

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: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE <input checked="" type="checkbox"/>		COMMITTEE <input type="checkbox"/>		LOBBYIST <input type="checkbox"/>	
Name of Filing Committee, Candidate or Lobbyist: <b>Josh Shapiro</b>									
Street Address: <b>P.O. BOX 348</b>									
City: <b>Norristown</b>					State: <b>PA</b>		Zip Code: <b>19404</b>		
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	YES	NO
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5. <input checked="" type="checkbox"/>	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	7.	YEAR		FILING METHOD ( ) CHECK ONE		PAPER	<input checked="" type="checkbox"/>	DISKETTE
Name of Office Sought by Candidate:					DATE OF ELECTION		District Number	Office Code	Party Code
					MO.	DAY	YEAR		
					<b>11</b>	<b>06</b>	<b>2012</b>		
									<b>DEM</b>
									<b>46</b>
(SEE INSTRUCTIONS FOR CODES)									
Summary of Receipts and Expenditures from:			MO.	DAY	YEAR	To	MO.	DAY	YEAR
			<b>5</b>	<b>15</b>	<b>2012</b>		<b>10</b>	<b>22</b>	<b>2012</b>
A. Amount Brought Forward From Last Report				\$	<b>0</b>				
B. Total Monetary Contributions and Receipts (From Schedule I)				\$	<b>3864.19</b>				
C. Total Funds Available (Sum of Lines A and B)				\$	<b>3864.19</b>				
D. Total Expenditures (From Schedule III)				\$	<b>3864.19</b>				
E. Ending Cash Balance (Subtract Line D from Line C)				\$	<b>0</b>				
F. Value of In-Kind Contributions Received (From Schedule II)				\$	<b>0</b>				
G. Unpaid Debts and Obligations (From Schedule IV)				\$	<b>0</b>				

**FOR OFFICE USE ONLY**

RECEIVED  
 2012 OCT 25 P 12:56  
 OFFICE OF  
 SECRETARY OF REVENUE

**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 all schedules, attachments, or computer diskette, are to the best of my knowledge and belief true, correct and complete.

COMMONWEALTH OF PENNSYLVANIA  
 Notarial Seal  
**Dianna DiIorio, Notary Public**  
 Norristown Boro, Montgomery County  
 My Commission Expires March 17, 2016  
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Sworn to and subscribed before me this 25 day of October, 2012

Dianna DiIorio  
 Signature

My commission expires 3 16 2016  
 MO. DAY YR.

[Signature]  
 Signature of Person Submitting Report

**JOSH SHAPIRO**  
 Printed Name

215 886 7376  
 Area Code Daytime Telephone Number

**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

My commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

\_\_\_\_\_  
 Signature of Candidate

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Area Code \_\_\_\_\_ Daytime Telephone Number

SCHEDULE I  
CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Josh Shapiro	Reporting Period From 5/15/12 To 10/22/12
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ 0

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

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

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>	
TOTAL for the Reporting Period (4)	\$ 0

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 0
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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 <b>Josh Shapiro</b>	Reporting Period From <b>5/15/2012</b> To <b>10/22/2012</b>
--	--

Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
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)				\$
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)				\$

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

PAGE TOTAL
\$ <b>0</b>

**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 <u>Josh Shapiro</u>	Reporting Period From <u>5/15/2012</u> To <u>10/22/2012</u>
--	--

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

# 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 <u>Josh Shapiro</u>	Reporting Period From <u>5/15/2012</u> To <u>10/22/2012</u>
--	--

Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
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)				\$

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

PAGE TOTAL
\$ <u>Ø</u>

**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 <u>Josh Shapiro</u>	Reporting Period From <u>5/15/2012</u> To <u>10/22/2012</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

**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 <u>Josh Shapiro</u>	Reporting Period From <u>5/15/2012</u> To <u>10/22/2012</u>
--	--

Full Name <u>Friends of Josh Shapiro</u>						
Mailing Address <u>PO Box 348</u>						
City <u>Norristown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>19404-</u>	MO. <u>6</u>	DAY <u>15</u>	YEAR <u>2012</u>	Amount <u>\$ 350.00</u>
Receipt Description <u>reimburse for airfare</u>						

Full Name <u>Friends of Josh Shapiro</u>						
Mailing Address <u>P.O. Box 348</u>						
City <u>Norristown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>19404-</u>	MO. <u>6</u>	DAY <u>30</u>	YEAR <u>2012</u>	Amount <u>\$ 130.00</u>
Receipt Description <u>reimburse ground transportation and parking</u>						

Full Name <u>Friends of Josh Shapiro</u>						
Mailing Address <u>P.O. Box 348</u>						
City <u>Norristown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>19404</u>	MO. <u>09</u>	DAY <u>10</u>	YEAR <u>2012</u>	Amount <u>\$ 2153.27</u>
Receipt Description <u>reimburse travel expenses</u>						

