Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

	INOTE: Inis report must	, de clear anu le	agible. it ma	ay be typed or printed	IN DIDE OF BIAN	JR IIIR.)
Filer Identification Number:	200149	F	Report Filed By:	CANDIDATE	COMMITT	2. 1038/ST
Josh	nittee, Candidate or Lobbyist:					
Street Address:	BOX 162					
Abina		∞1		State:	Zip Code:	-
TYPE OF REPORT	OTH TUESDAY 1. PRE-PRIMARY 4. OTH TUESDAY 4.	2ND FRIDAY. PRE-PRIMARY 2NO FRIDAY PRE-ECECTION	5.	30 DAY 3. POST PRIMARY 3. SO DAY POST ELECTION	X REPORTS	
(place X to the right of report type)	ANNUAL 7. REPORT.	YEAR	A	EILING METHOD	PAPER	
Name of Office Sough State Rep	nt by Candidate: Presentotive/((ounty	isioner	DATE OF ELECTION MO. DAY SYEAR	Number ATH ISI	Office Party County Code Code C C C C C C C C C C C C C C C C C C C
Summary of Re and Expenditure				MO. DAY YEAR	<u> </u>	OFFICE USE ONLY
	nt Forward From Last Repo	****	\$	Ø		
	Contributions and Receipt			757, 49		
	ailable (Sum of Lines A a	nd B)	\$	757,49		EIVEI
	res (From Schedule III)		\$	757,49	1 17%	8: 40
<u>-</u>	lance (Subtract Line D fro		\$	Ø		ō
	nd Contributions Received			Ø		
G. Unpaid Debts an	nd Obligations (From Sche	adule IV)	\$	Ø		
CASSO THE COMES	SE (Communications)		FIDAVIT SE		carbidate sig	neite/
I swear (or affirm) the correct and complete. Sworn to and subscrited day of the commission expired to the commission expired to the correct the correct to the correct the c	ribed before me his of JUE ASMISTOR My Com Signature Dires 19 MO. DAY	NOTARIAL SEAL ROBIN A BEALL Notary Public IN TWP., MONTEGNI INTERNATION Expires Dr	AL C MERY CO BITY DBC 19, 2012	Signature JOSH Area Code	e of rerson glubm SHAPIM Printed Name	nitting Report
1 swear (or affirm) the (P.L. 1333, No. 320) as	is a report of a Candidat hat to the best of my knowled as amended. Tribed before me this					of the Act of June 3, 1937
day of	f	20		Si	ignature of Candid	date
	Signature		_ } .		Printed Name	
My commission expi	MO. DAY	YR.	. }	Area Code	Davt	ime Telephone Number

Department of State ● Bureau of Commissions, Elections and Legislation 210 North Office Building ● Harrisburg, PA 17120-0029 ● (717) 787-5280

SCHEDULE I

PAGE 2 OF

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page			
Name of Filing Committee or Candidate	Reporting Per	iod	
Josh snapiro	From 5	3/11	To (0/10/11)
Transconding the contract of t		athering and gard the	
L UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LE	SS PER CON	RIBUT	OR
TOTAL for the Reporting Per	riod (1)	\$	\varnothing
2 CONTRIBUTIONS \$50 OLTO \$250.00 (FROM PART A AND PAR	(TB)		
Contributions Received from Political Committees (Part A)		\$	Ø
Ali Other Contributions (Part B)		\$	Ø
TOTAL for the Reporting Per	riod (2)	\$	Ø
3. CONTRIBUTIONS OVER \$250.00 FROM PART C AND PART D)		different von Africa different von Virginia La Virginia von Virginia	
Contributions Received from Political Committees (Part C)		\$	\varnothing
All Other Contributions (Part D)		\$	Ø
TOTAL for the Reporting Per	riod (3)	\$	Ø
A THE PARECEIP IS RETURNED NITERES LEARNED RETURNED.	CHECKS, ET	. GRE	
TOTAL for the Reporting Per	riod (4)	\$	757.49
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 Page 1, Report Cover Page, Item B.)		\$	757,49

