### **Campaign Finance Report**

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

| Filer Identification 2024C0035 Report Filed By: CANDIDATE COMMITTEE LOBBYIST |                        |             |           |                        |         |        |          |         |                    |           |           |        |                     |                |          |           |          |          |
|--|------------------------|-------------|-----------|------------------------|---------|--------|----------|---------|--------------------|-----------|-----------|--------|---------------------|----------------|----------|-----------|----------|----------|
| Name of Filing C   | ommittee,              | Candida     | ate or Lo | obbyist:               |         | MIC    | CHAE     | L SCH   | HLOSSBI            | RG        |           |        |                     |                |          |           |          |          |
| Street Address:  |                        |             |           |                        |         |        |          |         |                    |           |           |        |                     |                |          |           |          |          |
| City:  |                        |             |           | ,                      |         |        |          |         | State:             |           |           |        | Zip Code            | : 18           | 104      |           |          |          |
| TYPE OF<br>REPORT  | 6TH TUESD<br>PRE-PRIMA |             | 1.        |                        |         |        |          |         | AY<br>ARY          | POST-     | 3.        |        | AMENDME<br>REPORT?  | NT             | Yes      | No        | •        | <b>/</b> |
| (place X to<br>the right of  | 6TH TUESD<br>PRE-ELECT |             | 4.        | 2ND FRIDAY<br>ELECTION | Y PRE   | Ε-     | 5.       | 30 DA   |                    | POST-     | 6.        |        | TERMINAT<br>REPORT? | ION            | Yes      | No        |          | <b>/</b> |
| report type)   | ANNUAL R               | REPORT      | 7.        | <b>Year</b> 2024       |         |        |          |         | NG METH<br>CHECK O |           |           |        | PAPER               |                | <b>√</b> | DISKE     | TTE      |          |
| Name of Office S   | ought by (             | Candidat    | te:       |                        |         |        |          |         | DATE (             | )F ELE    | CTION     |        | District<br>Number  | Office<br>Code | Par      | ty Code   | Coun     |          |
|  |                        |             |           |                        |         |        |          |         | МО                 | DAY       | YEAR      | 2      | 132                 | STH            | DEN      | 1         | 0022     |          |
| REPRESENTATI   | VE IN THE              | : GENER     | AL ASS    | EMBLY                  |         |        |          |         | 11                 |           | 5 2       | 024    |                     | (SEE INS       | TRUCTI   | ONS FOR C | ODES     | ,        |
| Summary of   |                        | and         | МО        | DAY                    | YEAR    | ł      |          | -       | МО                 | DAY       | YEAR      | 2      | FOR                 | OFFIC          | E USE    | ONLY      |          |          |
| Expenditures   | from:                  |             |           | 3 5                    | 2       | 024    | <b>T</b> | 0       |                    | 1         | 8 2       | 024    |                     |                |          |           |          |          |
| A. Amount Bro  | ught Forwa             | ard From    | า Last R  | eport                  |         |        |          | \$      |                    |           | C         | 0.00   |                     |                |          |           |          |          |
| B. Total Moneta  | ary Contrib            | outions A   | and 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 Expend  | ditures (Fr            | om Sche     | dule II   | (1)                    |         |        |          | \$      |                    |           | 0         | .00    |                     |                |          |           |          |          |
| E. Ending Cash   | Balance (S             | Subtract    | Line D    | From Line (            | 2)      |        |          | \$      |                    |           | 0         | .00    |                     |                |          |           |          |          |
| F. Value Of In-  | Kind Contri            | ibutions    | Receive   | ed (From Sc            | chedu   | le I   | .I)      | \$      |                    |           | 0         | .00    |                     |                |          |           |          |          |
| G. Unpaid Debt   | s And Obli             | gations     | (From S   | chedule IV             | )       |        |          | \$      |                    |           | 0         | .00    |                     | ,              |          |           |          |          |
|  |                        |             |           |                        | AFF     | ·ID    | AVI      | T SE    | CTION              |           |           |        |                     |                |          |           |          |          |
| PART I - If this is  |                        | •           | •         |                        |         |        |          |         |                    |           |           | _      |                     |                |          |           |          |          |
| I swear (or affirm)<br>correct and comple                                    |                        | port, inclu | uding the | : attached sch         | redules | s file | ed on    | paper o | or by elec         | tronic m  | edium, ar | e to t | he best of r        | my know        | /ledge   | and belie | ef , tru | ıe.      |
| Sworn to and subs  | cribed before          | e me this   |           | 20                     |         |        |          |         |                    |           | Sign      | ature  | of Person           | Submitti       | ing Rep  | ort       |          | -        |
|  |                        | Signatur    |           |                        |         |        |          | -<br>-  |                    |           |           |        | Printe              | d Name         |          |           |          | -        |
| My Commission Ex   | pires                  | Signatui    |           |                        |         |        |          |         |                    |           |           |        | Email               |                |          |           |          | -        |
|  | м                      | 10          | D/        | AY                     | YR      |        |          |         |                    | Ar        | ea Code   |        | Daytime             | Telepho        | one Nu   | mber      |          |          |
| Part II- If this is  | a report o             | of a cand   | lidate's  | authorized             | Comr    | nitte  | ee, C    | andida  | ate shall          | sign h    | ere.      |        |                     |                |          |           |          |          |
| I swear (or affirm)<br>No 320) as amende                                     |                        | best of m   | ıy knowle | edge and belie         | ef this | ; poli | itical   | commi   | ittee has ı        | not viola | ted any p | rovis  | ions of the a       | act of Ju      | ne 3,1   | 937 (P.L  | . 1333   | 3,       |
| Sworn to and subsc   |                        | me this     |           |                        |         |        |          |         |                    |           |           | s      | ignature of         | Candida        | te       |           |          | -        |
|  | day of<br>——           |             |           | _ 20                   |         |        |          | _       |                    |           |           |        | Printed             | Name           |          |           |          | -        |
|  | Sig                    | gnature     |           |                        |         | _      |          | -       |                    |           |           |        |                     |                |          |           |          | _        |
| My Commission Exp  | _                      | -           |           |                        |         |        |          |         |                    |           |           |        | Email               |                |          |           |          |          |
|  | _                      | мо          | Di        | 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 | Period  |              |          |
|--|-----------|---------|--------------|----------|
| MICHAEL SCHLOSSBERG  | From:     | 3/5/202 | <u>4</u> To: | 4/8/2024 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |         |              |          |
| TOTAL for the Reporting  | J 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  | J 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

