

### Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

<b>Filer Identification Number</b>		<b>Report Filed By (Mark X)</b>	<input checked="" type="checkbox"/>	<b>Candidate</b>	<input type="checkbox"/>	<b>Committee</b>	<input type="checkbox"/>	<b>Lobbyist</b>	<input type="checkbox"/>
<b>Name of Filing Committee, Candidate or Lobbyist</b>		Josh Shapiro							
<b>Street Address</b>		1550 Cloverly Lane							
<b>City</b>	Rydal	<b>State</b>	PA	<b>Zip Code</b>	19046				

Type of Report (Place x under report type)

<b>1- 6<sup>th</sup> Tuesday Pre-Primary</b>	<b>2- 2<sup>nd</sup> Friday Pre-Primary</b>	<b>3- 30 Day Post Primary</b>	<b>4- 6<sup>th</sup> Tuesday Pre- Election</b>	<b>5- 2<sup>nd</sup> Friday Pre- Election</b>	<b>6- 30 Day Post Election</b>	<b>7- Annual</b>	<b>Special 2<sup>nd</sup> Friday Pre-Election</b>	<b>Special 30 Day Post-Election</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Date Of Election (MM/DD/YYYY)</b>		11/03/2015	<b>Year</b>	2015	<b>Amendment Report</b>	<input type="checkbox"/>	<b>Termination Report</b>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
<b>A. Amount Brought Forward From Last Report</b>		\$ 0.00	
<b>B. Total Monetary Contributions and Receipts (From Schedule I)</b>		\$ 209.67	
<b>C. Total Funds Available (Sum of Lines A and B)</b>		\$ 209.67	
<b>D. Total Expenditures (From Schedule III)</b>		\$ 209.67	
<b>E. Ending Cash Balance (Subtract Line D from Line C)</b>		\$ 0.00	
<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 on paper, is to the best of my knowledge and belief true, correct and complete. COMMONWEALTH OF PENNSYLVANIA

Sworn to and subscribed before me this 3<sup>rd</sup> day of December 202015.

Signature: [Signature]

Signature of Person Submitting report: [Signature]  
 Printed Name: JOSH SHAPIRO

My Commission expires 3 4 2019  
 MO. DAY YR.

Area Code: (215) Daytime Telephone Number: 886 7376

**NOTARIAL SEAL**  
 ELIZABETH SARSHIK  
 Notary Public  
 CITY OF PHILADELPHIA, PHILADELPHIA  
 My Commission Expires Mar 4, 201

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: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_

My Commission expires \_\_\_\_\_ MO. DAY YR.

Area Code: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

<b>Filer Identification Number</b>	
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<b>1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor</b>		
	Total for the reporting period	(1) \$ 0.00
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</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
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)	\$	0.00
All Other Contributions (Part D)	\$	0.00
	Total for the reporting period	(3) \$ 0.00
<b>4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
	Total for the reporting period	(4) \$ 209.67
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$ 209.67

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

<b>Filer Identification Number:</b>	
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<b>Full Name</b>		Friends of Josh Shapiro								
<b>House #</b>	528	<b>Street Address</b>		Pine Tree Road						
<b>City</b>	Jenkintown	<b>State</b>	PA	<b>Zip Code</b>	19046	<b>Date [MM/DD/YYYY]</b>	10/28/15	\$	209.67	
<b>Receipt Description</b>		Reimbursement - Travel and meals								
<b>Full Name</b>										
<b>House #</b>		<b>Street Address</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>						
<b>Receipt Description</b>										
<b>Full Name</b>										
<b>House #</b>		<b>Street Address</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>						
<b>Receipt Description</b>										
<b>Full Name</b>										
<b>House #</b>		<b>Street Address</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>						
<b>Receipt Description</b>										
<b>Full Name</b>										
<b>House #</b>		<b>Street Address</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>						
<b>Receipt Description</b>										
<b>Full Name</b>										
<b>House #</b>		<b>Street Address</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>						
<b>Receipt Description</b>										