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				R	eporting		
Josh Shapino					From _	5/3/11	то 6 6 11
,					DATE		AMOUNT
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				- MO	DAY	YEAR	
							\$
City	State	Zip Code (Pit	us 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address			<u>-</u>	MO.	DAY	YEAR	\$
City	State	Zip Code (Più	ıs 4)	мо	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	
							\$
Mailing Address				MO	DAY	YEAR	\$
City	State	Zip Code (Ptu	ıs 4}	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	•			MO.	DAY	YEAR	
							\$
Mailing Address				MQ.	DAY	YEAR	\$
City	State	Zip Code (Pit	ıs 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				мо	DAY	YEAR	\$
Mailing Address				мо.	DAY	YEAR	\$
City	State	Zip Code (Plu	ıs 4)	Mo.	DAY	YEAR	_
		_					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plu	ıs 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	1			MO.	DAY	YEAR	\$
Mailing Address				мо.	DAY	YEAR	\$
City	State	Zip Code (Plu	ıs 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	1		•	Moses	DAY	SEVER BE	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plu	is 4)	MO.	DAY	YEAR	
		-					\$
Enter Grand Total of Part A on Sche	dule i	, Detailed Su	ımmary	Page,	Sectio	п 2.	PAGE TOTAL \$
						•	

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 Filing Committee or Candidate			R	eporting		
Josh Sh	opin			From _	3311	то 6611
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·			DATE		AMOUNT
			MO.	DAY	YEAR	\$
Mailing Address			мо.	DAY	YEAR	s
City	State	Zip Code (Plus 4)	· Mo.	DAY	YEAR	3
					3.5.2.4.5	\$
Full Name of Contributor			MO:	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	(4)
City	State	Zip Code (Plus 4)			<u> </u>	\$
	State	21p Code (Flus 4)	MO	DAY	YEAR	\$
Full Name of Contributor			- MO:	·DAY	YEAR	
Mailing Address			V2.1000000	Constant		\$
•			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	_мо	DAY	YEAR	
Full Name of Contributor						\$
			MO.	DAY	YEAR	\$
Mailing Address	······································		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	- Mo	DAY	YEAR	Ψ
		<u> </u>			- REAR	\$
Full Name of Contributor		ii ii	-GM	DAY	YEAR	\$
Mailing Address		·	· · · MOU-	6 DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			- MO.	PAYAN	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	мо	DAY	YEAR	···
						\$
Full Name of Contributor			MO	DAY	YEAR	\$
Mailing Address			.∵МО.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	- MO	DAY =	- VEAD	*
						\$
Full Name of Contributor		- · · · · · · · · · · · · · · · · · · ·	MO.	-DAY	* YEAR	\$
Mailing Address			Mo.	DAY	YEAR	•
					The state of the s	\$
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	\$
						PAGE TOTAL
Enter Grand Total of Part B on \$	Schedule I	Detailed Summer	v Page 9	Section	,	\$
	,		, rage, c	-ectivii	۷.	<u> </u>

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 over \$250.00 in the reporting period.

