#### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on	20160	C0749				port ed B		CAI	NDII	DATE	<b>√</b>	CC	MMITTEE		LOBI	BYIST		
Name of Filing C	ommitte	e, Candida	te or L	obbyist:		JOS	SH S	HAPIF	RO										_
Street Address:																			
City:									State	:				Zip Code	e: 19	046			
TYPE OF REPORT	6TH TUES	_	1.	2ND FRIDA' PRIMARY	Y PRE	-	2.	30 DA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	No	•	
(place X to the right of	6TH TUES		4.	2ND FRIDA' ELECTION	y pri	≣-	5.	30 DA		Р	OST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	No	•	/
report type)	ANNUAL	. REPORT	7. <b>X</b>	<b>Year</b> 2016					NG ME					PAPER		$\checkmark$	DISKE	TTE	
Name of Office S	ought by	Candidat	e:	•		•			DAT	E O	F ELE	CTIC	)N	District Number	Office Code	Par	ty Code	Count	y
									МО		DAY	YI	EAR	-1	ATT	DEN	1	-	
ATTORNEY GEN	IERAL									11		8	2016		(SEE INS	TRUCTI	ONS FOR	CODES)	_
Summary of		s and	МО	DAY	YEAR	R			МО		DAY	Y	EAR	FOF	ROFFIC	E USE	ONLY		
Expenditures	from:			11 29	2	016	T	0		12	;	31	2016						
A. Amount Bro	ught For	ward From	Last R	eport				\$					0.00						
B. Total Moneta	ary Contr	ibutions A	nd Rec	eipts (From	Sche	dule	e I)	\$				3,:	322.34						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				3,:	322.34						
D. Total Expend	ditures (I	From Sche	dule II	I)				\$				3,3	322.34						
E. Ending Cash	Balance	(Subtract	Line D	From Line (	C)			\$					0.00						
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	)			\$					0.00		,				
					AFF	ID	AVI	T SE	CTIC	N									
PART I - If this is	s a Comm	nittee repo	rt, trea	surer sign l	here.	If th	nis is	a Car	ndidat	e re	port, c	andi	date sig	jn here.					
I swear (or affirm) correct and comple		report, inclu	uding the	attached scl	nedule	s file	d on	paper	or by e	lectr	onic m	edium	, are to t	the best of	my know	/ledge	and beli	ef , tru	e
Sworn to and subs	cribed bef day of	ore me this		20								5	Signature	of Person	Submitt	ing Rep	ort		-
	_	Signatur	e					<b>-</b>						Printe	ed Name				-
My Commission Ex	cpires							_		•				Email					-
		МО	D	AY	YR						Are	ea Co	de	Daytime	Telepho	one Nu	mber		
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate sh	alls	sign he	ere.							
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee h	as no	ot viola	ted ar	ny provis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333	,
Sworn to and subsc		re me this											s	ignature of	Candida	te			-
	day of —							-						Printed	Name				-
		Signature						-											_
My Commission Exp	ires													Email					
	_	МО	D	AY	YR	1		-			Area	Code		Day	ytime Te	lephon	e Numb	er	1

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
JOSH SHAPIRO	From:	11/29/201	<u>.6</u> To:	12/31/2016
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	3,323.34

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

Name of Filing Comm	nittee or Candidate		Reporti	ng Period			
			From:		То	:	
		I		DATE			AMOUNT
Full Name of Contribut	ing Committee		МО	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

## 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 C	andidate		Rep Fro	oorting P m:	eriod	To	<b>)</b> :	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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			Reporting	Period				
JOSH SHAPIRO			From:	11/2	9/2016	То:	<u>12</u>	<u>/31/2016</u>
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
FRIENDS OF JOSH SHAPIRO				140		LAK		
Mailing Address 528 PINE TREE ROAL	)						<b>-</b>	2,244.26
City 1FNKINTOWN	State	Zip Code	e (Plus 4)	12	17	2016	5	,
JENKINTOWN	PA	19046						
							+	
Full Name of Contributing Committee				мо	DAY	YEAR		
SHAPIRO FOR PENNSYLVANIA								
Mailing Address 21 E AIRY ST							\$	1,079.08
City NORRISTOWN	State	Zip Code	e (Plus 4)	12	30	2016	5	
	PA	19401						
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	lule I, Detailed Sum	ımary Pa	ige, Sectio	n 3.			\$	3,323.34

### 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			Rep	orting Pe	riod			
			Fron	n:		To	<b>)</b> :	
				D	ATE		ı	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			l	PAGE TOTAL
							\$	0.00

