

# Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		JOSH SHAPIRO					
Street Address		1550 CLOVERLY LANE					
City	JENKINTOWN	State	PA	Zip Code	19046		

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post-Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<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"/>
Date of Election (MM/DD/YYYY)		11/3/15	Year	2015	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	11/24/15	12/31/15	
A. Amount Brought Forward From Last Report	\$	0.00	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1622.38	
C. Total Funds Available (Sum of Lines A and B)	\$	1622.38	
D. Total Expenditures (From Schedule III)	\$	1622.38	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	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.

Sworn to and subscribed before me this

I day of <u>February</u> 20 <u>16</u>  Signature	COMMONWEALTH OF PENNSYLVANIA Notarial Seal Dianna DiIullo, Notary Public Norristown 19106, Montgomery County My Commission Expires March 16, 2016 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES (215)	Signature of Person Submitting report <u>JOSH SHAPIRO</u> Printed Name Area Code <u>(215)</u> Daytime Telephone Number <u>836-7326</u>
My Commission expires <u>3</u> <u>16</u> <u>2016</u> MO. DAY YR.		

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	Signature of Candidate Printed Name Area Code _____ Daytime Telephone Number _____
My Commission expires _____ MO. DAY YR.	

SCHEDULE I

**Contributions and Receipts**

Detailed Summary Page

<b>Filer Identification Number</b>	
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**1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor**

Total for the reporting period	(1)	\$	0
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**2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)**

Contributions Received from Political Committees (Part A)	\$	0
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All Other Contributions (Part B)	\$	0
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Total for the reporting period	(2)	\$	0
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**3. Contributions Over \$250.00 (From Part C and Part D)**

Contributions Received from Political Committees (Part C)	\$	0
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All Other Contributions (Part D)	\$	0
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Total for the reporting period	(3)	\$	0
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**4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)**

Total for the reporting period	(4)	\$	1622.38
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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>	\$	1622.38
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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.

<b>Filer Identification Number</b>	
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							Amount
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</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>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</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>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</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>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</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>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</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>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</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>Date [MM/DD/YYYY]</b>	\$

PART B

# All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Name and Address of Contributor					Date (MM/DD/YYYY)	\$
Name					Date (MM/DD/YYYY)	\$
Street Address					Date (MM/DD/YYYY)	\$
City, State, and ZIP Code					Date (MM/DD/YYYY)	\$
Name and Address of Contributor					Date (MM/DD/YYYY)	\$
Name					Date (MM/DD/YYYY)	\$
Street Address					Date (MM/DD/YYYY)	\$
City, State, and ZIP Code					Date (MM/DD/YYYY)	\$
Name and Address of Contributor					Date (MM/DD/YYYY)	\$
Name					Date (MM/DD/YYYY)	\$
Street Address					Date (MM/DD/YYYY)	\$
City, State, and ZIP Code					Date (MM/DD/YYYY)	\$
Name and Address of Contributor					Date (MM/DD/YYYY)	\$
Name					Date (MM/DD/YYYY)	\$
Street Address					Date (MM/DD/YYYY)	\$
City, State, and ZIP Code					Date (MM/DD/YYYY)	\$
Name and Address of Contributor					Date (MM/DD/YYYY)	\$
Name					Date (MM/DD/YYYY)	\$
Street Address					Date (MM/DD/YYYY)	\$
City, State, and ZIP Code					Date (MM/DD/YYYY)	\$
Name and Address of Contributor					Date (MM/DD/YYYY)	\$
Name					Date (MM/DD/YYYY)	\$
Street Address					Date (MM/DD/YYYY)	\$
City, State, and ZIP Code					Date (MM/DD/YYYY)	\$



PART D  
**All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C)

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		Date (MM/DD/YYYY)	\$		
		Date (MM/DD/YYYY)	\$		
		Date (MM/DD/YYYY)	\$		
		Donor			
		Date (MM/DD/YYYY)	\$		
		Date (MM/DD/YYYY)	\$		
		Date (MM/DD/YYYY)	\$		
		Donor			
		Date (MM/DD/YYYY)	\$		
		Date (MM/DD/YYYY)	\$		
		Date (MM/DD/YYYY)	\$		
		Donor			

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.

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528	Friends of Josh Shapiro					
	Pine Tree Road					
	Jenkintown	PA	19046	12/7/15		322.13
	Reimbursement - travel, meals					

528	Friends of Josh Shapiro					
	Pine Tree Road					
	Jenkintown	PA	19046	12/7/15		1290.25
	Reimbursement - hotel, travel					





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

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TOTAL for the reporting period	(1)	\$	0
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TOTAL for the reporting period	(2)	\$	0
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TOTAL for the reporting period	(3)	\$	0
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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
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SCHEDULE III  
Statement of Expenditures

				DATE (MM/DD/YYYY)	AMOUNT
	Commene Square Garage			6/26/15	28.00
One	Commene Square				
Philadelphia	PA	19103		Parking	
	Belleme Hotel			10/30/15	20.00
100	S Broad St.				
Philadelphia	PA	19101		Parking	
	Panera Bread			9/18/15	4.55
101	W Germantown Pike				
Norristown	PA	19401		Meal	
	Subway			9/19/15	7.31
261	Old York Rd #209				
Jenkintown	PA	19046		Meal	
	St. Jude Religious Store			9/25/15	148.17
125	York Road				
Willow Grove	PA	19090		Rosanes	
	Panera			10/13/15	6.55
601	W Germantown Pike				
Norristown	PA	19401		Meal	
	Philadelphia Parking Authority			10/14/15	3.00
	Machine 356038				
Philadelphia	PA			Parking	
	Parkway Corporation			10/27/15	15.00
1801	Arch Street				
Philadelphia	PA	19103		Parking	

SCHEDULE III  
Statement of Expenditures

	Belleme Hotel		10/29/15	27.00
100	S Broad St			
Philadelphia	PA	19101	Parking	
	Panera		10/31/15	18.97
101	W Germantown Pike			
Norristown	PA	19401	Meal	
	Brideside Grille		11/10/15	22.95
539	Wellington Square			
Exton	PA	19341	Meal	
	Seasons 52 Grille		11/13/15	26.15
160	North Gulph Road			
King of Prussia	PA	19406	Meal	
	Panera		11/30/15	4.48
	Cafe 3992			
Jenkintown	PA	19046	Meal	
	Waldorf Astoria		12/11/15	1276.74
301	Park Ave			
New York	NY	10022	Hotel	
	Sunoco		12/19/15	4.37
1495	Valley Forge Road			
Wayne	PA	19087	Meal	
	Panera		12/18/15	4.48
	Cafe 3992			
Jenkintown	PA	19046	Meal	