Name of Filing Committee or Candidate		- ·	Report	ting Period	
Josh Showi	1		Fron	<u> 5311</u>	To 6 6 1
			DA		
Full Name of Contributing Committee				Y EYEAR	AMOUNT
					\$
Mailing Address			MO. DA	YEAR	\$
City	State	Zip Code (Plus 4) —	MO. DA	YEAR	\$
Full Name of Contributing Committee			MO. DA	YEAR	\$
Mailing Address			MO. DA	YEAR	\$
City	State	Zip Code (Plus 4)	MO. DA	YEAR	\$
Eut Name of Contribution Committee			le company de la company	(COSTERNOS ARRES	
Full Name of Contributing Committee Mailing Address				YEAR	\$
			MO. DA	YEAR	\$
City	State	Zip Code (Plus 4) —	MO. DA	Y YEAR	\$
Full Name of Contributing Committee			MO. DA	YEAR	
Mailing Address			MO. DA	Y YEAR	\$
-					\$
City	State	Zip Code (Plus 4) —	MO. DA	YEAR	\$
Full Name of Contributing Committee			MO. DA	YEAR	
roll traine of contributing committee				10 Co. 10 Co.	\$
Mailing Address	.,		MO. DA	YEAR	\$
City	State	Zip Code (Plus 4)	MO. DA	Y YEAR	
	1	-			\$
Full Name of Contributing Committee			MO. DA	YEAR	\$
Mailing Address		·	MO. DA	Y YEAR	•
	State	Zip Code (Plus 4)		12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$
City	3(8(8	-	MO. DA	YEAR	\$
Full Name of Contributing Committee			MO. DA	YEAR	\$
Melling Address			MO. DA	YEAR	\$
City	State	Zip Code (Plus 4)	MO. DA	Y	
					\$
Full Name of Contributing Committee			MO.	YEAR	\$
Mailing Address			MO DA	YEAR	\$
City	State	Žip Code (Plus 4)	MO. DA	YEAR	\$
				<u> </u>	DAGE TOTAL
Enter Grand Total of Part C on Sche	dule i.	Detailed Summary	∕ Page, Sec	tion 3.	\$
——————————————————————————————————————		,	-		

PAGE (O OF 12

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 то 6/6/11 From <u>513</u>111 DATE **AMOUNT** Full Name of Contributor MO DAY YEAR \$ Mailing Address DAY YEAR \$ City State Zip Code (Plus 4) MO. DAY YEAR \$ Employer Name Occupation Employer Mailing Address/Principal Place of Business Full Name of Contributor MO. DAY YEAR \$ Mailing Address \$ City Zip Code (Plus 4) MO. DAY YEAR \$ Employer Name Occupation Employer Mailing Address/Principal Place of Business DAY YEAR Full Name of Contributor MO. \$ MO. DAY Mailing Address \$ City State Zip Code (Plus 4) DAY YEAR Occupation Employer Name Employer Mailing Address/Principal Place of Business MO. DAY YEAR Full Name of Contributor \$ Mailing Address YEAR MO. DAY \$ City Zip Code (Plus 4) DAY-YEAR MO. Occupation Employer Name Employer Mailing Address/Principal Place of Business Full Name of Contributor MO. DAY YEAR \$ Mailing Address MO. DAY YEAR \$ City State Zip Code (Plus 4) MO. DAY YEAR \$ Occupation Employer Name Employer Mailing Address/Principal Place of Business

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

PAGE TOTAL

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 P	
Josh Shapi	10	From <u>5</u>	11 to 6/6/11
Friends of Josh Sha	piro		
Mailing Address			
City	State Zip Code (Plu	<u> </u>	
A DING + OO	<u> PA 19001 -</u>	5 31	11 \$ Q10.94
Full Name	PHONE		
Shapiro / Richards			
P.O. BOX 241			
Ahim too	State Zip Code (Plu	5 B	**************************************
Receipt Description reimburse for co		nner, parking	
Full Name	THE WOLL COL	may party	
Mailing Address			
City	State Zip Code (Plu	s 4) MO. DAY	YEAR Amount
city	State Zip Code (Plu		\$
Receipt Description			
Full Name			
Mailing Address			
City	State Zip Code (Plu	s 4) MO DAY	YEAR Amount
Daniel Danielia			\$
Receipt Description			
Full Name			
Mailing Address			
City	State Zip Code (Plu	s 4) MO. DAY	YEAR ∴ Amount
Receipt Description			\$
Full Name			
Mailing Address			
City	State Zip Code (Plu	s 4) MO DAY	MEAR ** Amount \$
Receipt Description	1		
			PAGE TOTAL
Enter Grand Total of Part E on Schee	dule I, Detailed Sur	mmary Page, Section	4. \$ 757,49
OSEB-502 (7-99)			

