

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Josh Shapiro					
Street Address		1550 Cloverly Lane					
City	Rydal	State	PA	Zip Code	19046		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/3/15	Year	2015	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
A. Amount Brought Forward From Last Report		\$ 0	RECEIVED 11/11/15 11:00 AM 11/11/15 11:00 AM 11/11/15 11:00 AM 11/11/15 11:00 AM
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 1,005.91	
C. Total Funds Available (Sum of Lines A and B)		\$ 1,005.91	
D. Total Expenditures (From Schedule III)		\$ 1,005.91	
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	

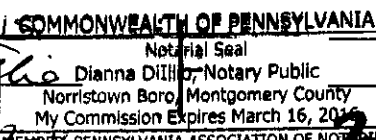
Affidavit Section


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 the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

22 day of October 2015




 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

Signature of Candidate

Printed Name

My Commission expires _____ MO. DAY YR.

Area Code

Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	0
2. Contributions of \$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)	\$	1,005.91
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	1,005.91

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.

Filer Identification Number	
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										Amount
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$		
House #						Street Address		Date [MM/DD/YYYY]		\$
City		State		Zip Code		Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$		
House #						Street Address		Date [MM/DD/YYYY]		\$
City		State		Zip Code		Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$		
House #						Street Address		Date [MM/DD/YYYY]		\$
City		State		Zip Code		Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$		
House #						Street Address		Date [MM/DD/YYYY]		\$
City		State		Zip Code		Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$		
House #						Street Address		Date [MM/DD/YYYY]		\$
City		State		Zip Code		Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$		
House #						Street Address		Date [MM/DD/YYYY]		\$
City		State		Zip Code		Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$		
House #						Street Address		Date [MM/DD/YYYY]		\$
City		State		Zip Code		Date [MM/DD/YYYY]		\$		

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
 (Exclude contributions from political committees reported in Part C)

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$	
City			State	Zip Code			Date [MM/DD/YYYY]	\$
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$	
City			State	Zip Code			Date [MM/DD/YYYY]	\$
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$	
City			State	Zip Code			Date [MM/DD/YYYY]	\$
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$	
City			State	Zip Code			Date [MM/DD/YYYY]	\$
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								

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.

Filer Identification Number:	
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Full Name of Contributing Committee					Date (MM/DD/YYYY)	\$	
House #	Street Address				Date (MM/DD/YYYY)	\$	
City		State		Zip Code	Date (MM/DD/YYYY)	\$	
Full Name of Contributing Committee					Date (MM/DD/YYYY)	\$	
House #	Street Address				Date (MM/DD/YYYY)	\$	
City		State		Zip Code	Date (MM/DD/YYYY)	\$	
Full Name of Contributing Committee					Date (MM/DD/YYYY)	\$	
House #	Street Address				Date (MM/DD/YYYY)	\$	
City		State		Zip Code	Date (MM/DD/YYYY)	\$	
Full Name of Contributing Committee					Date (MM/DD/YYYY)	\$	
House #	Street Address				Date (MM/DD/YYYY)	\$	
City		State		Zip Code	Date (MM/DD/YYYY)	\$	
Full Name of Contributing Committee					Date (MM/DD/YYYY)	\$	
House #	Street Address				Date (MM/DD/YYYY)	\$	
City		State		Zip Code	Date (MM/DD/YYYY)	\$	
Full Name of Contributing Committee					Date (MM/DD/YYYY)	\$	
House #	Street Address				Date (MM/DD/YYYY)	\$	
City		State		Zip Code	Date (MM/DD/YYYY)	\$	
Full Name of Contributing Committee					Date (MM/DD/YYYY)	\$	
House #	Street Address				Date (MM/DD/YYYY)	\$	
City		State		Zip Code	Date (MM/DD/YYYY)	\$	

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	
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Full Name		Friends of Josh Shapiro							
House #	528	Street Address		Pine Tree Road					
City		Jenkintown	State	PA	Zip Code	19046	Date [MM/DD/YYYY]	\$	307.79
						6/28/15			
Receipt Description		Reimbursement - Technology							
Full Name		Friends of Josh Shapiro							
House #	528	Street Address		Pine Tree Road					
City		Jenkintown	State	PA	Zip Code	19046	Date [MM/DD/YYYY]	\$	151.93
						6/28/15			
Receipt Description		Reimbursement - Travel, meals							
Full Name		Friends of Josh Shapiro							
House #	528	Street Address		Pine Tree Road					
City		Jenkintown	State	PA	Zip Code	19046	Date [MM/DD/YYYY]	\$	334.52
						6/29/15			
Receipt Description		Reimbursement - Travel							
Full Name		Friends of Josh Shapiro							
House #	528	Street Address		Pine Tree Road					
City		Jenkintown	State	PA	Zip Code	19046	Date [MM/DD/YYYY]	\$	105.9
						7/13/15			
Receipt Description		Reimbursement - Technology							
Full Name		Friends of Josh Shapiro							
House #	528	Street Address		Pine Tree Road					
City		Jenkintown	State	PA	Zip Code	19046	Date [MM/DD/YYYY]	\$	105.77
						8/24/15			
Receipt Description		Reimbursement - Parking, meals							
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

SCHEDULE II

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

Filer Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 0

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 0

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)		\$ 0
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SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Description of Contribution							

