

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 : 2016C0749		Report Filed By :	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE	LOBBYIST					
Name of Filing Committee, Candidate or Lobbyist: JOSHUA SHAPIRO										
Street Address: 1550 CLOVERLY LANE										
City: RYDAL			State: PA	Zip Code: 19046						
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	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2016	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	County Code	
ATTORNEY GENERAL				MO	DAY	YEAR	ATT DEM			
				11	8	2016	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		10	25	2016	TO	11	28	2016		
A. Amount Brought Forward From Last Report				\$		0.00				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		1,124.91				
C. Total Funds Available (Sum Of Lines A and B)				\$		1,124.91				
D. Total Expenditures (From Schedule III)				\$		1,124.91				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		0.00				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		0.00				

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 filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 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

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
JOSHUA SHAPIRO	From: <u>10/25/2016</u> To: <u>11/28/2016</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 0.00

2. Contributions Received - \$ 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 Reporting Period (2)	\$ 0.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 1,124.91
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 1,124.91

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.00

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 Page1, Report Cover Page, Item B.)	\$ 1,124.91
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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	Reporting Period
	From: To:
DATE AMOUNT	

Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 0.00

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	Reporting Period
	From: _____ To: _____

			DATE	AMOUNT
Full Name of Contributor				\$ 0.00
Mailing Address	MO	DAY	YEAR	
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 0.00

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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate JOSHUA SHAPIRO	Reporting Period From: <u>10/25/2016</u> To: <u>11/28/2016</u>
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			DATE	AMOUNT		
Full Name of Contributing Committee	Mailing Address	City	MO	DAY	YEAR	
SHAPIRO FOR PENNSYLVANIA	21 E. AIRY STREET	NORRISTOWN	11	17	2016	\$ 245.67
State PA	Zip Code (Plus 4) 19401					
SHAPIRO FOR PENNSYLVANIA	21 E. AIRY STREET	NORRISTOWN	11	11	2016	\$ 879.24
State PA	Zip Code (Plus 4) 19401					

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

PAGE TOTAL
\$ 1,124.91

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	Reporting Period
	From: _____ To: _____

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)	

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

PAGE TOTAL
\$ 0.00

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	Reporting Period
	From: _____ To: _____

				DATE	AMOUNT
Full Name	MO	DAY	YEAR		
Mailing Address				\$	0.00
City	State	Zip Code (Plus 4)			
Receipt Description					

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

PAGE TOTAL
\$ 0.00

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

Name of Filing Committee or Candidate JOSHUA SHAPIRO	Reporting Period From: <u>10/25/2016</u> To: <u>11/28/2016</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - 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 REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)	\$ 0.00

**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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 \$ 0.00

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL	
						0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
JOSHUA SHAPIRO	From <u>10/25/2016</u> To: <u>11/28/2016</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
THE COURTHOUSE CAFE	7	18	2016	\$ 13.55
Mailing Address 100 WEST AIRY STREET				
City NORRISTOWN	State PA	Zip Code (Plus 4) 19401	Description of Expenditure MEAL	
To Whom Paid PARKING - AVE OF ARTS	7	25	2016	\$ 29.00
Mailing Address 1501 SPRUCE ST				
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19102	Description of Expenditure PARKING	
To Whom Paid CAPITAL GRILLE	8	3	2016	\$ 54.36
Mailing Address 1338 CHESTNUT ST.				
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19107	Description of Expenditure MEAL	
To Whom Paid PARC RESTAURANT	8	8	2016	\$ 25.33
Mailing Address 227 S. 18TH STREET				
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103	Description of Expenditure MEAL	
To Whom Paid UBER	8	10	2016	\$ 106.51
Mailing Address 555 MARKET ST				
City SAN FRANCISCO	State CA	Zip Code (Plus 4) 94105	Description of Expenditure TRAVEL	

To Whom Paid BRUEGGERS			MO	DAY	YEAR	
Mailing Address 411 SEVENTH AVE.			8	15	2016	\$ 7.58
City PITTSBURGH	State PA	Zip Code (Plus 4) 15219	Description of Expenditure MEAL			
To Whom Paid JAMBA JUICE			MO	DAY	YEAR	
Mailing Address 8000 ESSINGTON AVE			8	10	2016	\$ 9.34
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19153	Description of Expenditure SMOOTHIE			
To Whom Paid BRUEGGER'S			MO	DAY	YEAR	
Mailing Address 531 GRANT STREET			10	16	2016	\$ 4.39
City PITTSBURGH	State PA	Zip Code (Plus 4) 15219	Description of Expenditure MEAL			
To Whom Paid SUNOCO			MO	DAY	YEAR	
Mailing Address 256 DANNER RD SUITE 3			10	13	2016	\$ 6.39
City JIM THORPE	State PA	Zip Code (Plus 4) 18229	Description of Expenditure EYE DROPS			
To Whom Paid STARBUCKS			MO	DAY	YEAR	
Mailing Address 5 MARSH RD			10	13	2016	\$ 5.39
City ELVERSON	State PA	Zip Code (Plus 4) 19520	Description of Expenditure COFFEE			
To Whom Paid BURGER KING			MO	DAY	YEAR	
Mailing Address 327 INDUSTRIAL PARK RD			7	13	2016	\$ 5.19
City SOMERSET	State PA	Zip Code (Plus 4) 15501	Description of Expenditure LUNCH			

To Whom Paid SUNOCO			MO	DAY	YEAR	
Mailing Address PA ROUTE 625 & PA TURNPIKE			7	14	2016	\$ 1.39
City BOWMANSVILLE	State PA	Zip Code (Plus 4) 17507	Description of Expenditure SNACKS			
To Whom Paid STARBUCKS			MO	DAY	YEAR	
Mailing Address 120 N. MICHIGAN AVE			7	19	2016	\$ 6.85
City ATLANTIC CITY	State NJ	Zip Code (Plus 4) 08401	Description of Expenditure BREAKFAST			
To Whom Paid YELLOW CAB COMPANY			MO	DAY	YEAR	
Mailing Address 1101 BEAVER AVE			10	15	2016	\$ 8.00
City PITTSBURGH	State PA	Zip Code (Plus 4) 15233	Description of Expenditure TRAVEL			
To Whom Paid APPLE WILLOW GROVE PARK			MO	DAY	YEAR	
Mailing Address 2500 WEST MORELAND RD			10	1	2016	\$ 841.64
City WILLOW GROVE	State PA	Zip Code (Plus 4) 19090	Description of Expenditure TECHNOLOGY			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 1,124.91

