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 :	i on 2022	C0311			Repo Filed		CA	NDI	DATE	\checkmark	СС	OMMITTE		LOBI	BYIST		
	Committee, Candida	ate or Lo	obbyist:		MICHA	-	CHLOS	SBE	RG								
Street Address:																	
City:							State	e:				Zip Cod	e: 18	104			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	2ND FRIDAY PRE- 2. X 3 PRIMARY P				Ρ	POST- 3.		AMENDMENT REPORT?		Yes	No)	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	2ND FRIDAY PRE- 5. 30 ELECTION				POST- 6. N				TERMINATION REPORT?		Yes	No	D	\checkmark
report type)	ANNUAL REPORT	7.	Year 2022				ING ME CHEC					PAPER		\checkmark	DISKI	TTE	
Name of Office S	Sought by Candidat	te:					DAT	ΈO	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Cour	
DEDECENTAT							мо		DAY	YE/	AR	132	STH	DEN	1		
REPRESENTAL	VE IN THE GENER	AL ASS	EMBLI					11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES	<i>.</i>)
	Receipts and	мо	DAY	YEAR	Ł		мо		DAY	YE	AR	FO	R OFFIC	e use	ONLY		
Expenditures	s from:		3 29	2	022	то		5		2	2022						
A. Amount Bro	ught Forward Fron	n Last R	eport			9	\$				0.00						
B. Total Monet	ary Contributions /	And Rec	eipts (Fron	1 Sche	dule I)	9	\$ 0.00										
C. Total Funds Available (Sum Of Lines A and B)							\$				0.00						
D. Total Expen	ditures (From Scho	edule II	[)			9	\$				0.00						
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)			\$				0.00						
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)		\$				0.00						
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	')		9	\$				0.00						
				AFF	IDAV	IT SI	ECTI	ЛС									
	s a Committee repo																
I swear (or affirm correct and compl) that this report, incl ete.	uding the	attached sc	hedules	s filed o	n pape	r or by o	electi	ronic m	edium,	are to	the best of	my know	ledge	and bel	ief , tr	ue
Sworn to and subs	cribed before me this day of	5	20							Si	gnatur	e of Person	Submitt	ing Rep	oort		-
	Signatu	re	-			_						Print	ed Name				-
My Commission E	-	-						•				Emai					-
	мо	D/	AY	YR					Ar	ea Code		Daytime	e Teleph	one Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee,	Candi	date s	hall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ned.	ny knowle	edge and beli	ef this	politica	l comi	nittee l	nas no	ot viola	ted any	provis	ions of the	act of Ju	ne 3,1	937 (P.I	L. 133	з,
Sworn to and subso	ribed before me this day of		20								s	ignature o	f Candida	te			-
												Printee	d Name				-
My Commission Exp	Signature					_						Emai	1				-
	мо	D	AY	YR	1	_			Area	Code		Da	ytime Te	lephon	e Numl	per	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Detailed Summary Pag	e			
Name of Filing Committee or Candidate	Reporting	g Period		
MICHAEL SCHLOSSBERG	<u>3/29/202</u>	22 To:	<u>5/2/2022</u>	
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	\$	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	g 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
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
			Į	

PAGE 3

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						
From						:				
					DATE			AMOUNT		
Full Name of Contributing Committee			1	мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	4)							
							Γ	PAGE TOTAL		

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

0.00

\$

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 Candidat	e			orting P	eriod	_			
	From: To:								
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							
								PAGE TOTAL	
Enter Grand Total of Part A on S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	<u>.</u>		\$	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		А	MOUNT	
Full Name of Contributing Com	mittee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
						ſ		PAGE TOTAL	
Enter Grand Total of Part C o	on Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	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:	То:

				D	ATE		АМС	DUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Princi Business	pal Place of		City		State		Zip Code ((Plus 4)
Enter Grand Total of Part C o	n Schedule I, Detai	led Sumr	nary Page, Secti	on 3.			PAG	GE TOTAL
	- ,						5	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	Name of Filing Committee or Candidate Rep				Reporting Period						
			From:			То:					
				D	ATE			AMOUNT	ſ		
Full Name				мо	DAY	YEAR					
Mailing Address							\$	5	0.00		
City	State	Zip Code (Plus 4)								
Receipt Description	·					•	•				
Enter Grand Total of Part E on Sched	ule T. Detailed Sum	mary Page	Section	4				PAGE TO	TAL		
			20000				\$		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		
MICHAEL SCHLOSSBERG	From:	<u>3/29/2022</u> To:	<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	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Re				Reporting Period					
	From:			То:					
				DATE		АМО	UNT		
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL		
					4	6	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						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State	Zip Code(Plus 4)								
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City State Business						Zip 4)	Code(Plus	Descri	ption o	of Contribution

	1
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
			From			То:	
			DATE				AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Description of Expenditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	0.00