Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE 1 OF 12 (COVER PAGE)

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

Filer Identification DO149	Report Filed By:	CANDIDATE	COMMITTEE	2. LOBBYIST 3.
Name of Filing Committee, Candidate or Lobbyist:	- 200201		NACTOR DE CONTRACTOR AND AND	mentals of an electrical
JOSA Shapino				
P.O. Box 162		<u> </u>		
city: Abington		State: PA	Zip Code: 1900	-
TYPE OF REPORT		36 DAY 3. POST PRIMARY	AMENDMENT REPORT?	YES NO
ALFOR	5.	30 DAY 6.	TERMINATION	YES NO
(place X to the right of report type)	F	POSITETECTION	PAPER	YES NO DISKETTE
Name of Office Sought by Candidate:	232	DATE OF ELECTION		Control of
State Representative/ county	R	COS SOAVE	Mumber Code	Code Code
•	. Г	11 8 2011	OTH	DEM 46
			(SEE IN	STRUCTIONS FOR CODES)
Summary of Receipts		MOE DAY YEAR		S C
and Expenditures from:	To L	10 24 11		\ \
A. Amount Brought Forward From Last Report	\$	Ø		Z8 P
B. Total Monetary Contributions and Receipts (From Sche	edule 1) \$ 4(93.92		U A
C. Total Funds Available (Sum of Lines A and B)		₹3.8 <i>a</i>	1 1 1 1	س س
D. Total Expenditures (From Schedule III)		33.82	<u> </u>	W W
E. Ending Cash Balance (Subtract Line D from Line C)	\$	Ø	_	
F. Value of In-Kind Contributions Received (From Schede	ule II) \$	Ø	7	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	Ø	V	
	AFFIDAVIT SECT		the state of the s	The second secon
Lawrence of the thirty work including the strength of the				
I swear (or affirm) that this report, including the attached schedu correct and complete.	iles, on paper or or	amputer diskette, are to	o the best of my know	viedge and belief true,
Sworn to and subscribed before me this		MASS	2	
26 day of October 20	<u> </u>	Signetting	erson Submitting	- Papart
Tond Bell	_ \ _ :	JOSH SHA	RIO	мероті —
Signatura Signatura		115	Printed Name	727/
My commissioNOTARIAL SEAL /2 19 12 ROBIN A BEALLMO. DAY YR.	– J –	Area Code	Daytime To	elephone Number
Notes Couling	The same page 15			
Allower may to the best of my knowledge and belief		candidate shall signal		2 1977
(P.L. 1333, No. 320) as amended.	this political com	THE HES HOL VIOLET	any provisions of the	ACT OF JUNE 3, 1337
Sworn to and subscribed before me this	•			
day of 20	_	Sir	gnature of Candidate	
	}			
Signature My commission expires			Printed Name	
MO. DAY YR.	- , –	Area Code	Daytime To	elephone 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 Period
Josh Shapin	From (0/7/1)

From (0|7|11 To 10|24|11

EUNITEMIZED ECONTRIBUTIONS AND RECEIPES #= \$50.00 OR LESS PE	R CONT	RIBU	TOR	
TOTAL for the Reporting Period	(1)	\$	-0-	

Contributions Received from Political Committees (Part A)	- 1	\$ \ \tau -
All Other Contributions (Part B)		\$ -0 -
TOTAL for the Reporting Period	(2)	\$ - \(\) -

CELEGRAPHICATERS SOVERS SERVICE GROWN PART COMPART OF	
Contributions Received from Political Committees (Part C)	\$ -0 -
All Other Contributions (Part D)	\$ - 0 -
TOTAL for the Reporting Period (3	\$ - 0 -

CHEVERTIBLE AND DESCRIPTION OF STANKING REPORTED TO SECURIOR OF STANKING PROPERTY OF STANKING	KS; ET(:	ROM 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	\$ 483.82
Cover Page, Item B.)	. 00. 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

