

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

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

Filer Identification Number: 00149		Report Filed By: CANDIDATE <input checked="" type="checkbox"/> COMMITTEE <input type="checkbox"/> LOBBYIST <input type="checkbox"/>	
Name of Filing Committee, Candidate or Lobbyist: Josh Shapiro			
Street Address: P.O. Box 162			
City: Abington		State: PA	Zip Code: 19001
TYPE OF REPORT (place X to the right of report type)	1. <input type="checkbox"/> 1ST FRIDAY PRE-PRIMARY	2. <input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY	3. <input type="checkbox"/> 30 DAY POST-PRIMARY
	4. <input type="checkbox"/> 1ST FRIDAY PRE-ELECTION	5. <input checked="" type="checkbox"/> 2ND FRIDAY PRE-ELECTION	6. <input type="checkbox"/> 30 DAY POST-ELECTION
	7. <input type="checkbox"/> 30 DAY REPORT	YEAR: _____	
		FILING METHOD: <input checked="" type="checkbox"/> PAPER <input type="checkbox"/> DISKETTE	
Name of Office Sought by Candidate: State Representative / county Commissioner		DATE OF ELECTION MO: 11 DAY: 8 YEAR: 2011	District Number: 0TH Office Code: _____ Party Code: DEM County Code: 46
Summary of Receipts and Expenditures from: MO: 6 DAY: 7 YEAR: 11 To MO: 10 DAY: 24 YEAR: 11		FOR OFFICE USE ONLY	
A. Amount Brought Forward From Last Report	\$ 0	RECEIVED OCT 28 P 3:33	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 483.82		
C. Total Funds Available (Sum of Lines A and B)	\$ 483.82		
D. Total Expenditures (From Schedule III)	\$ 483.82		
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 0		
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0		
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0		

AFFIDAVIT SECTION

~~This is a Candidate report. Candidate sign here.~~

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 26 day of October 2011

Robin A. Beall Signature

Josh Shapiro Signature of Person Submitting Report
215 Area Code 886 7376 Daytime Telephone Number

My commission expires 19 12 DAY YR.
NOTARIAL SEAL 12
ROBIN A BEALL MO.
 Notary Public
 CAMBERG COUNTY

~~This is a Committee, Candidate or Lobbyist report. Candidate 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

My commission expires _____ MO. _____ DAY _____ YR.

 Signature of Candidate

 Printed Name

 Area Code _____ Daytime Telephone Number _____

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate JOSH Shapiro	Reporting Period From 6/7/11 To 10/24/11
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ -0-

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)	\$	-0-
All Other Contributions (Part B)	\$	-0-
TOTAL for the Reporting Period	(2)	\$ -0-

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)	\$	-0-
All Other Contributions (Part D)	\$	-0-
TOTAL for the Reporting Period	(3)	\$ -0-

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
TOTAL for the Reporting Period	(4)	\$ 483.82

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.)	\$ 483.82
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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 <div style="font-size: 1.2em; font-family: cursive;">Josh Shapiro</div>	Reporting Period From <u>6/7/11</u> To <u>10/24/11</u>
--	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$

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

PAGE TOTAL \$ <u>0</u> -

PART B
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 Josh Shapiro	Reporting Period From <u>07/11</u> To <u>10/24/11</u>
--	--

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					

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

PAGE TOTAL
\$ <u>0-</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 <div style="font-size: 1.2em; font-family: cursive;">Josh Shapiro</div>	Reporting Period From <u>6/7/11</u> To <u>10/24/11</u>
--	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					

PAGE TOTAL
\$ - 0 -

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

PART D
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 Josh Shapiro	Reporting Period From <u>6/7/11</u> To <u>10/24/11</u>
--	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

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

PAGE TOTAL
\$ -0-

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 Josh Shapiro	Reporting Period From 6/7/11 To 10/24/11
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Full Name Friends of Josh Shapiro						
Mailing Address P.O. Box 162						
City Abington	State PA	Zip Code (Plus 4) 19001 -	MO. 8	DAY 4	YEAR 11	Amount \$ 88.45
Receipt Description reimburse technology expense						

