### Commonwealth of Pennsylvania

## CAMPAIGN FINANCE REPORT

PAGE 1 OF 12

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

Filer Identification Number:	Report Filed By:	- Ca	INDIDATE X	COMM	ANIES 2	2.	3. EV/S97
Name of Filing Committee, Candidate or Lobbyist:	rnou -,	Pharma:		The same of the sa	CHO WELL	THE PARTY OF THE P	
Street Address:	, <del></del>					N	
P.O. BOX 1(a)		Crate					
Abington		State:	PA	Zip Cod	~ ~ .	-	
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the right of	ION.		LECTION	AEPORT			TNO TO
report type)  REPORT  Name of Office Sought by Candidate:		<b>回题ECHE</b>	Federen F	PAPE			
State Representative/ (DUNK)		MO D	OF ELECTION		Office Code	Party Code DEM	County Code
· Comr	M(\$5100	W 11 8	8 11		<u> </u>		FOR CODES
Summary of Receipts and Expenditures from:	EAR		SAY YEAR		OR CORFIC	GEWSEYO	<b>/WY6/III</b>
A. Amount Brought Forward From Last Report	\$			1	÷		
B. Total Monetary Contributions and Receipts (From Schee			14		•	<u></u>	
C. Total Funds Available (Sum of Lines A and B)	\$	1911.	14	1			
D. Total Expenditures (From Schedule III)	\$	1911.	14 1	1		-Q	···
E. Ending Cash Balance (Subtract Line D from Line C)	\$	D		1	$\mu \in \mathcal{E}$	5-3 277	ZTN.
F. Value of In-Kind Contributions Received (From Schedu	lule II) \$	D		<b>l</b> ,		• •	وست
G. Unpaid Debts and Obligations (From Schedule IV)	\$	D		V			<u></u>
	AFFIDAVIT :	SECTION					
PART 17 If this is Committee report, reasoner sign in  I swear (or affirm) that this report, including the attached schedul							
	VOTARIAL SE	SEA <b>L</b>	Jiskatte, are to to	ie best or	my knowie	dge and be	ilief true,
Sworn to and subscribed before me this MARK J. I	. KOENIG, No www.24onigor	Notary Public	2	-			
My Commes	egion Expires	s May 22, 2018	Signature of	Serson Su	ubmitting Re	eport	
Signature	<b> }</b>	٠ ر	MC HS	APILO Printed Name	<u>&gt;</u>		
My commission expires MO. DAY YR.	<u> </u>	ZI Ares	Code	886	67376	6 ephone Numb	*
	- Profes				/time	onone	)er
I swear (or affirm) that to the best of my knowledge and belief the P1 1333 No. 320) as appropriate the state of the state					of the A	of line	1927
(P.L. 1333, No. 320) as amended.  Sworn to and subscribed before me this	W		HOC TV	proside	\$ 01 0.0 .	3T 01 uun	3, 150,
day of	٦						
	[	<u>,</u>	Signat	ture of Cano	didate	<del></del>	
Signature	<b>—</b> [		P	Printed Name	ne		<del></del>
My commission expires MO. DAY YR.	– J	Area (	Code		wtime Telen	Alumni	<del></del>

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

#### SCHEDULE 1

PAGE 2 OF 12

## CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page							
Name of Filing Committee or Candidate  JOSH SHAPINO	Reporting Pe	riod 29/21	0 1 <sub>to</sub>   2 3  20				
INTERVISED CONTRIBUTIONS VANDERECEIPES \$50.000 OF THE ESS	EPEREGON	[07][=]6]g	OR .				
TOTAL for the Reporting Period	d (1)	\$	Ø				
2 CONTINUES ON SECTION SECTION SECTION PARTY AND PARTY	<b>B</b>	Signatur ari					
Contributions Received from Political Committees (Part A)	A CONTRACTOR OF THE CONTRACTOR	\$	Ø				
All Other Contributions (Part B)		\$	0				
TOTAL for the Reporting Period	d (2)	\$	Ó				
SECONTRIBUTIONS OVER \$25000 (CROME ARE CAND PARED)							
Contributions Received from Political Committees (Part C)		\$	Ø				
All Other Contributions (Part D)		\$	Ø				
TOTAL for the Reporting Period	(3)	\$	Ø				
A HOLLIER REGERIS SINCEPENDS INTEREST EARNED REQUINED OF	ECKS FIRE	ERO!					
TOTAL for the Reporting Period	i (4)	\$					
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.)		\$	Ø				

