#### **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 :	<b>on</b> 20	22C1311				Rep File			CAI	NDII	NDIDATE COMMITTEE LOBBYIST								
Name of Filing C	Committee, Can	lidate or	Lob	byist:		FRIE	ND:	S OF	BRID	GET	MALL	ΟY	KOSIER	OWSKI					
Street Address:																			
City:									State	:				Zip Cod	<b>e:</b> 18	8411			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		ND FRIDAY RIMARY	PRE-	- 2	2.	30 DA		Р	OST-	3.		AMENDMI REPORT?	ENT	Yes		No	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		ND FRIDAY LECTION	/ PRE	- 5	5.	30 DA		Р	OST-	6.		TERMINATION REPORT?		Yes	<b>i</b>	No	<b>\</b>
report type)	ANNUAL REPO	<b>₹Т</b> 7. <b>Х</b>	Y	ear 2022					NG ME					PAPER		<b>V</b>	DISI	ETTE	
Name of Office S	ought by Candi	date:					•		DAT	E O	F ELE	CT:	ION	District Number	Office Code	Pai	ty Co	le Cou	
	,								МО		DAY		YEAR	114	STH	DEI	М	1000	
REPRESENTATI	VE IN THE GEN	ERAL AS	SEM	ИBLY						11		8	2022	<b> </b>	(SEE IN	STRUCTI	ONS FO	R CODES	5)
Summary of		МО		DAY	YEAR				МО		DAY		YEAR	FO	ROFFIC	CE USE	ONL	<b>Y</b>	
Expenditures	from:		11	29	20	022	T	0		1		2	2023						
A. Amount Bro	ught Forward F	rom Last	Rep	ort				\$				•	0.00						
B. Total Moneta	ary Contribution	s And Re	ceip	pts (From	Sche	dule	I)	\$					0.00						
C. Total Funds	Available (Sum	Of Lines	A aı	nd B)				\$					0.00						
D. Total Expend	ditures (From S	chedule I	II)					\$					0.00						
E. Ending Cash	Balance (Subtr	act Line [	) Fr	om Line C	<b>:</b> )			\$					0.00						
F. Value Of In-	Kind Contribution	ons Recei	ved	(From Sc	hedul	le II	)	\$					0.00						
G. Unpaid Debt	s And Obligatio	ns (From	Sch	nedule IV	)			\$					0.00						
					AFF	IDA	VI	ΓSE	CTIC	N									
PART I - If this is	s a Committee r	eport, tre	asu	ırer sign h	ere. I	if thi	s is	a Car	ndidat	e re	port, o	can	didate si	gn here.					
I swear (or affirm) correct and comple		ncluding th	ne at	ttached sch	edules	filed	l on p	paper	or by e	lectr	onic m	ediu	ım, are to	the best of	my knov	wledge	and b	elief , t	rue
Sworn to and subs	cribed before me	:his	2	10									Signatur	e of Person	Submit	ting Re	ort		_
	Sign:	ature	_					-						Print	ed Name	•			_
My Commission Ex	-									-				Email					_
	мо	Г	DAY		YR			_			Arc	ea C	Code	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a ca	andidate's	s au	ıthorized	Comm	nitte	e, Ca	andid	ate sh	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		of my know	ledg	ge and belie	ef this	politi	ical	comm	ittee h	as no	ot viola	ted	any provis	ions of the	act of J	une 3,1	937 (F	.L. 133	3,
Sworn to and subsc		ıis											S	ignature of	Candid	ate			-
	day of ————————————————————————————————————		_ 2	20				-						Printed	l Name				_
	Signatu	r <b>e</b>						-											_
My Commission Exp	ires													Email					
	мо	ı	DAY		YR			•			Area	Cod	le	Da	ytime T	elephor	ne Nun	nber	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

-				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF BRIDGET MALLOY KOSIEROWSKI	From:	11/29/202	<u>2</u> To:	1/2/2023
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

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re					
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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					Reporting Period From: To:				
					DATE			AMOUNT	
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 Candi	me 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 Ca	nme of Filing Committee or Candidate					eriod			
				Fron	m:		To	):	
					D	ATE		АМ	IOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name	·	·			Occupa	tion			
Employer Mailing Address/Princ Business	ipal Place of		City			State		Zip Code	e (Plus 4)
Enter Grand Total of Part C o	on Schedule I, Detai	led Sumr	mary Page,	Section	on 3.			P <i>#</i>	O.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	ting Perio	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. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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 Peri	od	
FRIENDS OF BRIDGET MALLOY KOSIEROWSKI	From:	11/29/2022 <b>To:</b>	1/2/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	₹	
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 Candidat	:e		Reporting	Reporting Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>\$</b>	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	ame of Filing Committee or Candidate				Re	porting	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									- \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	n-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (	lame 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)	Descri	ption of Ex	penditure						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item I							PAGE TOTAL				
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D	).			\$	0.00				