### **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	20220	C0311				port ed B		CANDI	DATE	<b>✓</b>	cc	OMMITTEE		LOBE	BYIST			
Name of Filing C	ommitte	e, Candida	ate or Lo	obbyist:					HLOSSBE	RG							<u> </u>	_	
Charact Address																			
Street Address:									G1-1				7:	- 10	104				
City:				_					State:				Zip Code: 18104						
TYPE OF REPORT	6TH TUES PRE-PRIN		1.	2ND FRIDA PRIMARY	Y PRE	-	2. <b>X</b>	30 DA		POST-	3.		AMENDME REPORT?	NT	Yes	No	~		
(place X to the right of	6TH TUES		4.	2ND FRIDATELECTION	Y PRI	E-	5.	30 DA ELECT		POST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	No	~		
report type)	ANNUAL	. REPORT	7.	<b>Year</b> 2022					NG METH				PAPER		$\checkmark$	DISKE	TTE		
Name of Office S	ought by	, Candidat							DATE C							ty Code			
Name of Office 5	ought by	Canuluat	.e.						МО	DAY	YEA	AR.	Number 132	Code STH	DEN	1	Code		
REPRESENTATI	VE IN TH	ie gener	AL ASS	EMBLY					11		8	2022	<del> </del>	(SEE INS	TRUCTIO	ONS FOR	CODES)	_	
Summary of	Receipts	s and	МО	DAY	YEAF	<b>1</b>			МО	DAY	YE	AR	FOF	OFFIC	E USE	ONLY			
Expenditures	from:			3 29	2	022	Т	0	5	5	2	2022							
A. Amount Bro	ught For	ward Fron	ı Last R	eport			•	\$		•		0.00							
B. Total Monet	ary Contr	ibutions A	And Rec	eipts (From	Sche	dule	e I)	\$				0.00							
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00							
D. Total Expend	ditures (I	From Sche	dule II	I)				\$				0.00							
E. Ending Cash	Balance	(Subtract	Line D	From Line (	C)			\$				0.00							
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$				0.00							
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	<b>'</b> )			\$				0.00		'					
					AFF	·ID	AVI	T SE	CTION										
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate r	eport, o	candid	ate sig	gn here.						
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	ed on	paper	or by elect	tronic m	edium,	are to	the best of	my know	/ledge	and beli	ef , true		
Sworn to and subs	cribed bef day of	ore me this		20							Si	gnature	e of Person	Submitt	ing Rep	ort			
	<u>-</u>	Signatur	·e					- -					Printe	ed Name					
My Commission Ex	pires	<b>-</b>											Email						
		мо	D	AY	YR			_		Are	ea Code	l	Daytime	Telepho	one Nu	mber			
Part II- If this is	a report	of a cand	lidate's	authorized	Comr	nitte	ee, C	andid	ate shall	sign h	ere.								
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee has r	ot viola	ted any	provis	ions of the	act of Ju	ne 3,19	937 (P.L	. 1333,		
Sworn to and subsc		re me this										s	ignature of	Candida	te				
	day of —			_ 20				_					Dui	No					
		Signature						-					Printed	Name					
My Commission Exp		Signature											Email						
	-	МО	D	AY	YR	ł		-		Area	Code		Day	time Te	lephon	e Numb	er		

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
MICHAEL SCHLOSSBERG	From:	3/29/202	<u>2</u> To:	5/2/2022
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	) Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an 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

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			Reporting Period					
		-1	From:		То	•		
		•		DATE			AMOUNT	
Full Name of Contributing Committee			МО	DAY	YEAR			
Mailing Address	_	_				\$	0.00	
City	State	Zip Code (Plus 4)						

PAGE TOTAL
0.00

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

### **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.

or Candidate		Repoi	rting P	eriod			
		From	:		То	<b>)</b> :	
	<u> </u>			DATE			AMOUNT
			мо	DAY	YEAR		
						\$	0.00
State	Zip Code (Plus 4)						
			From	From:	From:  DATE  MO DAY	From: To	From: To:  DATE  MO DAY YEAR  \$

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

#### **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		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.0	
Mailing Address							<b>-</b>   \$	0.0	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary 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					riod				
Fro						To	):		
				D	ATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address							1		
City	State	Zip Code (Plu	s 4)						
Employer Name				Occupa	tion				
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)	
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	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 Candidate		Report	ing Peri	od				
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							$\neg$	
City	State	Zip Code (I	Plus 4)					
Receipt Description	•	•			1	•	•	
Futor Coand Total of Bank	Cabadula I Detailed	Commence De	Caatle					PAGE TOTAL
Enter Grand Total of Part I	e on Schedule I, Detailed	Summary Page,	Section	4.			\$	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 Perio	od	
MICHAEL SCHLOSSBERG	From:	3/29/2022 <b>To</b> :	<u>5/2/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Car	Reporting Period							
	From: To:							
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address						<b>7</b> \$	C	0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pa	ge,		PAGE TOTAL	
Section 2.	Section 2.					\$	0	.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					orting	Period				
From:							To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address				-					\$	0.00
City	State	;	Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.	<b></b>									0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti				
	From			То:			
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
Enter Grand Total of Expenditures of	on Bago 1 Bonort C	Cover Page Item [					PAGE TOTAL
Lines Grand Total of Expenditures C	ni rage 1, keport C	over rage, Item L	<b>,</b> .			\$	0.00