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

Filer Identification Number:	
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<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, Report Cover Page, Item F)		\$ 0.00
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SCHEDULE III  
Statement of Expenditures

Filer Identification Number: \_\_\_\_\_

<b>To Whom Paid</b>		La Prima Espresso			<b>Date [MM/DD/YYYY]</b>	\$	7.28
<b>House #</b>	205	<b>Street Address</b>	21st Street		<b>Description of Expenditure</b>		
<b>City</b>	Pittsburgh	<b>State</b>	PA	<b>Zip Code</b>	15222	Meal	
<b>To Whom Paid</b>		Panera			<b>Date [MM/DD/YYYY]</b>	\$	10.16
<b>House #</b>	48	<b>Street Address</b>	Ridge Pike		<b>Description of Expenditure</b>		
<b>City</b>	Conshohocken	<b>State</b>	PA	<b>Zip Code</b>	19428	Meal	
<b>To Whom Paid</b>		Parkway Corporation			<b>Date [MM/DD/YYYY]</b>	\$	24.00
<b>House #</b>	220-224	<b>Street Address</b>	South Broad St		<b>Description of Expenditure</b>		
<b>City</b>	Philadelphia	<b>State</b>	PA	<b>Zip Code</b>	19102	Parking	
<b>To Whom Paid</b>		Parkway Corporation			<b>Date [MM/DD/YYYY]</b>	\$	26.95
<b>House #</b>	220-224	<b>Street Address</b>	South Broad St		<b>Description of Expenditure</b>		
<b>City</b>	Philadelphia	<b>State</b>	PA	<b>Zip Code</b>	19102	Parking	
<b>To Whom Paid</b>		Philadelphia Parking Authority			<b>Date [MM/DD/YYYY]</b>	\$	5.00
<b>House #</b>	41	<b>Street Address</b>	North 6th St		<b>Description of Expenditure</b>		
<b>City</b>	Philadelphia	<b>State</b>	PA	<b>Zip Code</b>	19106	Parking	
<b>To Whom Paid</b>		Philadelphia Parking Authority			<b>Date [MM/DD/YYYY]</b>	\$	5.00
<b>House #</b>	41	<b>Street Address</b>	North 6th St		<b>Description of Expenditure</b>		
<b>City</b>	Philadelphia	<b>State</b>	PA	<b>Zip Code</b>	19106	Parking	
<b>To Whom Paid</b>		Parkway Corporation			<b>Date [MM/DD/YYYY]</b>	\$	27.00
<b>House #</b>	220-224	<b>Street Address</b>	South Broad St		<b>Description of Expenditure</b>		
<b>City</b>	Philadelphia	<b>State</b>	PA	<b>Zip Code</b>	19102	Parking	
<b>To Whom Paid</b>		Gogo			<b>Date [MM/DD/YYYY]</b>	\$	23.95
<b>House #</b>	111	<b>Street Address</b>	N. Canal St., Suite 1500		<b>Description of Expenditure</b>		
<b>City</b>	Chicago	<b>State</b>	IL	<b>Zip Code</b>	60606	In-flight wifi	

**SCHEDULE III  
Statement of Expenditures**

<b>Filer Identification Number:</b>	
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<b>To Whom Paid</b>		Gogo			<b>Date [MM/DD/YYYY]</b>	\$	23.95
					10/8/15		
<b>House #</b>	111	<b>Street Address</b>	N. Canal St., Suite 1500		<b>Description of Expenditure</b>		
<b>City</b>	Chicago	<b>State</b>	IL	<b>Zip Code</b>	60606	In-flight wifi	
<b>To Whom Paid</b>		Alice Bakery and Confectionary			<b>Date [MM/DD/YYYY]</b>	\$	56.38
					10/24/15		
<b>House #</b>	129	<b>Street Address</b>	S. Main St.		<b>Description of Expenditure</b>		
<b>City</b>	North Wales	<b>State</b>	PA	<b>Zip Code</b>	19454	Meal	
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			