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 |       |                   | eporting |      |      |    |        |
|---------------------------------------|-------|-------------------|----------|------|------|----|--------|
|                                       |       | F                 | rom:     |      | То   | :  |        |
|                                       |       | ·                 |          | DATE |      |    | AMOUNT |
| Full Name of Contributing Committee   |       |                   | МО       | DAY  | YEAR |    |        |
| Mailing Address                       |       |                   |          |      |      | \$ | 0.00   |
| City                                  | State | Zip Code (Plus 4) |          |      |      |    |        |

**PAGE TOTAL**\$ 0.00

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

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.

| (Exclu                   | de contributions fror | n political comm  | itte | es re <sub>l</sub> | oorted | in Part | A)         |            |
|--------------------------|-----------------------|-------------------|------|--------------------|--------|---------|------------|------------|
| Name of Filing Committe  | e or Candidate        |                   | Rep  | orting P           | eriod  |         |            |            |
|                          |                       |                   | Fro  | m:                 |        | To      | <b>o</b> : |            |
|                          |                       | l                 |      |                    | DATE   |         |            | AMOUNT     |
| Full Name of Contributor |                       |                   |      | мо                 | DAY    | YEAR    |            |            |
| Mailing Address          |                       |                   |      |                    |        |         | \$         | 0.0        |
| City                     | State                 | Zip Code (Plus 4) | )    |                    |        |         |            |            |
|                          | •                     | •                 | •    |                    | •      | •       |            | PAGE TOTAL |

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

#### **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.

| lame of Filing Committee or Candidate |                      |          | Reporting   | Period |     |      |               |          |      |  |
|---------------------------------------|----------------------|----------|-------------|--------|-----|------|---------------|----------|------|--|
|                                       |                      |          | From:       |        |     | То:  |               |          |      |  |
|                                       |                      |          |             | DA     | TE  |      | A             | MOUNT    |      |  |
| Full Name of Contributing Committee   |                      |          |             | мо     | DAY | YEAR |               |          | 0.00 |  |
| Mailing Address                       |                      |          |             |        |     |      | <b>-</b>   \$ |          | 0.00 |  |
| City                                  | State                | Zip Cod  | e (Plus 4)  |        |     |      |               |          |      |  |
|                                       |                      |          |             |        |     |      |               | PAGE TOT | AL   |  |
| Enter Grand Total of Part C on School | dule I, Detailed Sun | nmary 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 Candidate |                         |                            |   | Reporting Period                             |  |   |  |  |
|---------------------------------------|-------------------------|----------------------------|---|--|--|---|--|--|
| Fro                                   |                         |                            |   |  | rom: To:                                   |   |  |  |
|                                       |                         |                            |   | D  | ATE  |   |  | AMOUNT   |
|                                       |                         |                            |   | мо   | DAY  | YEAR  | \$   | 0.00   |
|                                       |                         |                            |   |  |  |   |  |  |
| State                                 | Zi                      | p Code (Plus               | s 4)  |  |  |   |  |  |
|                                       |                         |                            |   | Occupa                                       | tion                                       |   |  |  |
| ce of Business                        |                         | City                       |   |  | State                                      |   | Zip  | Code (Plus 4)  |
| dule I, Detailed                      | Sumn                    | mary Page,                 | Section                                     | on 3.  |  |   | \$   | PAGE TOTAL 0.00  |
|                                       | State<br>ce of Business | State Zi<br>ce of Business | State Zip Code (Plus<br>ce of Business City | State Zip Code (Plus 4)  ce of Business City | From:  MO  State Zip Code (Plus 4)  Occupa | From:  DATE  MO DAY  State Zip Code (Plus 4)  Occupation  ce of Business City State | State Zip Code (Plus 4)  State Zip Code (Plus 4)  Occupation ce of Business City State  cdule I, Detailed Summary Page, Section 3. | From: To:  DATE  MO DAY YEAR  State Zip Code (Plus 4)  Occupation  ce of Business City State Zip |

