

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	<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 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.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	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	-1	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		
		11	29	2016	TO	12	31	2016			
A. Amount Brought Forward From Last Report					\$		0.00				
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		3,322.34				
C. Total Funds Available (Sum Of Lines A and B)					\$		3,322.34				
D. Total Expenditures (From Schedule III)					\$		3,322.34				
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
JOSH SHAPIRO	From: <u>11/29/2016</u> To: <u>12/31/2016</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)	\$ 3,323.34
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 3,323.34

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.)	\$ 3,323.34
---	-------------

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					
Mailing Address	MO	DAY	YEAR		
City	State	Zip Code (Plus 4)			
					\$ 0.00

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 JOSH SHAPIRO	Reporting Period From: <u>11/29/2016</u> To: <u>12/31/2016</u>
--	--

			DATE	AMOUNT		
Full Name of Contributing Committee	Mailing Address	City	MO	DAY	YEAR	
SHAPIRO FOR PENNSYLVANIA	21 E AIRY ST	NORRISTOWN	12	30	2016	\$ 1,079.08
State PA	Zip Code (Plus 4) 19401					
FRIENDS OF JOSH SHAPIRO	528 PINE TREE ROAD	JENKINTOWN	12	17	2016	\$ 2,244.26
State PA	Zip Code (Plus 4) 19046					

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

PAGE TOTAL
\$ 3,323.34

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 JOSH SHAPIRO	Reporting Period From: <u>11/29/2016</u> To: <u>12/31/2016</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	
Mailing Address							\$ 0.00
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
JOSH SHAPIRO	From <u>11/29/2016</u> To: <u>12/31/2016</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
JAMBA JUICE	9	29	2016	\$ 5.71
Mailing Address 30 MASSACHUSETTS AVE NE				
City WASHINGTON	State DC	Zip Code (Plus 4) 20002	Description of Expenditure MEAL	
To Whom Paid SUNOCO	11	15	2016	\$ 3.38
Mailing Address 241 MILE WEST OF EXIT 16				
City NEWBURG	State PA	Zip Code (Plus 4) 17240	Description of Expenditure SNACKS	
To Whom Paid CAPITAL GRILLE	12	2	2016	\$ 124.12
Mailing Address 301 FIFTH AVENUE				
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222	Description of Expenditure MEAL	
To Whom Paid PIZZAIOLO PRIMO	12	3	2016	\$ 80.41
Mailing Address 8 MARKET SQUARE				
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222	Description of Expenditure MEAL	
To Whom Paid BRUEGGER'S	11	2	2016	\$ 9.39
Mailing Address 531 GRANT ST				
City PITTSBURGH	State PA	Zip Code (Plus 4) 15219	Description of Expenditure MEAL	

To Whom Paid BRUEGGERS			MO	DAY	YEAR	
Mailing Address 531 GRANT ST			6	13	2016	\$ 4.70
City PITTSBURGH	State PA	Zip Code (Plus 4) 15219	Description of Expenditure MEAL			
To Whom Paid SUNOCO			MO	DAY	YEAR	
Mailing Address RTE 441 & INDUSTRIAL LANE			2	27	2016	\$ 5.42
City MIDDLETOWN	State PA	Zip Code (Plus 4) 17057	Description of Expenditure SNACKS			
To Whom Paid AU BON PAIN			MO	DAY	YEAR	
Mailing Address 50 MASS AVE NE			9	29	2016	\$ 6.02
City WASHINGTON	State DC	Zip Code (Plus 4) 20001	Description of Expenditure MEAL			
To Whom Paid JETBLUE			MO	DAY	YEAR	
Mailing Address 27-01 QUEENS PLAZA N			11	30	2016	\$ 20.00
City LONG ISLAND CITY	State NY	Zip Code (Plus 4) 11101	Description of Expenditure TRAVEL			
To Whom Paid SUBWAY			MO	DAY	YEAR	
Mailing Address I-80 AT STATE ROUTE 54			8	17	2016	\$ 5.67
City DANVILLE	State PA	Zip Code (Plus 4) 17821	Description of Expenditure MEAL			
To Whom Paid SNACK BAR			MO	DAY	YEAR	
Mailing Address			8	18	2016	\$ 10.16
City JIM THORPE	State PA	Zip Code (Plus 4)	Description of Expenditure MEAL			

To Whom Paid THE COURTHOUSE CAFE			MO	DAY	YEAR	
Mailing Address 100 W AIRY ST			8	18	2016	\$ 12.00
City NORRISTOWN	State PA	Zip Code (Plus 4) 19401	Description of Expenditure MEAL			
To Whom Paid SUNOCO			MO	DAY	YEAR	
Mailing Address PA TPK AND MARSH RD			2	27	2016	\$ 8.28
City ELVERSON	State PA	Zip Code (Plus 4) 19520	Description of Expenditure MEAL			
To Whom Paid CAFE FRESCO			MO	DAY	YEAR	
Mailing Address 215 N 2ND ST			2	27	2016	\$ 4.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure SNACKS			
To Whom Paid SUNOCO			MO	DAY	YEAR	
Mailing Address PA RT 625 AND PA TPK			3	9	2016	\$ 2.19
City BOWMANVILLE	State PA	Zip Code (Plus 4) 17507	Description of Expenditure SNACKS			
To Whom Paid APPLE			MO	DAY	YEAR	
Mailing Address 2500 WEST MORELAND ROAD			11	25	2016	\$ 1,792.46
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 \$ 2,093.91