#### 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			T I	Reporting	Period	
Josh Shapiro				From _	1/29/	2011 to 12/31/2011
Full Name of Contributing Committee				DATE		AMOUNT
<u> </u>			- MOLLE	- ZOAYS	YEAR	\$
Mailing Address			MO/	DAY	YEAR	
City	State	Zíp Code (Plus 4)	MO.	DAY	YEAR	
Full Name of Contributing Committee	-		MO	DAY	WYFAR	\$
Mailing Address						\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) 	МО	DAY	YEAR	\$
Full Name of Contributing Committee			MO	DAY	YEAR	<del></del> .
Mailing Address	<del>,</del>		то може	DAY	YEAR	<u> </u>
City	I State I	7:- 6-4-101-1				<b>]\$</b>
	State	Zip Code (Plus 4)	MO	PAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			МО	DAY	YEAR	
City	State	Zip Code (Plus 4)	‴-Mo. ≪	DAY	YEAR	
ull Name of Contributing Committee			MO	P DAY	VEAG	\$
Mailing Address						\$
			™O.	DAY	ZYEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
ull Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address			MO.	, and a grown and the	YEAR	\$
ity			53141104-202		EUEAR	\$
	State	Zip Code (Plus 4) —	MO:	DAY	YEAR	\$
ull Name of Contributing Committee			MO:	DAY	YEAR	\$
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ity	State	Zip Code (Plus 4)	the state of the state of	DAY	**************************************	\$
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ull Name of Contributing Committee				DAY	YEAR	\$
ailing Address			== MOXE	DAY	YEAR	\$
ity	State	Zip Code (Plus 4)	S NO:	DAY	YEAR	
						\$
nter Grand Total of Part A on S	ichedule I,	Detailed Summar	y Page,	Section	1 2.	\$
EB-502 (7-99)					Į	<u> </u>

# 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			Re	eporting Period	d
Josh Shapiro			1	From 11 2°	9/2011 To 12/31/2011
				DATE	AMOUNT
Full Name of Contributor			- MOGE	DAY	
Meiling Address			MO	DAY	
	— <del></del>			AND AND SECURITY OF THE PARTY O	\$
City	State	Zip Code (Plus 4)	MO	DAY	<b>F</b> SS
Full Name of Contributor		_			\$
			E-MO:	DAY	\$
Mailing Address			MO.	DAY	Rais
City					\$
City	State	Zip Code (Plus 4)	МО	DAY	
Full Name of Contributor					\$
			MOTO	IENDAY-IIII ENYEAR	\$
Mailing Address			MO.	DAY	NOTE -
			The state of the s	SUA Limited Street Co.	\$
City	State	Zip Code (Plus 4)	MO.4	DAY	
For Name of Brownian	السلس				\$
Full Name of Contributor			MO.	DAY	\$
Mailing Address			ж <b>м</b> о.	DAY	
<u> </u>					\$
City	State	Zip Code (Plus 4)	MO	DAY	
Full Name of Contributor					\$
Anii Name of Contributor			MO:	DAY	<b>\$</b>
Mailing Address	<del></del>		MOSS	DAY	200 m
					\$
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нту	State	Zip Code (Plus 4)	MO	DAY	
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CER-EAR /7 00)					<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		···········		Reporting	Pasied	
Josh Shapiro				From	129	2011 to 12/3/12011
			<u>-</u>	DATE		AMOUNT
Full Name of Contributing Committee			MO.	A PAIDAY	YEAR	lina
Mailing Address						7 \$
• • • • • • • • • • • • • • • • • • • •			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)				<b>1 3</b>
İ	3.50	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
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on botting committee			115.2 <b>MQ</b> .541	DAY	YEAR	\$
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					- EMO	<b>7</b> \$
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		_				\$
Full Name of Contributing Committee			I MO.	<sup>4</sup> ≝DAY	YEAR	æ
Mailing Address						<b>1</b> \$
mailing Audiess			MO.	DAY	YEAR	
City	T Otto					<b>]</b> \$
,	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
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			DESERVE DESER	DAY	YEAR	<b>s</b>
City	State	Zip Code (Plus 4)	2000	DAY	Programme	
		_		The second	MAN CAN	<b>†</b> \$
Full Name of Contributing Committee			2500000	- UDAY	VEAD	
				1,000		<b>  \$</b>
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City						<b>1</b> \$
City	State	Zip Code (Plus 4)	MO.	DAY-	YEAR	
						\$
Full Name of Contributing Committee			MO	DAY	YEAR	
Mailing Address		<del></del>	0 1000 - 100 100 100 100 100 100 100 100			\$
			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Man Control	DAY	W. VEATER	*
				The state of the s		\$
Full Name of Contributing Committee	<u> </u>		MOS	DAY	VEAD	
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Full Name of Contributing Committee			MO:	DAY	YEAR	\$
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			and MO.	DAY	YEAR	\$
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Enter Grand Total of Part C as Calar	J I	D-4-9-1 0	_	_		<i>f</i> X
Enter Grand Total of Part C on Sched	iule I,	Detailed Summary	Page,	Section	3.	\$ /
ER-502 (7-99)						