Full Name <u>Friends of Josh Shapiro</u>						
Mailing Address <u>P.O. Box 348</u>						
City <u>Norristown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>19404 -</u>	MO. <u>09</u>	DAY <u>11</u>	YEAR <u>2012</u>	Amount <u>\$ 396.10</u>
Receipt Description <u>reimburse for airfare</u>						

Full Name <u>Friends of Josh Shapiro</u>						
Mailing Address <u>P.O. Box 348</u>						
City <u>Norristown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>19404 -</u>	MO. <u>09</u>	DAY <u>29</u>	YEAR <u>2012</u>	Amount <u>\$ 834.22</u>
Receipt Description <u>reimburse phone equipment</u>						

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

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

PAGE TOTAL  
\$ 3864.19

# 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 <i>Josh Shapiro</i>	Reporting Period From <i>5/15/2012</i> To <i>10/22/2012</i>
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the Reporting Period	(1)	\$ <i>Ø</i>

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

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

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>		\$ <i>Ø</i>
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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 <u>Josh Shapiro</u>	Reporting Period From <u>5/15/2012</u> To <u>10/22/2012</u>
--	--

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

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

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

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

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

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
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 \$ <u>Ø</u>
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**SCHEDULE II  
PART G  
IN-KIND CONTRIBUTIONS RECEIVED  
VALUE OVER \$250.00**

Name of Filing Committee or Candidate <b>Josh Shapiro</b>	Reporting Period From <b>5/15/2012</b> To <b>10/22/2012</b>
--	--

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
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 \$ <b>0</b>
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STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Josh Shapiro</b>	Reporting Period From <b>5/15/2012</b> To <b>10/22/2012</b>
--	--

To Whom Paid	MO.	DAY	YEAR	Amount
<b>Travelocity</b> Mailing Address: <b>11603 Cross Wind Way, #1257</b> City: <b>San Antonio</b> State: <b>TX</b> Zip Code (Plus 4): <b>78233</b>	<b>6</b>	<b>15</b>	<b>2012</b>	<b>\$ 350.60</b>
Description of Expenditure: <b>airfare for business trip</b>				
<b>Philadelphia Parking Authority</b> Mailing Address: <b>Philadelphia Intl Airport, Main Toll Plaza</b> City: <b>Philadelphia</b> State: <b>PA</b> Zip Code (Plus 4): <b>19153-</b>	<b>6</b>	<b>30</b>	<b>2012</b>	<b>\$ 40.00</b>
Description of Expenditure: <b>parking for out of town business trip</b>				
<b>Chicago Carriage Cab Co.</b> Mailing Address: <b>2017 S. Wabash Avenue</b> City: <b>Chicago</b> State: <b>IL</b> Zip Code (Plus 4): <b>60616-</b>	<b>6</b>	<b>30</b>	<b>2012</b>	<b>\$ 90.00</b>
Description of Expenditure: <b>roundtrip cab fare from airport to hotel</b>				
<b>Mariott South Park Charlotte</b> Mailing Address: <b>2000 Rexford Road</b> City: <b>Charlotte</b> State: <b>PA</b> Zip Code (Plus 4): <b>28211-</b>	<b>09</b>	<b>12</b>	<b>2012</b>	<b>\$ 2153.27</b>
Description of Expenditure: <b>hotel for convention</b>				
<b>Travelocity</b> Mailing Address: <b>11603 Cross Wind Way #1257</b> City: <b>San Antonio</b> State: <b>TX</b> Zip Code (Plus 4): <b>78233</b>	<b>09</b>	<b>11</b>	<b>2012</b>	<b>\$ 396.10</b>
Description of Expenditure: <b>airfare for convention</b>				
<b>Car-Tel Communications</b> Mailing Address: <b>455 Old York Rd.</b> City: <b>Jenkintown</b> State: <b>PA</b> Zip Code (Plus 4): <b>19046</b>	<b>09</b>	<b>29</b>	<b>2012</b>	<b>\$ 793.94</b>
Description of Expenditure: <b>phone</b>				
<b>Apple Store</b> Mailing Address: <b>1160 N. Gulph Road, Suite 1222</b> City: <b>King of Prussia</b> State: <b>PA</b> Zip Code (Plus 4): <b>19406</b>	<b>09</b>	<b>29</b>	<b>2012</b>	<b>\$ 40.28</b>
Description of Expenditure: <b>phone equipment</b>				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
Description of Expenditure				
City				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL  
**\$ 3864.19**

## 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 <u>Josh Shapiro</u>	Reporting Period From <u>5/15/2012</u> To <u>10/22/2012</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
\$ <u>0</u>