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	20311				port		CAN	DII	DATE	✓	СО	MMITTEE		LOBI	BYIST		
Name of Filing C	ommittee, C	andida	ite or Lo	obbyist:		MIC	CHAE	L SCI	ILOSS	BE	RG							•	
Street Address:																			
City:									State:	ł				Zip Code	: 18	104			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDAY PRIMARY	/ PRE-	-	2.	30 DA		Р	OST-	Г- 3.		AMENDMENT REPORT?		Yes	No		\
(place X to the right of	6TH TUESDAY PRE-ELECTIO		4.	2ND FRIDAY ELECTION	/ PRE	RE- 5. 30 DAY PO ELECTION			OST-	6.		TERMINAT REPORT?	ION	Yes	No		/		
report type)	ANNUAL RE	PORT	7. X	Year 2022					IG MET CHECK					PAPER		\	DISKE	TTE	
Name of Office S	ought by Ca	ndidat	e:						DATE	0	F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
									МО		DAY	YEAR	ł	132	STH	DEN	1	•	
REPRESENTATI	VE IN THE G	3ENEK/	AL ASS	EMBLY						11		8 2	022		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		nd	МО	DAY	YEAR	\ 			МО		DAY	YEAF	2	FOR	OFFIC	E USE	ONLY		
Expenditures	from:		j	11 29	2	022	T	0		12		31 2	022						
A. Amount Bro	ught Forward	d From	Last R	eport				\$				C	0.00						
B. Total Moneta	ary Contribut	tions A	nd Rec	eipts (From	Sche	dule	e I)	\$				C	0.00						
C. Total Funds Available (Sum Of Lines A and B)							\$				C	0.00							
D. Total Expenditures (From Schedule III) \$ 0.00																			
E. Ending Cash	Balance (Su	btract	Line D	From Line C	<u>:)</u>			\$				0	.00						
F. Value Of In-	Kind Contrib	utions	Receive	ed (From Sc	hedu	le I	I)	\$				0	.00						
G. Unpaid Debt	s And Obliga	itions ((From S	chedule IV)			\$				C	.00						
					AFF	ΊD	AVI	T SE	CTIO	N									
PART I - If this is		•	•								•								
I swear (or affirm) correct and comple) that this repo ete.	rt, inclu	ıding the	attached sch	edules	s file	ed on	paper	or by el	ectr	onic m	edium, ar	e to t	he best of r	my know	/ledge	and beli	ef , tr	ue.
Sworn to and subs	cribed before i	me this		20								Sign	ature	of Person	Submitti	ing Rep	ort		_
		Signatur						- -						Printe	d Name				_
My Commission Ex		-igilacai	_							•				Email					-
	мо		D/	ΑY	YR						Are	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of	a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		est of m	y knowle	dge and belie	ef this	poli	itical	comm	ittee ha	s no	ot viola	ted any p	rovisi	ions of the a	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		ne this											Si	ignature of	Candida	te			-
	day of —— —			_ 20				_						Printed	Name				-
	Sign	ature						-											_
My Commission Exp	ires													Email					
		10	D/	AY	YR			-			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:	11/29/202	<u>22</u> To:	12/31/2022
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 ar 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 onl with an aggregate value	\$2) in the				
Name of Timing Committee of Canadate			From:			То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	!	I	!		<u> </u>			DAGE 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 Candidate				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 Candida	ame of Filing Committee or Candidate Rep		Reporting	Period				
			From:			То:		
				DA	ΛΤΕ.		Α	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Sc	hedule I, Detail	ed Summary P	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.)

ame of Filing Committee or Candidate			Reporting Period							
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address State Zin Code (Plus 4)								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupation					
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	ode (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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	ting Perio	bd			
			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. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 Per	iod						
MICHAEL SCHLOSSBERG	From:	<u>11/29/2022</u> To:	12/31/2022					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)							
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	g Period				
			From:			То:		
				DATE			AMOUNT	
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 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:		То:	То:		
					•		DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(I	Plus 4)							
Employer of Contributor	-1		•			Occupa	ation				
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Summary Page, Section 3.			ons De	etaile	ed				PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	ame 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)	4) Description of Expenditure							
							PAGE TOTAL			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item						\$	0.00			