Name of Filing Committee or Candidate	_		F	Reporting		
Josh Shapir	O .			From _	617/1	1 10 10 10 10 11
Full Name of Contributing Committee				DATE		AMOUNT
			MO.	DAY	YEAR	\$
Mailing Address			MÓ.	DAY	YEAR	
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$
					TEAN	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	.
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)				\$
	3.3.3		MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address			MO.	DAY	10747	\$
			14.0.	DAT	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	*
Full Name of Contributing Committee			MO.	DAY	· VEAR	\$
			IMO.	DAI	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Full Name of Contributing Committee	÷		**************************************	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)	***		145.5	\$
			MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
O.S.,						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			- MO.	DAY	YEAR	
Mailing Address						\$
•			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	•
Full Name of Contributing Committee		-	5-70- 10-0 07-0-3	DAY	VERN	\$
				JA	TEAN	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
Enter Grand Total of Part A on Sch	nedule !	Detailed Summer	v Page	Section	, ,	PAGE TOTAL
Orang rotal of rait A off our	i,	Detailed Suttilling	у гаув,	Section	· Z.	s -() -
SEB-502 (7-99)						

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.)

Josh Shapino				From U	51+(11	то <u>10(24) г.</u>
				DATE		AMOUNT
ull Name of Contributor			MO.	DAY	YEAR	\$
ailing Address			MO.	DAY	YEAR	
						\$
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
ull Name of Contributor			· Mo.	DAY	YEAR	
						\$
lailing Address			MO.	DAY	YEAR	\$
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	•
		_			· ·	\$
uli Name of Contributor			MO.	DAY	YEAR	\$
ailing Address			MO.	DAY	YEAR	
			MO.	LAI	TEAR	\$
íty	State	Zip Code (Plus 4)	мо.	DAY	YEAR	•
		_		- Vale Calvar		\$
ull Name of Contributor			MO.	DAY	YEAR	\$
ailing Address			MO.	DAY	YEAR	•
ity	State	Zip Code (Plus 4)				\$
ncy	State	Tip Code (Fids 4)	MO.	DAY	YEAR	\$
III Name of Contributor			MO.	DAY	YEAR	
						\$
ailing Address			NO.	DAY	YEAR	\$
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
ili Name of Contributor			MO.	DAY	YEAR	\$
ailing Address			MO.	DAY	YEAR	
						\$
lty	State	Zip Code (Plus 4)	MO	DAY	YEAR	*
		_	La cintagra total	and the second	YEAR	\$
II Name of Contributor			- MO:	DAT	TEAR	\$
ailing Address		- · · · · · · · · · · · · · · · · · · ·	E MOST OF	DAY	YEAR	\$
ty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
•		-	100.	VAI	JEMN	\$
III Name of Contributor	<u>-</u>		100	DAY	YEAR	*
allina Address			Aller Integrals and the second			\$
ailing Address			MO.	DAY	YEAR	\$
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_				\$
						PAGE TOTAL
nter Grand Total of Part B on Sche	dula 1	Detailed Summer	v Dogo	Santia	n 2	s -()-

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

Name of Filing Committee or Candidate				Reporting		
Josh Shapiro				From _	<u>11 F W</u>	11) PE 101 ot
				DATE		AMOUNT
Full Name of Contributing Committee			- MO.	DAY	YEAR	\$
Mailing Address			MQ.	DAY	YEAR	•
						\$
City	State	Zip Code (Plus 4)	-мо.	DAY	YEAR	\$
Full Name of Contributing Committee	<u> </u>	<u> </u>	ELEMION	DAY	YEAR	
			14,04		IEAN	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-			,	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
					·	3
Full Name of Contributing Committee			2 MO.	DAY	YEAR	\$
Mailing Address	<u> </u>		MO.	DAY	YEAR	•
City	State	Zip Code (Plus 4)	0			\$
city	State		MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	¢
Mailing Address				To the desired		\$
imaning Address			- MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	
		-				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	· MG:	DAY	YEAR	\$
Full Name of Contributing Committee			DAMPERO DE	DAY	YEAR	
					1,2,7417	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	
		-				\$
Full Name of Contributing Committee			W O.	DAY	YEAR	\$
Mailing Address		<u> </u>	MO	DAY	YEAR	
		*** VI- 0-4 II-				\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
	[PAGE TOTAL
Enter Grand Total of Part C on Schee	dule 1	Detailed Summon	v Pana	Santin	, ,	\$ -0-
Enter Grand Total Of Fart C On Sched	uult i,	Detailed Guillillary	, raye,	, Jection	, J.	¥
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ALL OTHER CONTRIBUTIONS