SCHEDULE II
Part G

In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Amazon.com			Date [MM/DD/YYYY]	\$	307.79
					6/23/15		
House #	410	Street Address	Terry Ave. North			Description of Expenditure	
City	Seattle	State	WA	Zip Code	98109	Printer	
To Whom Paid		Omni Hotels & Resorts			Date [MM/DD/YYYY]	\$	145.92
					6/24/15		
House #	530	Street Address	William Penn Place			Description of Expenditure	
City	Pittsburgh	State	PA	Zip Code	15219	Hotel	
To Whom Paid		Omni Hotels & Resorts			Date [MM/DD/YYYY]	\$	10.68
					6/24/15		
House #	530	Street Address	William Penn Place			Description of Expenditure	
City	Pittsburgh	State	PA	Zip Code	15219	Wireless internet	
To Whom Paid		Omni Hotels & Resorts			Date [MM/DD/YYYY]	\$	177.92
					6/24/15		
House #	530	Street Address	William Penn Place			Description of Expenditure	
City	Pittsburgh	State	PA	Zip Code	15219	Hotel	
To Whom Paid		DuJour Market			Date [MM/DD/YYYY]	\$	18.66
					5/29/15		
House #	2001	Street Address	Market Street			Description of Expenditure	
City	Philadelphia	State	PA	Zip Code	19103	Meal	
To Whom Paid		Commerce Square Garage			Date [MM/DD/YYYY]	\$	28
					5/29/15		
House #	2001	Street Address	Market Street			Description of Expenditure	
City	Philadelphia	State	PA	Zip Code	19103	Parking	
To Whom Paid		Philadelphia Parking Authority			Date [MM/DD/YYYY]	\$	6
					6/2/15		
House #	701	Street Address	Market St			Description of Expenditure	
City	Philadelphia	State	PA	Zip Code	19106	Parking	
To Whom Paid		Avfuel			Date [MM/DD/YYYY]	\$	32
					6/7/15		
House #	2535	Street Address	Fox Hill Road			Description of Expenditure	
City	State College	State	PA	Zip Code	16803	Travel	

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number:	
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To Whom Paid		Sunoco			Date [MM/DD/YYYY]	\$	9.45
					6/10/15		
House #		Street Address	Rte. 441 & Industrial Lane		Description of Expenditure		
City	Middletown	State	PA	Zip Code	17057	Meal	
To Whom Paid		Commerce Square Garage			Date [MM/DD/YYYY]	\$	28
					6/11/15		
House #	2001	Street Address	Market Street		Description of Expenditure		
City	Philadelphia	State	PA	Zip Code	19103	Parking	
To Whom Paid		PF Chang's			Date [MM/DD/YYYY]	\$	29.82
					6/18/15		
House #	510	Street Address	Germantown Pike		Description of Expenditure		
City	Plymouth Meeting	State	PA	Zip Code	19462	Meal	
To Whom Paid		Apple Store			Date [MM/DD/YYYY]	\$	105.92
					7/12/15		
House #	2500	Street Address	West Moreland Road		Description of Expenditure		
City	Willow Grove	State	PA	Zip Code	19090	Technology	
To Whom Paid		Philadelphia Parking Authority			Date [MM/DD/YYYY]	\$	5
					7/13/15		
House #	701	Street Address	Market St		Description of Expenditure		
City	Philadelphia	State	PA	Zip Code	19106	Parking	
To Whom Paid		Au Bon Pain			Date [MM/DD/YYYY]	\$	7.12
					7/13/15		
House #	2005	Street Address	Market Street		Description of Expenditure		
City	Philadelphia	State	PA	Zip Code	19102	Meal	
To Whom Paid		Brickside Grille			Date [MM/DD/YYYY]	\$	52.96
					6/29/15		
House #	529	Street Address	Wellington Square		Description of Expenditure		
City	Exton	State	PA	Zip Code	19341	Meal	
To Whom Paid		Commerce Square			Date [MM/DD/YYYY]	\$	28
					6/15/15		
House #	2005	Street Address	Market St.		Description of Expenditure		
City	Philadelphia	State	PA	Zip Code	19102	Parking	

SCHEDULE III
Statement of Expenditures

Riser Identification Number:	
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To Whom Paid		Sunoco			Date [MM/DD/YYYY]		\$		6.69	
					6/30/15					
House #	Street Address			Description of Expenditure						
	Rte. 441 & Industrial Lane									
City	State			Zip Code	Description of Expenditure					
Middletown	PA			17057	Meal					
To Whom Paid		Park Harrisburg			Date [MM/DD/YYYY]		\$		6	
					8/18/15					
House #	Street Address			Description of Expenditure						
123	Walnut St #17									
City	State			Zip Code	Description of Expenditure					
Harrisburg	PA			17101	Parking					
To Whom Paid					Date [MM/DD/YYYY]		\$			
House #	Street Address			Description of Expenditure						
City	State			Zip Code	Description of Expenditure					
To Whom Paid					Date [MM/DD/YYYY]		\$			
House #	Street Address			Description of Expenditure						
City	State			Zip Code	Description of Expenditure					
To Whom Paid					Date [MM/DD/YYYY]		\$			
House #	Street Address			Description of Expenditure						
City	State			Zip Code	Description of Expenditure					
To Whom Paid					Date [MM/DD/YYYY]		\$			
House #	Street Address			Description of Expenditure						
City	State			Zip Code	Description of Expenditure					
To Whom Paid					Date [MM/DD/YYYY]		\$			
House #	Street Address			Description of Expenditure						
City	State			Zip Code	Description of Expenditure					

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.

Filer Identification Number:	
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Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						