Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)												
Filer Identification Number				ort Filed B ırk X)	y Candida	te	X	Committee			Lobbyist	
Name of Filing Com Lobbyist	mittee, Ca	ndidate or	ىل	SH	SHAPI	R6				<u> </u>	J	
Street Address				550	CLOVE		I A	15				
City	JEN	KINTON		<u> </u>	State	PA	<u> </u>	Zip Code	190	460		
Type of Report (Plac					·				1 1/	11.0		
, ,	2 nd Friday -Primary	3- 30 Day Post Primary	l .	Tuesday Election	5- 2 nd Friday Pre- Election	6-30 Da Election	y Post	7- Annual	Special 2 rd Pre-Election		Special 30 Post-Electi	
								X				
Date Of Election (MM/DD/YYYY)		11/3/15	Year	•	2015	Amendn Report	nent		Termination Report	on		
Summary of Receipt Expenditures	s and	From Date		To Date	31/15			For	Office Use C	only		
A. Amount Brought	1.				0.00					7: 7 5: 7 47: 5		
B. Total Monetary C (From Schedule I) C. Total Funds Availa	able	ns and Receipt:	\$	lud	2.38							
(Sum of Lines A and D. Total Expenditure			 		2. 38 2. 38							
(From Schedule III) E. Ending Cash Balar			 		0.00					, ;; ,		
(Subtract Line D from F. Value of In-Kind C (From Schedule II)		ns Received	.	3	0.00				•	2 m V		
G. Unpeld Debts and (From Schedule IV)	i Obligatio	ns	\$		0.00							
	•••				Affidavit Se							
Part 1- If this is a Comm I swear (or affirm) that Sworn to and subscribe	this report, ed before m	including the atta e this	ched s	chedules or		best of my i		ge and belief to	rue, correct ar	nd comple	te.	
day of	ature	20 16 Dec	_ Norris My Co	Nota ilanna DiIlli stown Boro, mmission Ex	irial Seal o, Notary Public Montgomery Cou kolres March 16, 2	nty Sig	nature of	of Person Subm	MPIRO)	_	
My Commission expire	s 3 MO.	16 2 VR	MBER, PE	INNSYLVANTA	ASSOCIATION OF N	OTARISS 2 S S Area Code	_		time Telepho		er	
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 subscribe	ed before m	e this										
day of		20	_	·] .			Sigr	nature of Candi	date	·		
Signature			_	.				Printed Name			_	
My Commission expire	MO.	DAY YR.	_		7	rea Code	_	Day	time Telephon	e Number		

SCHEDULE 1

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	- 111		
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)	\$	1622.38
Total Monetany Contributions and Receipts during this reporting period (Add on	nd	3	V

1622.38

enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report

Cover Page, Item B)

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

-000					Amount
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address	}		Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address		,	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing	<u> </u>		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing	1		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			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.)

			Richard R	
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			Richard Charletti Alban M	
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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.

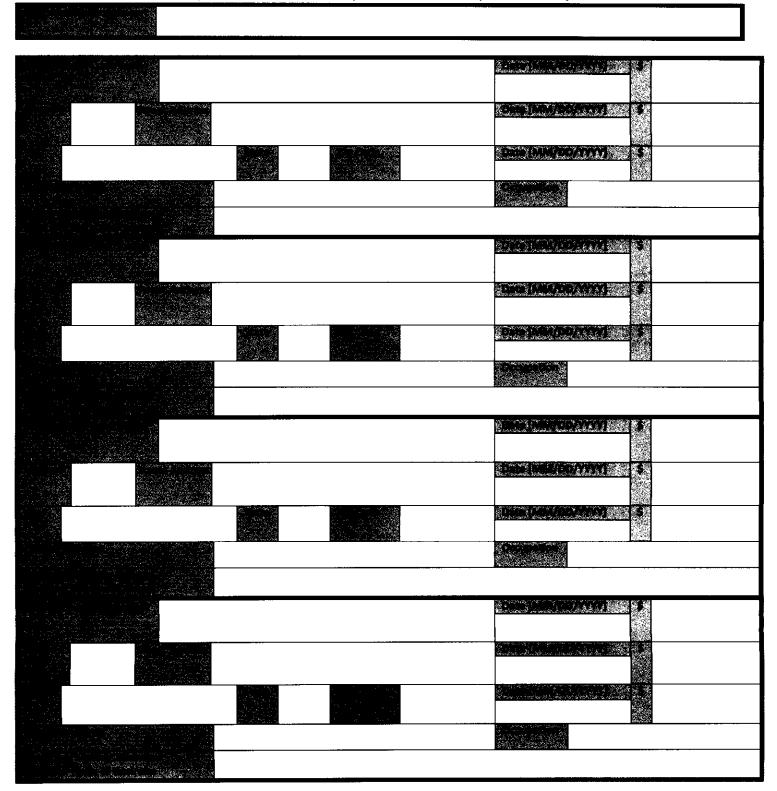
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PART D

