Campaign Finance Report

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

Filer Identificati Number :	on 201	9C0005				Repor iled		CAND	COMMITTEE LOBBYIST								
Name of Filing C	Committee, Candi	date or L	obbyist	:	В	RIDG	ET MA	LLOY KO	SLERW	/SKI							
Street Address:																	
City:								State:				Zip Code	e: 18	8411			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FR PRIMAR		PRE-	2.	30 DA		POST-	3.		AMENDME REPORT?	NT	Yes	N	0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FR ELECTI		PRE-	5.	30 DA		POST-	6.		TERMINAT	ΓΙΟΝ	Yes	N	0	/
report type)	ANNUAL REPOR	T 7. X	Year 2	019		FILING METHOD () CHECK ONE						PAPER		\	DISK	ETTE	
Name of Office S	ought by Candid	ate:				•		DATE ()F ELE	CTI	ON	District Number	Office Code	Par	ty Cod	Code	
REPRESENTATI	VE IN THE GENE	RAL ASS	EMBLY					МО	DAY	1	/EAR	114	STH	DEI	1		
								2019		(SEE IN:	STRUCTI	ONS FOR	CODES	5)			
Summary of Expenditures	Receipts and from:	МО	DAY		YEAR		-	МО	DAY		YEAR	FOR	OFFIC	CE USE	ONLY	,	
			1	1		1	ΓΟ	1		1	1						
	ught Forward Fro		-				\$				0.00						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 0.00																	
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																	
D. Total Expenditures (From Schedule III)							\$			15,	,000.00						
E. Ending Cash Balance (Subtract Line D From Line C)							\$		(15,0	000.00)						
	Kind Contribution					· II)	\$				0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedul	e IV)			\$				0.00						_
								CTION									
PART I - If this is	s a Committee re) that this report, in	•									_		my knos	wladaa	and he	lief tr	110
correct and comple		cluding the	e attache	u sche	euules i	neu or	грарег	or by elect	u onic in	euiui	iii, are to t	ile best of	illy Kilov	wieuge	anu be	ilei , ti	ue
Sworn to and subs	cribed before me the day of	ıis	20								Signature	of Person	Submit	ting Re	ort		
	Signat	ure					_					Printe	ed Name	e			-
My Commission Ex	cpires						_					Email					
	МО	D	AY		YR				Ar	ea Co	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authori	zed C	Commit	ttee, (Candid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		my knowle	edge and	belief	f this p	olitica	comm	ittee has r	not viola	ted a	any provis	ions of the	act of J	une 3,1	937 (P.	L. 133	з,
Sworn to and subsc	ribed before me thi day of	s	20								s	ignature of	Candida	ate			-
	— — — — — — — — — — — — — — — — — — —						_					Printed	Name				-
My Commission Exp	Signature	<u> </u>					_					Email					_
Try Commission Exp							_										_
	МО	D	AY		YR				Area	Code	•	Day	time T	elephor	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period	
BRIDGET MALLOY KOSLERWSKI	From:	То:
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)		\$ 0.00
All Other Contributions (Part B)		\$ 0.00
TOTAL for the Reporting	Period (2)	\$ 0.00
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	g Period (4)	\$ 0.00
		1
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa		\$ 0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

with an aggregate value from \$50.01 to Name of Filing Committee or Candidate			Re	eporting	Period			
			Fr	om:		То	:	
					DATE			AMOUNT
Full Name of Contributing	g Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					

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

PAGE TOTAL
\$ 0.00

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 Fining Committee of Canadate			Rep					
			Fro	m:		To):	
					DATE		АМО	UNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
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.

Name of Filing Committee or Candidate			Reporting Period						
			From:			То:			
				DA	TE		Α	MOUNT	
Full Name of Contributing Commit	tee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00	

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						
			Fron	From: To:					
				D	ATE		ı	AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			l	PAGE TOTAL	
							\$	0.00	

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	Name of Filing Committee or Candidate				od			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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		
BRIDGET MALLOY KOSLERWSKI	From:	То:	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (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,		\$	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						
	Fr					From: To:				
				DATE			AMOUNT			
Full Name of Contributor			МО	DAY	YEAR					
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)								
Description of Contribution:										
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL			
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL			
						\$	0.00			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	eporting F	Period			
				Fr	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zip Code(Plus 4)							
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ee of Ci	ity	State	•	Zip 4)	Code(Plus	Descri	ption o	of Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.									PAGE TOTAL 0.00

15,000.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candid	Reporting Period						
BRIDGET MALLOY KOSLERWSKI	From						
				DATE			AMOUNT
To Whom Paid FRIENDS OF BRIDGET MALLOY KOS	мо	DAY	YEAR				
Mailing Address 38 P.O. BOX			11	18	2019	\$	15,000.00
City CLARKS SUMMIT	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	CAMPA	IGN LOAN					
Enter Grand Total of Expenditur	es on Page 1, Re	eport Cover Page, Item D).				PAGE TOTAL