PAGE 6 OF 12

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			ſ	Reporting	Period	
Josh Snapino						To (0/24/11
Jojii 5 p						
Full Name of Contributor			MO	DATE	YEAR	AMOUNT
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		PAV	1	4
		-	MO.	DAY	YEAR	\$
Employer Name	ــــــــــــــــــــــــــــــــــــــ		Occupati	ion	<u> </u>	
Employer Mailing Address/Principal Place of Business	,			***		
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address					VEAD!	
morning reaction			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		ı -		- Service		\$
Employer Name			Occupati	ion		
Employer Mailing Address/Principal Place of Business		277				
Full Name of Contributor	-		MO.	DAY	YEAR	
					لييا	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO		- TEAD	
	1		NTO.	DAY	YEAR	\$
Employer Name	т		Occupation	ion	<u> </u>	
					•	
Employer Mailing Address/Principal Place of Business						*************************************
Full Name of Contributor			MO.	DAY	YEAR	
				<u> </u>		\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	100			
1	3.6.	21p Coue 1: 100	MO.	DAY	YEAR.	\$
Employer Name	<u>—</u>		Occupation	ion i	<u> </u>	
				2		
Employer Mailing Address/Principal Place of Business			<u> </u>			
			<u></u>			
Full Name of Contributor			# MC	DAY	YEAR	
<u></u>						\$
Mailing Address	- -	 -	MO.PH	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	∴MO.	DAY	YEAR	
1	3		Control Control	- Va	YEON	\$
Employer Name	——		Occupation	on .		<u> </u>
Employer Mailing Address/Principal Place of Business					-	
Enter Grand Total of Part D on Scheo	ز واباد	Detailed Summer	Page	Santio	- 3	PAGE TOTAL
Eliter Grand rotal or rait to on conc.	Juio i,	Detailed Salinities	∦ raye,	SECTION	/IJ. ₽	4 .

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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 Period	
Josh Snapino		From <u>617 11</u>	то <u>10124111</u>
FILE NO.S DF JOSH ST Mailing Address	origon		
P.D. BOX 162			
ADINGTON	PA 19001 - 8	YEAR AM	88.45
Receipt Description (EIM burse tech	nology expense		
Should / Alchards	•		
Mailing Address P.D. BOX 241			
Abing ton	State Zip Code (Plus 4) MO PA 1900 - 6	DAY YEAR AMO	343.7 9
Receipt Description [CIMBUTSC Office	e supplies		
Shapiro/Richards			
Mailing Address P.O. BOX 241			
Abington	State Zip Code (Plus 4) MO PA 1900 - 7		3 7.58
Receipt Description (e1mburse came	paign meal		
Shopin / Richards			
P.O. 60x 941			
Abington	PA POOL - 9		103.00
Receipt Description FEIM DUISE	trave(
Shouping / fichards			
P.O. BOX 241			
City Abinaton	State Zip Code (Pius 4) MC	DAY YEAR AM	ount 11.00
Receipt Description	mavel		
Full Name			
Mailing Address		· · · · · · · · · · · · · · · · · · ·	
City	State Zip Code (Plus 4) MC	DAY YEAR S	ount
Receipt Description			
		PAC	GE TOTAL
Enter Grand Total of Part E on Sche	dule I, Detailed Summary Pag	ge, Section 4.	493.82