Full Name Shapiro / Richards						
Mailing Address P.O. Box 241						
City Abington	State PA	Zip Code (Plus 4) 19001 -	MO. 6	DAY 29	YEAR 11	Amount \$ 243.70
Receipt Description reimburse office supplies						

Full Name Shapiro / Richards						
Mailing Address P.O. Box 241						
City Abington	State PA	Zip Code (Plus 4) 19001 -	MO. 7	DAY 15	YEAR 11	Amount \$ 37.58
Receipt Description reimburse campaign meal						

Full Name Shapiro / Richards						
Mailing Address P.O. Box 241						
City Abington	State PA	Zip Code (Plus 4) 19001 -	MO. 9	DAY 6	YEAR 11	Amount \$ 103.00
Receipt Description reimburse travel						

Full Name Shapiro / Richards						
Mailing Address P.O. Box 241						
City Abington	State PA	Zip Code (Plus 4) 19001 -	MO. 10	DAY 18	YEAR 11	Amount \$ 11.00
Receipt Description reimburse travel						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

PAGE TOTAL

\$ 483.82

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

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 Shapiro	Reporting Period From <u>6/7/11</u> To <u>10/24/11</u>
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1. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <u>-0-</u>

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period	(2) \$ <u>-0-</u>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period	(3) \$ <u>-0-</u>

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.)	\$ <u>-0-</u>
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**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Josh Shapiro	Reporting Period From 6/7/11 To 10/24/11
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 0

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate JOSH Shapiro	Reporting Period From <u>01/7/11</u> To <u>10/24/11</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
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	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
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	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
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	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
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	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL
\$ <u>0-</u>

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Josh Shapiro	Reporting Period From 6/7/11 To 10/24/11
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To Whom Paid AT&T Mobility	MO. 8	DAY 1	YEAR 11	Amount \$ 88.45
Mailing Address P.O. BOX 10463				
Description of Expenditure technology expense				
City Carol Stream	State IL	Zip Code (Plus 4) 60197 - 6462		

To Whom Paid Office Max	MO. 6	DAY 8	YEAR 11	Amount \$ 243.79
Mailing Address 300 N. York Road				
Description of Expenditure office supplies				
City Willow Grove	State PA	Zip Code (Plus 4) 19090 -		

To Whom Paid DuJour Market	MO. +	DAY 1	YEAR 11	Amount \$ 37.58
Mailing Address 2001 Market Street				
Description of Expenditure campaign meal				
City Philadelphia	State PA	Zip Code (Plus 4) 19103 -		

To Whom Paid Liberty Place Garage	MO. 3	DAY 1	YEAR 11	Amount \$ 29.00
Mailing Address 49 S 16th Street				
Description of Expenditure travel				
City Philadelphia	State PA	Zip Code (Plus 4) -		

To Whom Paid Parkway Corp Parking Garage	MO. 8	DAY 16	YEAR 11	Amount \$ 20.00
Mailing Address 15th & Chestnut Streets				
Description of Expenditure Travel				
City Philadelphia	State PA	Zip Code (Plus 4) -		

To Whom Paid Commerce Square Garage	MO. 2	DAY 24	YEAR 11	Amount \$ 27.00
Mailing Address 2005 Market Street				
Description of Expenditure Travel				
City Philadelphia	State PA	Zip Code (Plus 4) 19103 -		

To Whom Paid Commerce Square Garage	MO. 6	DAY 1	YEAR 11	Amount \$ 27.00
Mailing Address 2005 Market Street				
Description of Expenditure Travel				
City Philadelphia	State PA	Zip Code (Plus 4) 19103 -		

To Whom Paid Logan Square Garage	MO. 10	DAY 13	YEAR 11	Amount \$ 11.00
Mailing Address 2 Logan Square				
Description of Expenditure Travel				
City Philadelphia	State PA	Zip Code (Plus 4) 19103 -		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	PAGE TOTAL \$ 483.82
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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.

Name of Filing Committee or Candidate Josh Shapiro	Reporting Period From <u>6/7/11</u> To <u>10/24/11</u>
--	---

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			

Description of Debt

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			

Description of Debt

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			

Description of Debt

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			

Description of Debt

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			

Description of Debt

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			

Description of Debt

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL \$ - 0 -