SCHEDULE II

PAGE 8 OF 12

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 Josh Shorpino	Reporting Per		TO 6/16/11
# UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF TOTAL for the Reporting Perío		1	PER CONTRIBUTOR
2. IN KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$2 TOTAL for the Reporting Perio	rivers in a service of the first of the	(FPAR)	T-EF
3 IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO		\$/\$	Ø
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.)		\$	Ø

PAGE 9 OF 12

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Josh Shapin			то <u>ОООП</u>
Full Name of Contributor		DATE	AMOUNT
		MO. DAY YEAR	\$
Mailing Address		MO. DAY YEAR	\$
	Zip Code (Plus 4)		
City State	Zip Code (Flus 4)	MO. DAY YEAR	\$
Description of Contribution:			
Full Name of Contributor		MO: DAY YEAR	\$
Mailing Address		MO DAY YEAR	\$
City State	Zip Code (Plus 4)	MO DAY YEAR	\$
Description of Contribution:		I I	
Full Name of Contributor		MO: DAY YEAR	\$
Mailing Address		MO. DAY YEAR	\$
City State	Zip Code (Plus 4)	MO. MAY YEAR	\$
Description of Contribution:		<u></u>	.
Full Name of Contributor		MO. DAY YEAR	s
Mailing Address		MO. DAY	\$
City State	Zip Code (Plus 4)	MO. DAY YEAR	\$
Description of Contribution:		1 1	
Full Name of Contributor		MO. DAY YEAR	\$
Mailing Address		MO. DAY YEAR	\$
City State	Zip Code (Plus 4)	MO. DAY YEAR	\$
Description of Contribution:			
Full Name of Contributor		MO. DAY YEAR	7 *
Mailing Address		MO DAY YEAR	\$
City State	Zip Code (Plus 4)	MOWEAR	\$
Description of Contribution:			
Enter Grand Total of Part F on Schedule Summary Page, Section 2.	II, In-Kind Contribut	tions Detailed	PAGE TOTAL \$

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	_	Reporting Period				
JOSA SACOLA	U	From <u>5 3 1 </u>	To <u>\b \b \land</u>			
		DATE	AMOUNT			
Full Name of Contributor	· 100	MO. DAY	\$			
Mailing Address		MO. DAY YEAR	\$			
City	State Zip Code (Plus 4)	MO. DAY YEAR	\$			
Employer of Contributor		Occupation				
Employer Mailing Address/Principal Place of Business		Description of Contribution				
		I was the same to				
Full Name of Contributor		MO. DAY YEAR	\$			
Mailing Address	, , , , , ,	MODAY	\$			
City	State Zip Code (Plus 4)	MO. DAY YEAR	\$			
Employer of Contributor		Occupation				
Employer Mailing Address/Principal Place of Business		Description of Contribution				
Full Name of Contributor		MO. DAY YEAR	\$			
Mailing Address		MO. DAY YEAR	\$			
City	State Zip Code (Plus 4)	MO. DAY YEAR	\$			
Employer of Contributor		Occupation				
Employer Mailing Address/Principal Place of Business		Description of Contribution				
Full Name of Contributor		MO. DAY YEAR	\$			
Mailing Address		MO. TODAY YEAR	\$			
City	State Zip Code (Plus 4)	MO. DAY YEAR	\$			
Employer of Contributor	L _,	Occupation				
Employer Mailing Address/Principal Place of Business		Description of Contribution				
Full Name of Contributor		MO. DAY YEAR	\$			
Mailing Address		MO. DAY YEAR	\$			
City	State Zip Code (Plus 4)	ETMOTER SEDAYER EYEARS	\$			
Employer of Contributor		Occupation				
Employer Mailing Address/Principal Place of Business		Description of Contribution				
		<u> </u>	DACE TOTAL			
Enter Grand Total of Part G on Schedu Summary Page, Section 3.	ile II, In-Kind Contribut	ions Detailed	\$			
DSEB-502 (7-99)						