## 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		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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	Reporting Per	iod	
JOSH SHAPIRO	From:	<u>11/29/2016</u> <b>To:</b>	12/31/2016
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,	•	\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	•				Re	porting P	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sci	nedule II, 1	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL
Summary Page, Section 3.	<b>-,</b> -									0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period			
JOSH SHAPIRO			From	11/29	9/2016	То:	12/31/2016
				DATE			AMOUNT
To Whom Paid JAMBA JUICE			мо	DAY	YEAR		
Mailing Address 30 MASSA	CHUSETTS AVE NE		9	29	2016	\$	5.71
City WASHINGTON	State DC	<b>Zip Code (Plus 4)</b> 20002	<b>Descrip</b> MEAL	otion of Exp	penditure		
To Whom Paid SUNOCO			мо	DAY	YEAR		
Mailing Address 241 MILE	WEST OF EXIT 16		11	15	2016	\$	3.38
<b>City</b> NEWBURG	State PA	<b>Zip Code (Plus 4)</b> 17240	<b>Descrip</b> SNACK	otion of Exp	penditure		
To Whom Paid CAPITAL GRILLE	•	•	мо	DAY	YEAR		
Mailing Address 301 FIFTH	AVENUE		12	2	2016	\$	124.12
<b>City</b> PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15222	<b>Descrip</b> MEAL	otion of Exp	enditure	!	
<b>To Whom Paid</b> PIZZAIOLO PRIMO			МО	DAY	YEAR		
Mailing Address 8 MARKET	SQUARE		12	3	2016	\$	80.41
<b>City</b> PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15222	<b>Descrip</b> MEAL	otion of Exp	penditure		
To Whom Paid BRUEGGER'S			МО	DAY	YEAR		
Mailing Address 531 GRAN	T ST		11	2	2016	\$	9.39
City PITTSBURGH	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1	

15219

MEAL

PA

						PAGE 12	
To Whom Paid BRUEGGERS			мо	DAY	YEAR		
Mailing Address 531 GRANT ST			6	13	2016	\$	4.70
<b>City</b> PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15219	<b>Descrip</b> MEAL	otion of Exp	enditure		
To Whom Paid SUNOCO			мо	DAY	YEAR		
Mailing Address RTE 441 & amp;	; INDUSTRIAL LAN	Ē	2	27	2016	\$	5.42
<b>City</b> MIDDLETOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17057	<b>Descrip</b> SNACK	otion of Exp	enditure		
<b>To Whom Paid</b> AU BON PAIN			МО	DAY	YEAR		
Mailing Address 50 MASS AVE N	IE		9	29	2016	\$	6.02
<b>City</b> WASHINGTON	<b>State</b> DC	<b>Zip Code (Plus 4)</b> 20001	<b>Descrip</b> MEAL	otion of Exp	enditure		
To Whom Paid JETBLUE			мо	DAY	YEAR		
	PLAZA N		<b>MO</b>	<b>DAY</b> 30	<b>YEAR</b> 2016	\$ :	20.00
JETBLUE	PLAZA N State NY	<b>Zip Code (Plus 4)</b> 11101	11	30 otion of Exp	2016	:	20.00
JETBLUE  Mailing Address 27-01 QUEENS	State		11 Descrip	30 otion of Exp	2016	;	20.00
JETBLUE  Mailing Address 27-01 QUEENS  City LONG ISLAND CITY  To Whom Paid	State NY		11  Descrip  TRAVEL	30 otion of Exp	2016 penditure	;	5.67
JETBLUE  Mailing Address 27-01 QUEENS  City LONG ISLAND CITY  To Whom Paid SUBWAY	State NY		Descrip TRAVEI	30 otion of Exp	2016  Penditure  YEAR  2016	\$	
Mailing Address 27-01 QUEENS  City LONG ISLAND CITY  To Whom Paid SUBWAY  Mailing Address I-80 AT STATE	State NY  ROUTE 54  State	Zip Code (Plus 4)	Descript TRAVEI	DAY	2016  Penditure  YEAR  2016	\$	
Mailing Address 27-01 QUEENS  City LONG ISLAND CITY  To Whom Paid SUBWAY  Mailing Address I-80 AT STATE  City DANVILLE  To Whom Paid	State NY  ROUTE 54  State	Zip Code (Plus 4)	Description MO  8  Description MEAL	DAY  17  ption of Exp	2016  YEAR  2016  penditure	\$	

							PAGE 13
To Whom Paid THE COURTHOUSE CAFE				DAY	YEAR		
Mailing Address 100 W AIRY ST			8	18	2016	\$	12.00
City NORRISTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19401	Description of Expenditure MEAL				
To Whom Paid SUNOCO			мо	DAY	YEAR		
Mailing Address PA TPK AND MARSH RD			2	27	2016	\$	8.28
City ELVERSON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19520	Description of Expenditure MEAL				
To Whom Paid CAFE FRESCO			МО	DAY	YEAR		
Mailing Address 215 N 2ND ST			2	27	2016	\$	4.00
City HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101	Description of Expenditure SNACKS				
To Whom Paid SUNOCO			мо	DAY	YEAR		
Mailing Address PA RT 625 AND PA TPK			3	9	2016	\$	2.19
City BOWMANSVILLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17507	Description of Expenditure SNACKS				
To Whom Paid APPLE				DAY	YEAR		
Mailing Address 2500 WEST MORELAND ROAD			11	25	2016	\$	1,792.46
City WILLOW GROVE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19090	Description of Expenditure TECHNOLOGY				
Enter Grand Total of Expendit	uros on Page 1. Pa	nort Couer Page Them D					PAGE TOTAL
Enter Grand Total of Expendit	ures on Page 1, Ke	port Cover Page, Item D	=			\$	2,093.91