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

DSEB-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 Shouping		Reporting Peri		то 10/24/11
E ENTERNY PRINTER PERSONALEUTONS	RESERVED VALUE OF	\$50:00 OR	ESS PER	CONTRIBUTOR
	AL for the Reporting Period			0-
Parka kir paren parang regarde en reg	265410E OF \$50.01 TO \$2	50.00 (FRON	A PART F	
	AL for the Reporting Period	1	\$ -	O -
	(ALS)E=0)VER=\$250.00 (FR	OME PARTE G	Landon John Am.	
ATOT	AL for the Reporting Period	od (3)	\$ - () -
TOTAL VALUE OF IN-KIND CONTRIBUTION REPORTING PERIOD (Add and enter amount and 3; also enter on Page 1, Report Cover.	totals from Boxes 1, 2,		s - () –

PAGE 9 OF 12

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Report	ing Period				
Josh Shapiro			Fron	11710	11 PRIOT 01			
Full Name of Contributor			DA MO. DA	Y YEAR	AMOUNT			
Mail:					7 \$			
Mailing Address			MO. DA	Y YEAR	\$			
City	State	Zip Code (Plus 4)	MO. DA	Y YEAR	\$			
Description of Contribution:								
Full Name of Contributor			MO. DA	Y YEAR				
				1.5.3	† \$			
Mailing Address			MO. DA	Y. YEAR	\$			
City	State	Zip Code (Plus 4)	MO. DA	Y YEAR	\$			
Description of Contribution:	L				<u> </u>			
Full Name of Contributor				A. 1 72				
			MO. DA	Y YEAR.	\$			
Mailing Address			MO. DA	Y YEAR	\$			
City	State	Žip Code (Plus 4) —	MO. DA	YEAR	\$			
Description of Contribution:								
Full Name of Contributor			MO: DA	YEAR				
					\$			
Mailing Address			MO. DA	YEAR	\$			
City	State	Zip Code (Plus 4)	MO. DA	YEAR	\$			
Description of Contribution:								
Full Name of Contributor				70.00 (10.00 pp. 10.00 pp. 10.0				
				YEAR	\$			
Mailing Address	MO. DAT	YEAR	\$					
City	State	Zip Code (Plus 4)	MO. DA	YEAR	\$			
Description of Contribution:								
Full Name of Contributor			MO: DAY	YEAR	\$			
Mailing Address			MO. O DAY	YEAR	\$			
City	State	Zip Code (Plus 4)	MO- ADAY	YEAR				
Description of Described		-	<u> </u>		\$			
Description of Contribution:								
Enter Grand Total of Part F on Sched	ule II	. In-Kind Contributi	ions Detaile		PAGE TOTAL			
Summary Page, Section 2.			.v.iv Dotaile	•	\$ _ () -			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			ı	Reporting	Period			
Josh Shapino				From _	(0/7/1	1 1/46/01 or 1		
				DATE		AMOUNT		
Full Name of Contributor			MO.	DAY	YEAR			
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	/ MO.	DAY	YEAR	\$		
Employer of Contributor	Occupati	on						
Employer Mailing Address/Principal Place of Business				Description of Contribution				
Full Name of Contributor			MO.	- DAY	YEAR			
Mailing Address		<u> </u>			ļ. <u></u>	\$		
			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer of Contributor			Occupati	on				
Employer Mailing Address/Principal Place of Business			Descripti	on of Con	tribution			
Full Name of Contributor			Mo.	DAY	YEAR	\$		
Mailing Address				DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MC.	DAY	YEAR	\$		
Employer of Contributor			Occupation	on	<u></u>			
Employer Mailing Address/Principal Place of Business			Descripti	on of Con	tribution			
Full Name of Contributor			MD.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer of Contributor			Occupation	on		<u> </u>		
Employer Mailing Address/Principal Place of Business			Description of Contribution					
Full Name of Contributor			***MOt***	DAV	YEAR			
Mailing Address						\$		
·			MO.		YEAR	\$		
City	State	Zip Code (Plus 4) —	MO	DAY	YEAR	\$		
Employer of Contributor			Occupation	on				
Employer Mailing Address/Principal Place of Business			Description	on of Con	tribution			
			_			PAGE TOTAL		
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ACED E02 (7-00)								

