

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 : 40581		Report Filed By :		CANDIDATE	<input checked="" type="checkbox"/>	COMMITTEE		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: SHAPIRO, JOSH											
Street Address:											
City:					State:		Zip Code:				
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 2004	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
REPRESENTATIVE IN THE GENERAL ASSEMBLY					MO	DAY	YEAR	153	STH	DEM	46
					11	2	2004	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO		MO	DAY	YEAR	FOR OFFICE USE ONLY	
		1	1	1			11	22	2004		
A. Amount Brought Forward From Last Report					\$		0.00				
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		500.00				
C. Total Funds Available (Sum Of Lines A and B)					\$		500.00				
D. Total Expenditures (From Schedule III)					\$		500.00				
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	
SHAPIRO, JOSH	From:	To: <u>11/22/2004</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)		\$ 0.00
All Other Contributions (Part D)		\$ 0.00
TOTAL for the Reporting Period	(3)	\$ 0.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)		
TOTAL for the Reporting Period	(4)	\$ 500.00

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.)		\$ 500.00
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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					
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	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 C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

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 SHAPIRO, JOSH	Reporting Period From: To: <u>11/22/2004</u>
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Full Name	DATE			AMOUNT
	MO	DAY	YEAR	
FRIENDS OF JOSH SHAPIRO				\$ 500.00
Mailing Address PO BOX 162				
City ABINGTON	State PA	Zip Code (Plus 4) 19001		
Receipt Description REIMBURSEMENT				

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

PAGE TOTAL
\$ 500.00

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 SHAPIRO, JOSH	Reporting Period From: _____ To: <u>11/22/2004</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: _____
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				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
SHAPIRO, JOSH	From: _____ To: <u>11/22/2004</u>

				DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR		
WEST AVENUE GRILLE	9	4	2004	\$	52.46
Mailing Address 718 WEST AVE.					
City JENKINTOWN	State PA	Zip Code (Plus 4) 19046		Description of Expenditure FOOD EXPENSE CAMPAIGN/ VOLUNTEERS	
To Whom Paid BAJA FRESH	9	8	2004	\$	25.71
Mailing Address 1437 OLD YORK ROAD					
City ABINGTON	State PA	Zip Code (Plus 4) 19001		Description of Expenditure FOOD EXPENSE CAMPAIGN/VOLUNTEERS	
To Whom Paid THE VILLAGE DINER	9	9	2004	\$	48.44
Mailing Address 299 KESWICK AVENUE					
City GLENSIDE	State PA	Zip Code (Plus 4) 19038		Description of Expenditure FOOD EXPENSE VOLUNTEERS	
To Whom Paid IHOP	9	10	2004	\$	28.16
Mailing Address 481 OLD YORK ROAD					
City JENKINTOWN	State PA	Zip Code (Plus 4) 19046		Description of Expenditure FOOD EXPENSE VOLUNTEERS	
To Whom Paid FILL-A-BAGEL	9	20	2004	\$	15.15
Mailing Address 424 OLD YORK ROAD					
City JENKINTOWN	State PA	Zip Code (Plus 4) 19046		Description of Expenditure FOOD EXPENSE VOLUNTEERS	

To Whom Paid ROMAN DELIGHT			MO	DAY	YEAR	
Mailing Address 1418 OLD YORK ROAD			9	28	2004	
City ABINGTON	State PA	Zip Code (Plus 4) 19001	Description of Expenditure FOOD EXPENSE VOLUNTEERS			
To Whom Paid FILL-A-BAGEL			MO	DAY	YEAR	
Mailing Address 424 OLD YORK ROAD			10	5	2004	
City JENKINTOWN	State PA	Zip Code (Plus 4) 19046	Description of Expenditure FOOD EXPENSE VOLUNTEERS			
To Whom Paid BAJA FRESH			MO	DAY	YEAR	
Mailing Address 1437 OLD YORK ROAD			10	12	2004	
City ABINGTON	State PA	Zip Code (Plus 4) 19001	Description of Expenditure FOOD EXPENSE VOLUNTEERS CAMPAIGN			
To Whom Paid FILL-A-BAGEL			MO	DAY	YEAR	
Mailing Address 424 OLD YORK RD.			10	15	2004	
City JENKINTOWN	State PA	Zip Code (Plus 4) 19046	Description of Expenditure FOOD EXPENSE VOLUNTEERS CAMPAIGN			
To Whom Paid ROMAN DELIGHT			MO	DAY	YEAR	
Mailing Address 1418 OLD YORK RD			10	19	2004	
City ABINGTON	State PA	Zip Code (Plus 4) 19001	Description of Expenditure FOOD EXPENSE VOLUNTEERS AND CAMPAIGN STAFF			
To Whom Paid NICKS PIZZERIA			MO	DAY	YEAR	
Mailing Address			10	20	2004	
City DRESHER	State PA	Zip Code (Plus 4) 19025	Description of Expenditure FOOD EXPENSE- VOLUNTEERS			

To Whom Paid BONNETT LANE DINER			MO	DAY	YEAR	
Mailing Address			10	23	2004	
City	State	Zip Code (Plus 4)	Description of Expenditure FOOD EXPENSE CAMPAIGN VOLUNTEERS			
To Whom Paid BONNETT LANE DINER			MO	DAY	YEAR	
Mailing Address			11	1	2004	
City	State	Zip Code (Plus 4)	Description of Expenditure FOOD EXPENSE CAMPAIGN VOLUNTEERS			
To Whom Paid DUNKIN DONUTS			MO	DAY	YEAR	
Mailing Address			11	2	2004	
City	State	Zip Code (Plus 4)	Description of Expenditure FOOD EXPENSE CAMPAIGN VOLUNTEERS			
ABINGTON	PA	19001				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 500.00

