

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: 1620 POND RD, STE 200												
City: ALLENTOWN						State: PA			Zip Code: 18104-2255			
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	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2019	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
REPRESENTATIVE IN THE GENERAL ASSEMBLY						MO	DAY	YEAR	STH	DEM	39	
						3	12	2019	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		1	2	2019		2	25	2019				
A. Amount Brought Forward From Last Report						\$ 29,714.87						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 450.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 30,164.87						
D. Total Expenditures (From Schedule III)						\$ 3,421.59						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 26,743.28						
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>1/2/2019</u> To: <u>2/25/2019</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)	\$ 200.00
TOTAL for the Reporting Period (2)	\$ 450.00

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 Period (3)	\$ 0.00

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.)	\$ 450.00
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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>1/2/2019</u> To: <u>2/25/2019</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	MO	DAY	YEAR	\$ 250.00
HOSPITAL & HEALTHSYSTEM ASSOC OF PA PAC(HAPAC)				
Mailing Address 30 NORTH THIRD STREET STE 600 PO BOX 8600	1	2	2019	
City HARRISBURG				
State PA				
Zip Code (Plus 4) 17101				

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

PAGE TOTAL
\$ 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
SCHLOSSBERG, MIKE FRIENDS OF	From: <u>1/2/2019</u> To: <u>2/25/2019</u>

DATE				AMOUNT
Full Name of Contributor				
State Innovation Exchange				
Mailing Address PO Box 260230				
City Madison	State	Zip Code (Plus 4)	MO	DAY
	WI	53726-0230	1	28
				2019
				\$ 200.00

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

PAGE TOTAL
\$ 200.00

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	
	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.

PAGE TOTAL
\$ 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: 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>1/2/2019</u> To: <u>2/25/2019</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>1/2/2019</u> To: <u>2/25/2019</u>

				DATE		AMOUNT	
To Whom Paid United Way of the Greater Lehigh Valley				MO	DAY	YEAR	\$ 100.00
Mailing Address 1110 American Parkway, NE				1	4	2019	
City Allentown	State PA	Zip Code (Plus 4) 18109	Description of Expenditure Event Tickets				
To Whom Paid Affa for Allentown				MO	DAY	YEAR	\$ 250.00
Mailing Address 4160 Primrose Drive				1	8	2019	
City Allentown	State PA	Zip Code (Plus 4) 18104	Description of Expenditure Contribution				
To Whom Paid Bell Hall				MO	DAY	YEAR	\$ 47.45
Mailing Address 612 Hamilton Street				1	10	2019	
City Allentown	State PA	Zip Code (Plus 4) 18101	Description of Expenditure Meals				
To Whom Paid McAfee				MO	DAY	YEAR	\$ 116.59
Mailing Address 2821 Mission College Blvd				1	17	2019	
City Santa Clara	State CA	Zip Code (Plus 4) 95054	Description of Expenditure Computer Equipment				
To Whom Paid Friends of Kevin Lott				MO	DAY	YEAR	\$ 500.00
Mailing Address 621 Durham Street				1	24	2019	
City Hellertown	State PA	Zip Code (Plus 4) 18055	Description of Expenditure Contribution				
To Whom Paid Billy's Downtown Diner				MO	DAY	YEAR	\$ 35.02
Mailing Address 840 Hamilton Street				1	25	2019	
City Allentown	State PA	Zip Code (Plus 4) 18102	Description of Expenditure Meals				

To Whom Paid			MO	DAY	YEAR	\$ 205.81
AT&T						
Mailing Address 214 Lehigh Valley Mall			1	28	2019	
City Whitehall	State PA	Zip Code (Plus 4) 18052	Description of Expenditure Cell Phone			

To Whom Paid			MO	DAY	YEAR	\$ 53.24
AT&T						
Mailing Address 214 Lehigh Valley Mall			1	28	2019	
City Whitehall	State PA	Zip Code (Plus 4) 18052	Description of Expenditure Cell Phone Data			

To Whom Paid			MO	DAY	YEAR	\$ 63.48
GoDaddy						
Mailing Address 14455 North Hayden Road, Suite 226			1	30	2019	
City Scottsdale	State AZ	Zip Code (Plus 4) 85260	Description of Expenditure Website			

To Whom Paid			MO	DAY	YEAR	\$ 250.00
Friends of Jeff Glazier						
Mailing Address 2915 Parkway Blvd.			2	4	2019	
City Allentown	State PA	Zip Code (Plus 4) 18104	Description of Expenditure Contribution			

To Whom Paid			MO	DAY	YEAR	\$ 300.00
Allentown School District Foundation						
Mailing Address 31 South Penn Street			2	4	2019	
City Allentown	State PA	Zip Code (Plus 4) 18101	Description of Expenditure Sponsorship			

To Whom Paid			MO	DAY	YEAR	\$ 500.00
Friends of Bridget Kosierowski						
Mailing Address PO Box 38			2	5	2019	
City Clarks Summit	State PA	Zip Code (Plus 4) 18411	Description of Expenditure Contribution			

To Whom Paid			MO	DAY	YEAR	\$ 500.00
Zach Cohen for Judge						
Mailing Address 1620 Pond Road			2	14	2019	
City Allentown	State PA	Zip Code (Plus 4) 18104	Description of Expenditure Contribution			

To Whom Paid			MO	DAY	YEAR	\$ 250.00
Friends of Charlie Thiel						
Mailing Address 22 South 16th Street			2	14	2019	
City Allentown	State PA	Zip Code (Plus 4) 18102	Description of Expenditure Contribution			

To Whom Paid Willam Allen High School Theater			MO	DAY	YEAR	\$ 250.00
Mailing Address 301 North 17th Street			2	22	2019	
City Allentown	State PA	Zip Code (Plus 4) 18104	Description of Expenditure Event Tickets			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 3,421.59