## 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   | Name of Filing Committee or Candidate |                  |        | ing Peri | od  |      |    |            |  |
|----------------------------|---------------------------------------|------------------|--------|----------|-----|------|----|------------|--|
|                            |                                       |                  | From:  |          |     | To:  |    |            |  |
|                            |                                       | •                |        | E        | ATE |      |    | AMOUNT     |  |
| Full Name                  |                                       |                  |        | мо       | DAY | YEAR | \$ | 0.00       |  |
| Mailing Address            |                                       |                  |        |          |     |      | 7  |            |  |
| City                       | State                                 | Zip Code (Plu    | ıs 4)  |          |     |      |    |            |  |
| Receipt Description        | <u>'</u>                              |                  |        |          | •   |      |    |            |  |
| Futor Curred Total of Doub | For Cabadula I Batailad               | Summer Base Se   |        | 4        |     |      |    | PAGE TOTAL |  |
| Enter Grand Total of Part  | E on Schedule 1, Detailed             | Summary Page, Se | ection | 4.       |     |      | \$ | 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 Perio | od                  |          |
|--|-----------------|---------------------|----------|
| MICHAEL SCHLOSSBERG  | From:           | 3/5/2024 <b>To:</b> | 4/8/2024 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | 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 Candidate Re |                    |                        |         | Reporting Period |      |             |            |  |
|--|--------------------|------------------------|---------|------------------|------|-------------|------------|--|
|  | From:              |                        |         | То:              |      |             |            |  |
|  |                    |                        |         | DATE             |      |             | AMOUNT     |  |
| Full Name of Contributor                 |                    |                        | МО      | DAY              | YEAR |             |            |  |
| Mailing Address                          |                    |                        |         |                  |      | <b>7</b> \$ | 0.00       |  |
| City                                     | State              | Zip Code (Plus 4)      |         |                  |      |             |            |  |
| Description of Contribution:             | •                  |                        | •       | •                | •    |             |            |  |
|  |                    |                        |         |                  |      |             |            |  |
| Enter Grand Total of Part F on           | Schedule II, In-Ki | nd Contributions Detai | led Sum | mary Pag         | ge,  |             | PAGE TOTAL |  |
| Section 2.                               |                    |                        |         |                  |      | \$          | 0.00       |  |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate  |                |     |                  |        | porting           | Period         |       |      |                 |      |
|--|----------------|-----|------------------|--------|-------------------|----------------|-------|------|-----------------|------|
|  |                |     |                  |        | From:             |                |       | То:  |                 |      |
|  |                |     |                  |        |                   | DATE           |       |      | AMOUN           | т    |
| Full Name of Contributor               |                |     |                  |        | мо                | DAY            | YEAR  |      |                 |      |
| Mailing Address                        |                |     |                  |        |                   |                |       | 1    | \$              | 0.00 |
| City                                   | State          |     | Zip Code(Plus 4) |        |                   |                |       |      |                 |      |
| Employer of Contributor                |                |     |                  |        | Occup             | oation         |       |      |                 |      |
| Employer Mailing Address/Principal Pla | ce of Business | Cit | ty               | Stat   | e Zi <sub>l</sub> | p Code(Plus 4) | Descr | ipti | ion of Contribu | tion |
| Enter Grand Total of Part G on Sch     | edule II, In-K | ind | Contributions D  | etaile | ed                |                |       |      | PAGE T          | OTAL |
| 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) | Descrip | tion of Exp | enditure |    |            |
| Enter Grand Total of Evnenditures on Dago 1. Deport Cover Dago Item (   |                  |                   |         |             |          |    | PAGE TOTAL |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |                  |                   |         |             |          | \$ | 0.00       |