

# Campaign Finance Report

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

<b>Filer Identification Number :</b>		20120115		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> SCHLOSSBERG, MIKE FRIENDS OF												
<b>Street Address:</b> 1620 POND RD, STE 200												
<b>City:</b> ALLENTOWN						<b>State:</b> PA			<b>Zip Code:</b> 18104-2255			
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2022		<b>FILING METHOD ( ) CHECK ONE</b>		<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>				
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
REPRESENTATIVE IN THE GENERAL ASSEMBLY						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	132	STH	DEM	39
						11	8	2022	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		11	29	2022		12	31	2022				
<b>A. Amount Brought Forward From Last Report</b>						\$ (7,085.07)						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 809.29						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ (6,275.78)						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 1,791.92						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ (8,067.70)						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 0.00						

## AFFIDAVIT SECTION

**PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.**

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.**

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
**Detailed Summary Page**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
SCHLOSSBERG, MIKE FRIENDS OF	From: <u>11/29/2022</u> To: <u>12/31/2022</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 109.29

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 200.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 200.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 500.00
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 500.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)</b>	\$ 809.29
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**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)**

<b>Name of Filing Committee or Candidate</b> SCHLOSSBERG, MIKE FRIENDS OF	<b>Reporting Period</b> <b>From:</b> <u>11/29/2022</u> <b>To:</b> <u>12/31/2022</u>
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				DATE			AMOUNT		
Full Name of Contributor					MO	DAY	YEAR	\$	100.00
David Goodrich									
Mailing Address					11	30	2022		
5225 Steeple Chase Drive									
City			State		Zip Code (Plus 4)				
Schnecksville			PA		18078				

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
David Goodrich							
Mailing Address				12	30	2022	
5225 Steeple Chase Drive		State	Zip Code (Plus 4)				
City Schnecksville		PA	18078				

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

<b>PAGE TOTAL</b>
\$ 200.00

## 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.

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
SCHLOSSBERG, MIKE FRIENDS OF	<b>From:</b> <u>11/29/2022</u> <b>To:</b> <u>12/31/2022</u>

				DATE			AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$	500.00
Z PAC Pennsylvania Society of Anesthesiologist PAC								
Mailing Address								
1400 N. Providence Road, Building 2, Suite 1040				12	12	2022		
City	Media	State	Zip Code (Plus 4)					
		PA	19063					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

<b>PAGE TOTAL</b>
\$ 500.00

**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: <span style="float: right;">To:</span>

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

<b>PAGE TOTAL</b>
\$ 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	Reporting Period  From: <span style="float: right;">To:</span>
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
SCHLOSSBERG, MIKE FRIENDS OF		From: <u>11/29/2022</u> To: <u>12/31/2022</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	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: <span style="float: right;">To:</span>

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.							<b>PAGE TOTAL</b> \$ 0.00

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# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
SCHLOSSBERG, MIKE FRIENDS OF	From <u>11/29/2022</u> To: <u>12/31/2022</u>

DATE				AMOUNT
<b>To Whom Paid</b> NGP VAN	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 655 15th Street	12	2	2022	\$ 265.00
<b>City</b> Washington	<b>State</b> DC	<b>Zip Code (Plus 4)</b> 20005	<b>Description of Expenditure</b> Service Fee	
<b>To Whom Paid</b> ActBlue	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 366 Summer Street	12	5	2022	\$ 6.49
<b>City</b> Somerville	<b>State</b> MA	<b>Zip Code (Plus 4)</b> 02144	<b>Description of Expenditure</b> Service Fee	
<b>To Whom Paid</b> LCDC	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> Po Box 63	12	8	2022	\$ 1,000.00
<b>City</b> Allentown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18105	<b>Description of Expenditure</b> Donation	
<b>To Whom Paid</b> ActBlue	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 366 Summer Street	12	9	2022	\$ 19.42
<b>City</b> Somerville	<b>State</b> MA	<b>Zip Code (Plus 4)</b> 02144	<b>Description of Expenditure</b> Service Fee	
<b>To Whom Paid</b> ActBlue	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 366 Summer Street	12	10	2022	\$ 0.41
<b>City</b> Somerville	<b>State</b> MA	<b>Zip Code (Plus 4)</b> 02144	<b>Description of Expenditure</b> Service Fee	

<b>To Whom Paid</b> AT&T			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 65.49
<b>Mailing Address</b> 214 Lehigh Valley Mall			12	27	2022	
<b>City</b> Whitehall	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18052	<b>Description of Expenditure</b> Cell Phone Data Plan			

  

<b>To Whom Paid</b> AT&T			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 271.06
<b>Mailing Address</b> 214 Lehigh Valley Mall			12	27	2022	
<b>City</b> Whitehall	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18052	<b>Description of Expenditure</b> Cell Phone Bill			

  

<b>To Whom Paid</b> Godaddy.com			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 143.88
<b>Mailing Address</b> 14455 North Hayden Road			12	27	2022	
<b>City</b> Scottsdale	<b>State</b> AZ	<b>Zip Code (Plus 4)</b> 85260	<b>Description of Expenditure</b> Website			

  

<b>To Whom Paid</b> Godaddy.com			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 20.17
<b>Mailing Address</b> 14455 North Hayden Road			12	27	2022	
<b>City</b> Scottsdale	<b>State</b> AZ	<b>Zip Code (Plus 4)</b> 85260	<b>Description of Expenditure</b> Website			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 1,791.92