# 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	a Period	
Josh Shapiro			,	From	11/29	2011 To 12/3/12011
<u> </u>						
Full Name of Contributor			- AND BUT	DATE		AMOUNT
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City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	<b>-1</b> .
F1 \$1	<u> </u>					\$
Employer Name			Occupa	ation		
Employer Mailing Address/Principal Place of Business		·				
Full Name of Contributor			144500000	month of the water	- Anni	<u> </u>
			and MACO	DAY	PATERNO	\$
Mailing Address			· Mo.	DAY	YEAR	
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Employer Name			Occupa	ation		
			_			
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor		<del></del>	<b>МО</b>	DAY	YEAR	_
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1			Occupa	tion		
Employer Mailing Address/Principal Place of Business		***				
Full Name of Contributor			Mo.	DAY	YEAR	<i></i>
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Mailing Address			MO.	DAY	YEAR	<del>                                     </del>
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Employer Mailing Address/Principal Place of Business		<del> </del>				
improver maining consession incoper incoper income			_			
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All Name of Contributor			**************************************	DAY	YEAR	\$
Mailing Address	<del></del>		MO.	OF SECOND	VEGREE	
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Employer Name			Occupat	tion	<u></u>	· · · · · · · · · · · · · · · · · · ·
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DSEB-502 (7-99)

### 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

Name of Filing Committee or Candidate		Reporting Period	عاد مامامه
Jush Shapiro		From	7 11 70 12 31 2011
Full Name			
Friends of Josh Shapin			
P.O. BOX 102			
C lean and 1	Zip Code (Plus 4) MD.		
Receipt Description	700) - 12	19 11	\$ 582.99
reimburse phone exper	186		
Full Name Friends of Josh Shapin	)		
P.O. Box 162			
Abington PA	Zip Code (Plus 4)   MO.   12		Amount
Receipt Description reimburse for travel ex		10 11	\$ 784.18
Full Name			
Friends of Josh Shapiro			
P.O. Box 162	-		
Abington PA 10	Zip Code (Plus 4) MO	DAY	Amount \$ 543.97
Receipt Description reimburse for travel ex		119 111	\$ 595.17
Full Name	perise		
Mailing Address			
City State	Zip Code (Plus 4)	DAY YEAR	Amount
Receipt Description			\$
Full Name			<del></del>
Mailing Address			
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Receipt Description			4
Full Name			
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Enter Grand Total of Part E on Schedule I, De	tailed Summary Page.	Section 4	\$ 1911.14
SEB-502 (7-99)		50000H 4.	<b>→ 1   11  · 1  </b>

#### 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 Shapiro	Reporting Period From 11 29 11	то 12 31 11
E UNITEMIZED IN KIND CONTRIBUTIONS RECEIVED	ZVALUESOESSOODEORUUSSER	i waliosii wanai wa
TOTAL for the R		Ø
22 TN-KIND CONTRIBUTIONS RECEIVED - VALUE OF	\$50.01-110-\$250.00-(FROM PART	
TOTAL for the Re		Ø
samuegne and estimination of the contraction of the	\$250.00 FROM PARI G	
TOTAL for the Re	eporting Period (3) \$	Ø
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING REPORTING PERIOD (Add and enter amount totals from and 3; also enter on Page 1, Report Cover Page, Item F	Boxes 1, 2, \$	Ø

# SCHEDULE II PART F

### IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Josh Shapiro				From _	1/29/1	1 10 12 31 11
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address		<u>.,</u>	SO MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:			<u> </u>	<u> </u>		
Full Name of Contributor			MO.	DAY	≅YEAR≅	
66-11-			1			\$
Mailing Address			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Description of Contribution:					<del></del>	
Full Name of Contributor			MO:	DAY	YEAR	
						\$
Mailing Address			MO:	A COS DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	- MO.	DAY	YEAR	\$
Description of Contribution:	[i			_1	I	
Full Name of Contributor			San Parker	DAY	VEAD	
Melling						\$
Mailing Address			™ MOS	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			· MO·	DAY	YEAR	\$
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Description of Contribution:	_	<u>-</u>		<u> </u>		\$
				·		
Full Name of Contributor			MO	WIDAY	YEAR	\$
Mailing Address			MO	ANDAY:	YEAR	\$
City	State	Zip Code (Plus 4)	Mo	VII DAY	WYEAR	\$
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Enter Grand Total of Part F on Sched Summary Page, Section 2.	ule ii,	, In-Kind Contribut	tions D	etailed		PAGE TOTAL \$
					1	

#### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

DSEB-502 (7-99)

Name of Filing Committee or Candidate			Reporting Period	1 1.
Josh Shapiro			From 11 291	31 To 12 31 11
			DATE	AMOUNT
Full Name of Contributor			S-MOX - DAY- SYEARS	
				\$
Mailing Address			MO DAY YEAR	\$
City	State	Zip Code (Plus 4)	MOS ZDAY YEAR	\$
Employer of Contributor	<u> </u>	A	Occupation	
Employer Mailing Address/Principal Place of Business			Description of Contribution	
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Mailing Address			MO DAY YEAR	\$
City	State	Zip Code (Plus 4)	MO DAY YEAR O	\$
Employer of Contributor	<u></u>	<u> </u>	Occupation	
Employer Mailing Address/Principal Place of Business			Description of Contribution	
Full Name of Contributor			MOVE SEDAY	
				\$
Mailing Address			MO MO STATE	\$
City	State	Zip Code (Plus 4)	MO	\$
Employer of Contributor			Occupation	
Employer Mailing Address/Principal Place of Business			Description of Contribution	
Full Name of Contributor			MOLE DOAY - YEAR	\$
Mailing Address			-MOVE FIDAY	\$
City	State	Zip Code (Plus 4) —	MO. CO DAY OF THE STEAM	\$
Employer of Contributor			Occupation	
Employer Mailing Address/Principal Place of Business			Description of Contribution	10.100
Full Name of Contributor			YEMOTE BEDAYED YY FAREN	\$
Mailing Address			MO Z DAY	\$
City  Employer of Contributor	State	Zip Code (Plus 4)	MO SE ENDAY SYEARS	\$
Employer of Contributor			Occupation	
Employer Mailing Address/Principal Place of Business			Description of Contribution	
Enter Grand Total of Part G on Sched Summary Page, Section 3.	Jule II	I, In-Kind Contribu	itions Detailed	PAGE TOTAL \$

### SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate  USSN SNAPINO				Reporting From <u>11</u>	Period 29 I	11 To 12/31/11
To Whom Paid C + 1 A		1	Mo.	l bas	VEAR	Amount
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Venkintown	PA	zip Code (Plus 4) 19046 -		exper		
The Waldoff Astoria Mailing Address			la.	I DAY	U	\$ 784, (0
301 Park Avenue			1	CIMA		travel
city New York	State	Zip Code (Plus 4)		exp	2ens	es
The Waldorf Astoria						Amount 543.97
Molling Address 301 Park Avenue				ravel		nses
New York	NY	Zip Code (Plus 4) [0022 -			, ,	
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City	State	Zip Code (Plus 4) —				
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City	State	Zip Code (Plus 4)				WARRANG BL.
To Whom Paid			MOS	DAY	YEAR	Amount
Mailing Address			Descript	ion of Expe	anditure	\$
City	State	Zip Code (Plus 4)				
To Whom Paid			e MO∷	DAY	YEAR	
Mailing Address			Descript	ion of Expe	enditure	\$
City	State	Zip Code (Plus 4)				
To Whom Paid		<u>.</u>	MO:	PE DAY	YE KR	Amount
Mailing Address			Descript	ion of Expe	enditure	\$
City	State	Zip Code (Plus 4)			·	
Enter Grand Total of Expenditures on Pag	ge 1, i	Report Cover P	age, Ito	em D.		PAGE TOTAL \$ 1911.14

# 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 Shapino		ľ	Reporting From 1	29	11 To 12 31/11
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE DEBT	MO.	- DAY	YEAR *	<b>  \$</b>
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt		·			The state of the s
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code	(Plus 4)	
Description of Debt		<u>.</u> .			To the tree when the property and the property of the property
Name of Creditor					Outstanding Balance of Debt
Meiling Address	DATE DEBT INCURRED	MO.	DAY	YEAR.	Plant Paging Court in Seption
City	•	State	Zip Code	(Plus 4)	
Description of Debt					The state of the s
Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	. мо.	DAY	YEAR	
City		State	Zip Code (	Plus 4)	on recognized the Constitution of the Constitu
Description of Debt					
Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO: -		YEAR	
City		State	Zip Code ( —	Plus 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED		DAY	YEAR .	
City  Description of Debt		State	Zip Code (	Plus 4}	
Description of Desc	<del>-</del>				
Enter Grand Total of Unpaid Debts on Page 1, Re	port Cover P	age, It	em G.		PAGE TOTAL \$