SCHEDULE III

STATEMENT OF EXPENDITURES

			15	Reporting F	Period	
Name of Filing Committee or Candidate				From S	13111	To 4/4/11
INSH SIDE)			From <u>J</u>	-11,	18
To Whom Paid			MO.		YEAR	Amount
Car - Tel Communicat	1002	<u> </u>	4	38	11	\$ 210,94
Mailing Address			Descript	ion of Expe		
455 DID YOLK ROOD	3 I	Zip Code (Plus 4)	<u> </u>	1111	ine.	
City	State	•		•		
	PA	19046-	t day was a superior	m manusas salahar	North Control of Control	Amount
To Whom Paid	· 6	mage	мо З	DAY	YEAR	\$ a9.00
Liberty Place Parking		<u>vuge</u>		ion of Expe	nditure	# C 1, 00
1650 Morket Street	,	Ü		\sim	KID)O-
City	State	Zip Code (Plus 4)	-	+^-	10 11	<u> </u>
Philadelphia	PA	19102 -	i			V
To Whom Paid			MO.	DAY	YEAR "	Amount
The Farmer's Doughter	·		S	1	11	s 517,55
Mailing Address				tion of Expe		duance
1431 Morris Road	54-14-	Zip Code (Plus 4)	 	amp	गवत	dinner
City	PA	19432-		-)	
Blue Bell	111	LAPLE	2 reserv		YEAR	Amount
To Whom Paid			· MO.	DAT	TEAR	\$
Mailing Address	.	·	Descrip	tion of Expe	enditure	Ψ
Matting Address						
City	State	Zip Code (Plus 4)				
,			İ			
To Whom Paid			MO.	DAY	YEAR	Amount
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			A -4-437	95 1 % () () () () () () ()	haveana	Amount
To Whom Paid			∴ мо.	THE SECURITION	YEAR	\$
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City	State	Zip Code (Plus 4)	1			
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To Whom Paid			MO	DAY	YEAR	Amount
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City	State					
	<u> </u>	l	Mo.	i Harry	YE 48	Amount
To Whom Paid			, mo.		34 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	\$
Mailing Address	-		Descrip	otion of Exp	enditure	
City	State	Zip Code (Plus 4)				
		_				
						PAGE TOTAL
Enter Grand Total of Expenditures on Pa	ge 1,	Report Cover F	Page, I	tem D.		\$ 7 57 , 49

PAGE 12 OF 12

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

ame of Filing Committee or Candidate		1	Repor	ting ا ح	Period	1 - (.1(0))
Jash Shapin			Fro	m <u>S</u>	15/1	1 TO (0/4)
						Montana Palance of Palance
ame of Creditor						Outstanding Balance of Deb
ailing Address	DATE	MO.	D	AY	YEAR	
Y	INCURRED	State	Zip	Code	(Plus 4)	
scription of Debt						
me of Creditor						Outstanding Balance of Deb \$
ailing Address	DATE DEBT	····MO··	7 764 D	AY:	YEAR	
ty	INCURRED	State	Zip	Code	(Plus 4)	
						40.24 mg 2.44 mg 2.44
scription of Debt						
ome of Creditor	···					Outstanding Balance of Del
ailing Address	DATE DEBT	MO.	59 65 E	ΆΥ	YEAR	Land the second of the second
ty	INCURRED	State	Zip	Code	(Plus 4)	
					•	
scription of Debt						
ame of Creditor	<u> </u>					Outstanding Balance of De \$
ailing Address	DATE DEBT	мо.		YAC	YEAR	
	INCURRED	State	Zip	Code	(Plus 4)	
ty					-	Property of the second
escription of Debt						
ame of Creditor		· · · · · ·				Outstanding Balance of De
lailing Address	DATE			DAY	YEAR	19
	DEBT	State	Zip	Code	(Plus 4)	
îty				-	- 	
escription of Debt						
ame of Creditor						Outstanding Balance of De
failing Address	DATE	∌ МО		DAY	EYEAR	
	DEBT	State	717	Code	(Plus 4)	
City		Jiale		-		
Description of Debt						
						PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1,	Report Cover	r Page,	iten	n G.		\$