Reset Form	Print Form

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification Number	' '	ort Filed By ark X)	Candid	ite X	Committee		Lobbyist	
Name of Filing Committee, Candidate or Lobbyist	Josh	Shapiro		·				
Street Address	1550	Cloverly Lane						
City Rydal	J		State	PA	Zip Code	19046		
Type of Report (Place x under report type)								
1- 6 th Tuesday 2- 2 nd Friday 3- 30 Day Po Pre-Primary Primary Primary			Friday Election	6-30 Day Post Election	7- Annual	Special 2 nd Fr Pre-Election	iday Special 30 Day Post-Election	
				\boxtimes				
Date Of Election (MM/DD/YYYY) 11/03/2015	Yea	•	2015	Amendment Report		Termination Report		
Summary of Receipts and From Date Expenditures		To Date			For	Office Use Only	,	
A. Amount Brought Forward From Last Repo	ort (0.00	· · ·					
B. Total Monetary Contributions and Receip (From Schedule I)	ts :						, , , , , , , , , , , , , , , , , , , ,	
C. Total Funds Available (Sum of Lines A and 8)	\$	\$209.6	57				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
D. Total Expenditures (From Schedule III) E. Ending Cash Balance	\$	\$209.6	57				:	
(Subtract Line D from Line C)	Ş	0.00					?	
F. Value of In-Kind Contributions Received (From Schedule II)	Ş	0.00					1.9	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00					Ç 9	
			dfidavit Se	ction				
Part 1- If this is a Committee report, treasurer sign swear (or affirm) that this report, including the at	here. If t tached si	his is a Candidate hedules on pape	report, c	indidate sign here. best of my knowled	re and belief to	se correct and o	omplete COMMONWEALTH OF PA	. NAC
day of Hungs 20 00 Signature	<u>=</u>	· -		C\ S	Peyson subm	Z- inting report	NOTARIAL SE ELIZABETH SAR Notary Publi CITY OF PHILADELPHIA, HHI My Commission Expiles	EAL RSHII IIC
My Commission expires NO. DAY YI	र्त्री	. 1	-(215) vea Code	Printed Name Day	8673 time Telephone t	16	
Part II- If this is a report of a Candidate's Authorize swear (or affirm) that to the best of my knowledge mended.	d Comm e and be	ittee, candidate s ief this political c	hall sign h ommittee	ere. has not violated any	provisions of t	ne Act of June 3,	1937 (P.L. 1333, NO.320) as	
iworn to and subscribed before me this								
day of20	_	1.	-	Sign	ature of Candid	ate		
Signature		. [Printed Name			
Ay Commission expires		•						

SCHEDULE I Contributions and Receipts

Detailed Summary Page

iler identification Number			
L.Uniternized Contributions and Receipts-\$50.00 or Less pe	r Contributor		
Total for t	he reporting period	(1)	\$ 0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)			\$ 0.00
All Other Contributions (Part B)			\$ 0.00
Total for the	ne reporting period	(2)	\$ 0.00
3. Contributions Over \$250.00 (From Part C and Part D)	<u></u>		
Contributions Received from Political Committees (Part C)	<u></u>		\$ 0.00
All Other Contributions (Part D)			\$ 0.00
Total for th	ne reporting period	(3)	\$ 0.00
4. Other Receipts-Refunds, Interest Earned, Returned Che	cks, ETC. (From Part E)		
Total for t	he reporting period	(4)	\$ 209.67
Total Monetary Contributions and Receipts during this repo			\$

Cover Page, (tem B)

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.

il Name	Friends of Josh S	hapiro			
	Street Address Pin				
528		State	Zip	Date [MM/DD/YYY] \$	
	Jenkintown	PA	Code 19046	10/28/15	209.67
ceipt Descript	ion Reimbursement	- Travel and meals	<u> </u>		
uli Name					
	Street Address				
iouse#	20 eat Wings ess	State	Zip	Date [MM/DD/YYYY] \$	-
Jty		State	Code		
Receipt Descrip	tion				
	Carlos Maria				
	1				
House #	Street Address	l control	Zip	Date [MM/DD/YYYY]	5
City		State	Code		
		1 1			
leceipt Descrip	ition				
	stion				
full Name	Street Address				
Full Name		State	Zip	Date [MM/DD/YYYY]	\$
ull Name		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name House 9 City	Street Address	State		Date [MM/DD/YYYY]	\$
Full Name House # City Receipt Descri	Street Address	State		Date [MM/DD/YYYY]	\$
Receipt Descrip Full Name City Receipt Descrip Full Name House #	Street Address	State		Date [MM/DD/YYYY]	\$
Full Name City Receipt Descript Pull Name House #	Street Address				\$
Full Name House # Receipt Descrip Full Name	Street Address	State	Code		
Full Name House # City Receipt Descrip Full Name House # City	Street Address ption Street Address		Zip		
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Full Name City Receipt Descrip Full Name House # City Receipt Descri	Street Address ption Street Address		Zip		