Company of the compan

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate					
				Reporting Period	
Josh shaping				From (0 + 1	1 to 10/24/11
To Whom Paid	***		MO.	DAY YEAR	Amount_
AT&T Mobility			8	()	Amount \$ 88.45
Mailing Address			Descrip	tion of Expanditure	3 3 . 3
P.D. BOX 6463			1 +	echology	expense
City Casal Strains	State	Zip Code (Plus 4)	1		
Carol Stream	TC	6462 - 6462	<u> </u>	-	
To Whom Paid			MO.	DAY YEAR	Amount
OFFICE Max Mailing Address		·	6	<u>8 11 </u>	\$ 043.79
Show of york Road			Descrip	of Expenditure	colies
City SUD 10. YOU'S FIGURE	State	Zip Code (Plus 4)	 	OFFICE SOL	A1162
WILLOW GROVE		19090-]		
To Whom Paid	()	11010	MO.	DAY YEAR	Amount
DUJOUR MOTKET				UAT TEAR	\$ 37.58
Mailing Address			Descrip	tion of Expanditure	37.00
ADDI MOTHET STREET				(ampaigr	meal.
City	State	Zip Code (Plus 4)		 	
Philadelphia	PA	19103 -			
To Whom Paid			MO.	DAY YEAR	Amount
Liberty Place Gorage Mailing Address			3	1 (1	\$ ∂9.00
Mailing Address			Descript	tion of Expenditure	
49 S 16th Street	Contra	Zip Code (Plus 4)		trwel	
Philadelphia	State	Zip Code (Plus 4)			•
To Whom Paid	TT		-277		
DOCKING COCO DOCKING	6	rag	мо. 8		
Parkway Corp Parking Mailing Address		orage		tion of Expenditure	\$ 30,00
Mailing Address 15th of Chestnut Streets City				Travel	
City	State	Zip Code (Plus 4)	1	110001	
Philadelphia	PA	-	l		
To Whom Paid		, ,	· MO.	DAY	Amount
Commerce Square 6 Mailing Address	$\alpha \alpha$	X	а	34 11	\$ 27.00
Mailing Address	()	Descript	tion of Expenditure	
acos Matet Street	Camaa	Zip Code (Plus 4)		Trove	
Dio I Lado Lob IA	State			•	
	27	19103-			
To Whom Paid COMMENCE SOLVED		$\sim a$	MO.	DAY YEAR	* 27.00
Commerce Square G	<u>ત્ર પ્ર</u>		Descript	ion of Expenditure,	\$ \(\frac{1}{2}\)(\)
2005 Market Street				Travel	
	State	Zip Code (Plus 4)		11000	
philadelphia	PA	19103-	ĺ		
To Whom Paid			. MO.	DAY YEAR	Amount
Logon Square Gorage			10	13 11	\$ 11.00
Mailing Address			Descript	ion of Expenditure	
a Logan Squre		7:- 0-1- 20: 0	<u> </u>	Trover	
Philadelphia	State	Zip Code (Plus 4)	1		
THROUGHTON	PA	19103 -	<u> </u>		
				·	PAGE TOTAL
Enter Grand Total of Expenditures on Pag	je 1, i	Report Cover Pa	age, It	em D.	\$ 483. BA

Reporting Period

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.

Josh Shapiro			From <u>U</u>	51>111	TO 10/24/11
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt	,	LL			
Name of Creditor	Outstanding Balance of Debt				
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt		<u> i</u>			Annabara da A
Name of Creditor		Outstanding Balance of Debt			
	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor			•		Outstanding Balance of Debt
Mailing Address	DATE	MO.	DAY	YEAR	\$
City	DEBT INCURRED	State	Zip Code		
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	- Mo.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt	· · · · · · · · · · · · · · · · · · ·	<u> </u>			Jeans Dame in Commission Commission (Commission Commission Commiss
			****		PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Rep	ort Cover F	age, I	tem G.		\$ -0-

Name of Filing Committee or Candidate