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)



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.

and the American	
	The state of the s
	Friends of Josh Shapin
528	PINE TIEL KOUD
	tentanium PA 19046 12/7/15 322.13
	Rumhuximeni - trava meals
	Friends of Jush Shoping
528	Pine Tree Road
	Henkundom PA 19046 (2/7/15 1290.25
	Rumburement - notel, travel

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

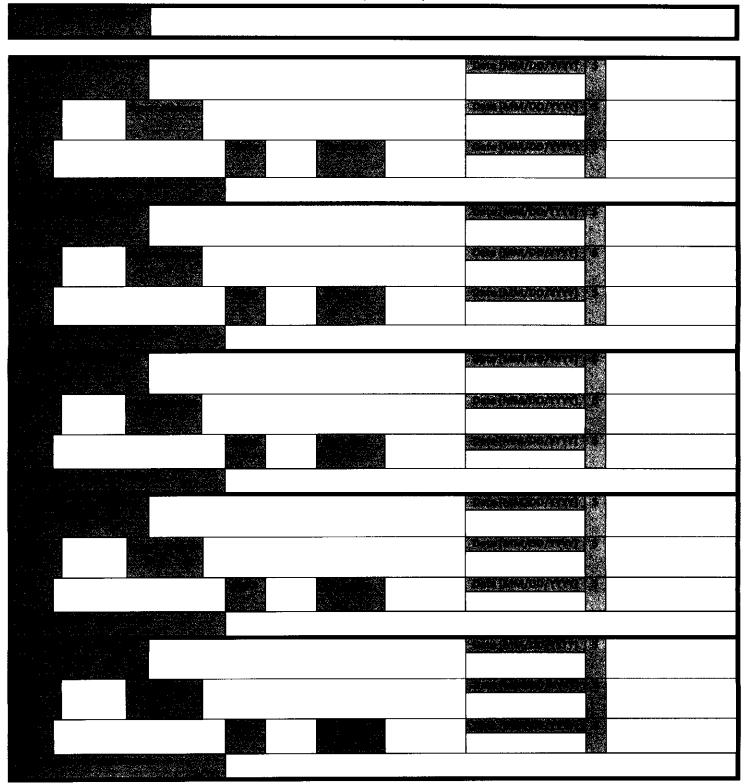
USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

				 _	
		22 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Comment of the Commen	i accesa accinicas describir a contra co	3 Stud			
TOTAL for the reporting period	(1)	\$	0		
		20 0 00 00 00 00 00 00 00 00 00 00 00 00			a e
TOTAL for the reporting period	(2)	\$	0		
TOTAL for the reporting period	(3)	\$	0		
TOTAL VALUE OF IN-KIND CONTRIBUTION	ONS DURING THIS REPORTING	\$	(
PERIOD (Add and enter amount totals f on Page 1, Report Cover Page, Item F)	rom boxes 1, 2, and 3; also enter		U		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250



Statement of Expenditures

Commene Square Garage	101210115 28.00
One Commene Square	6/26/15 × 8.00
Philadelphia PA 19103	Parcina
Bellenne Hotel	10/30/15 20.00
100 S Broad St.	(// 50/) 3
Philadelphia PA 19101	Parking
Panera Bread	9/18/15 4.55
101 W Bermannum Pilce	
Nometonn PA 19481	Meal
Subway	9/19/15 7.31
261 Old YON Rd #209	
Jenkinton PA 19046	Meal
St. Jude Religious Store	9/25/15 448.17
125 York Road	
Willow Grove PA 19090	Rosanes
Paneira	10/13/15 6.55
101 W Germann Pike	
Non 189ma PA 19401	Meal
Philadelphia Parking Authority	10/14/15 3.10
Machine 350038	
Phuladelphia PA	Parkina
Paneuray Corporation	Wa7/15 15.00
1801 Anh Street	10 4 5
Philadelphia PA 19103	Pasking

Statement of Expenditures

Bellevue Hotel	10/29/15 27.00
100 S Broad A	
Philadelphia PA 19101	Pancina
Panen	10/31/15 18.97
101 W Germanam Ake	
Norn87mm PA 19401	Meal
Brukside Onlle	11/10/15 22.95
539 Wellington Surare	
Exton PA 19341	Meal
Scasons 52 Gnlle	11/13/15 26.15
160 North Gulph Road	
Kuna of PMS81A PA 19406	Meal
Panein	11/30/15 4.48
Cafe 3992	and the second s
Jenkintonn PA 19046	Meal
Waldorf Astoria	12/11/15 1276.74
301 Park Are	
New York NY 10022	Hotel
Sunco	12/9/15 4.37
1495 Valley Forge Road	
WAYNE PA 19087	Meal
panen	12/8715 4.48
Cafe 3992	
Jenkinton PA 19046	Meal

Statement of Expenditures

Stanbucks	12/11/15 4.66
Woodson Wilson Marel Plazar	
NJ	Meal
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	Marian Commission of the Commi