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED	D-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$	50.01 TO \$250.00 (FROM PART F)
TOTAL for the reporting period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER	\$250.00 (FROM PART G)
TOTAL for the reporting period (3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS PERIOD (Add and enter amount totals from boxes 1, 2, an on Page 1, Report Cover Page, Item F)	REPORTING \$ nd 3; also enter 0.00

Statement of Expenditures

	Statement	
Filer Identification Number:		

						Date [MM/DD/YYY] \$
o Whom Paid La Prima Espresso						6/24/15 7.28
Ouse # 205 Street Address 21st Street					Description of Expenditure	
205		State		Zip Code	15222	Meal
Pittsburgh				COCK	<u></u>	Date [MM/DD/YYYY] \$
Whom Paid	Panera					7/2/15
						Description of Expenditure
48	Street Address	Ridge Pike				
ty		State	PA	Zip	19428	Meal
Conshohocke	en			Loge	<u></u>	Date [MM/DD/YYYY] \$
Whom Paid	Parkway Corporatio	n				8/5/15
						Description of Expenditure
220-224	Street Address	South Broad St	!			
lty Philadelphia		State	PA	Zip Code	19102	Parking
					<u></u>	Date [MM/DD/YYYY] \$
o Whom Paid	Parkway Corporation	on				9/17/15 26.95
220-224	Street Address	South Broad S	it			Description of Expenditure
ity Philadelphia		State	PA	Zip Code	19102	Parking
		<u>نــــنيا بـ</u>			<u></u>	Date [MM/DD/YYYY] \$ 5.00
ro Whom Paid	Philadelphia Parkin	g Authority				9/22/15
touse#	Street Address	North 6th St				Description of Expenditure
41		State		Zip		
Philadelphi	a	Suria	PA	Code	19106	Parking
To Whom Paid			<u> </u>			Date [MM/DD/YYYY] \$ 5.00
	Philadelphia Parki	ng Authority				9/22/15
House # 41	Street Address	North 6th St				Description of Expenditure
City Philadelph	<u></u>	State	PA	Zip Code	19106	Parking
			<u> </u>			Date [MM/DD/YYYY] \$ 27.00
To Whom Paid	Parkway Corpora	tion				9/30/15
House # 220-22	Street Addres	South Broad	d St			Description of Expenditure
City Philadelph		State	PA	Zip Code	19102	Parking
						Date [MM/DD/YYYY] \$
To Whom Paid	Gogo					10/12/15 23.95
House #	Street Addres	s N C15	, Suite 1500			Description of Expenditure
City Chinage		N. Canal St.		Zip	60606	In-flight wifi
Chicago			. L	Code	148	

Statement of Expenditures

AND A DESCRIPTION OF THE PARTY	 	
Filer iduntification Number:		
a tacks accommissioned freeings against sticking		
40 A		

To W	hom Paid						the taken from the control	7-2-7	
10 10	IIIIII Falb	Gogo					Date [MM/DD/YYYY]	23.95	
		18-					10/8/15		
Hous	111	Street Address N. Canal St., Suite 1500					Description of Expendi	iture	
City	Chicago		State	IL	Zip Code	60606	In-flight wifi		
To W	hom Pald						Date [MM/DD/YYYY]	S	
-: "		Alice Bakery and Con	ectionary				10/24/15	56.38	
House	129	Street Address S. Main St.				Description of Expenditure			
City	North Wales		State	PA	Zip Code	19454	Meal		
To W	hom Paid					<u> </u>	Date [MM/DD/YYYY]	\$	
		<u> </u>							
House		Street Address					Description of Expendit	ture	
City			State		Zip Code				
To W	hom Peid						Date [MM/DD/YYYY]	\$	
		<u> </u>							
House		Street Address					Description of Expendit	ture	
City			State		Zip Code				
To W	nom Paid					- 	Date [MM/DD/YYYY]	\$	
								1	
House	*	Street Address					Description of Expendit	ture .	
City	<u> </u>		State		Zip				
	hom Paid		<u></u> i		Code	<u></u>			
IO WI	KOM Palg						Date [MM/DD/YYYY]	\$	
House	100	Street Address					Description of Expendit	ure	
City			State		Zip Code				
To W	oom Peid	r	<u> </u>		COCH	<u> </u>	Date [MM/DD/YYYY]		
- 13								5	
House	•	Street Address					Description of Expendit	ure	
City			State		Zip Code				
To Wi	om Paid						Date [MM/DD/YYYY]	\$	
10				<u> </u>					
House		Street Address					Description of Expendit	ure	
City			State		Zio Code				
1		· · · · · · · · · · · · · · · · · · ·	<u> </u>			l			