Address 1528 Union Street			12	24	2018	
City Allentown	State PA	Zip Code (Plus 4) 18102	Description of Expenditure Volunteer Event			
To Whom Paid			MO	DAY	YEAR	\$ 42.15
Union & Finch						
Mailing Address 1528 Union Street			12	24	2018	
City Allentown	State PA	Zip Code (Plus 4) 18102	Description of Expenditure Volunteer Event			
To Whom Paid			MO	DAY	YEAR	\$ 119.88
GoDaddy						
Mailing Address 14455 North Hayden Road, Suite 226			12	26	2018	
City Scottsdale	State AZ	Zip Code (Plus 4) 85260	Description of Expenditure Website			
To Whom Paid			MO	DAY	YEAR	\$ 15.17
GoDaddy						
Mailing Address 14455 North Hayden Road, Suite 226			12	27	2018	
City Scottsdale	State AZ	Zip Code (Plus 4) 85260	Description of Expenditure Website			
To Whom Paid			MO	DAY	YEAR	\$ 53.24
AT&T						
Mailing Address 250 Lehigh Valley Mall			12	26	2018	
City Whitehall	State PA	Zip Code (Plus 4) 18052	Description of Expenditure Cell Phone Data			

<b>To Whom Paid</b> AT&T			<b>MO</b> 12	<b>DAY</b> 26	<b>YEAR</b> 2018	<b>\$</b> 175.81
<b>Mailing Address</b> 250 Lehigh Valley Mall						
<b>City</b> Whitehall	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18052	<b>Description of Expenditure</b> Cell Phone			

  

<b>To Whom Paid</b> Jean Creedon			<b>MO</b> 12	<b>DAY</b> 27	<b>YEAR</b> 2018	<b>\$</b> 100.00
<b>Mailing Address</b> 2810 Whitemarsh Place						
<b>City</b> Macungie	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18062	<b>Description of Expenditure</b> Reimbursement			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						<b>\$</b> 2,095.88

