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		CAND	IDATE	\checkmark	C	OMMITTEI		LOB	BYIS	г	
	Committee, Candid	ate or Lo	obbyist:			-	HLOSSBI	ERG								
Street Address:																
City:							State:				Zip Cod	e: 18	104			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D. PRIM		POST-	3.		AMENDMENT REPORT?		Yes	\checkmark	No]
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5. X	30 D. ELEC	AY TION	POST-	POST- 6.		TERMINATION REPORT?		Yes		No	\checkmark
report type)	ANNUAL REPORT	7.	Year 2022				NG METH CHECK C		_		PAPER	PAPER		DIS	KETTE	∏
Name of Office S	L Sought by Candidat	te:					DATE (OF ELE	СТІОГ	N	District Number	Office Code	Pai	rty Co	de Co Co	
							мо	DAY	YE	AR	132	STH	DEI	Ч	-	
REPRESENTATI	IVE IN THE GENER	AL ASS	EMBLY				11	1	8	2022		(SEE INS	TRUCTI	ONS FO	DR CODE	ES)
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YE	AR	FO	R OFFIC	e use	ONL	Y	
Expenditures	s from:		9 20	2	022	го	10	C	24	2022						
A. Amount Bro	ught Forward Fron	n Last R	eport			\$		-		0.00						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$	5			0.00						
C. Total Funds	otal Funds Available (Sum Of Lines A and B) \$ 0.00															
D. Total Expen	D. Total Expenditures (From Schedule III) \$ 0.00															
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)		\$	5			0.00						
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)	\$	5			0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV	')		\$	5			0.00						
				AFF	IDAV	IT SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign	here. I	If this i	s a Ca	ndidate r	eport,	candid	ate si	gn here.					
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sc	hedules	s filed o	1 paper	or by elec	tronic m	edium,	are to	the best of	my know	ledge	and b	elief ,	true
Sworn to and subs	cribed before me this day of	5	20						Si	gnatur	e of Person	Submitt	ing Re	port		
	Signatu	re	-			_					Print	ed Name				—
My Commission Ex	-										Email					—
	мо	D/	AY	YR		_		Ar	ea Code	1	Daytime	e Telepho	one Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee,	Candic	late shall	l sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of n ed.	ny knowle	edge and beli	ef this	politica	l comn	nittee has	not viola	ted any	provis	sions of the	act of Ju	ne 3,1	937 (P.L. 13	33,
Sworn to and subsc	ribed before me this day of		20							s	Signature o	f Candida	te			—
											Printeo	d Name				—
My Commission Exp	Signature										Emai	1				—
	мо	D/	AY	YR		_		Area	Code		Da	ytime Te	lephor	ne Nui	nber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Detailed Summary Pag	e			
Name of Filing Committee or Candidate	Reporting	g Period		
MICHAEL SCHLOSSBERG	From:	<u>9/20/202</u>	<u>2</u> To:	<u>10/24/2022</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	g 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	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.

em:	DATE	То	:	
	DATE			
				AMOUNT
мо	DAY	YEAR		
			\$	0.00
			Г	PAGE TOTAL
M	10	10 DAY	10 DAY YEAR	

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

0.00

\$

Use this Part to ite	\$50.0 mize all othe 0.01 to \$250.	00 in the repo	s wi ortin	ith an 1g per	aggreg iod.			rom
Name of Filing Committee or Candidat	e		Rep	orting P	eriod			
			Fror	m:		То):	
					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, Detai	led Summary Pag	je, Se	ection 2	2.		\$	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 Repor					Reporting Period					
			From:			То:				
				DA	TE		А	MOUNT		
Full Name of Contributing Committe	e			мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
						ſ		PAGE TOTAL		
Enter Grand Total of Part C on S	chedule I, Detai	led 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		АМ	OUNT
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/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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		Report	ting Perio	od			
			From:			То:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR		
Mailing Address							\$ i	0.00
City	State	Zip Code (Plus 4)					
Receipt Description					1	1		
Enter Grand Total of Part E	on Schodulo I. Dotailog		Section	4			PAGE TOT	AL
Linter Granu Total of Part E		i Suillilai y Page,	Section				\$	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>9/20/2022</u> то:	<u>10/24/2022</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 PART	ſF)		
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	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(F	Plus 4)							
Employer of Contributor					Occupation						
Employer Mailing Address/Principal Place of City State						Zip 4)	Code(Plus	Descri	ption o	f Contribution	

		1		
Enter Grand Total of Part G on Schedule I	I. In-Kind Contril	butions Detail	ed	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