Campaign Finance Report

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

Filer Identificat Number :	ion 2022	C0206			Repo Filed			CANDI	DATE	✓	CC	OMMITTE		LOB	BYIST		
	Committee, Candida	ate or L	obbyist:			-		SHUA D									
Street Address:	Street Address:																
City:							:	State:				Zip Cod	e: 19	046			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDA PRIMARY					Y F RY	POST-	3.		AMENDM REPORT?	ENT	Yes	No)	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	-				y f Ion	POST- 6.			TERMINA REPORT?	Yes	No	D	\checkmark	
report type)	ANNUAL REPORT	7.	Year 2022					G METHO CHECK O				PAPER		\checkmark	DISK	TTE	
Name of Office	L Sought by Candidat	te:						DATE O	FELE	СТІО	N	District Number	Office Code	Par	ty Code	Cour	
GOVERNOR								мо	DAY	YE	AR	-1	GOV	DEM	1		
								11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	2			мо	DAY	YI	EAR	FO	R OFFIC	e use	ONLY		
Expenditure	s from:		1 1	2	022	то		3	2	28	2022						
A. Amount Bro	ought Forward From	n Last R	eport				\$				0.00						
B. Total Monet	tary Contributions /	And Rec	eipts (Fron	1 Sche	dule I))	\$				0.00						
C. Total Funds Available (Sum Of Lines A and B)							\$				0.00						
D. Total Exper	nditures (From Scho	edule II	I)				\$				0.00						
E. Ending Cast	n Balance (Subtract	t Line D	From Line	C)			\$				0.00	-					
F. Value Of In	-Kind Contributions	Receiv	ed (From S	chedu	le II)		\$				0.00	-					
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	')			\$				0.00						_
								CTION									
	is a Committee report, incl												my know	ledae	and hel	iof tr	
correct and comp		during the	e attacheu sc	lieuule	s meu o	ni pal	pero	i by elect		saram	, are to	the best of		neuge		ier, ti	ue
Sworn to and sub	scribed before me this day of	5	_20							S	Signatur	e of Person	Submitt	ing Rep	oort		
	Signatu	re										Print	ed Name				_
My Commission E	xpires											Emai	l				_
	МО	D	AY	YR					Are	a Cod	le	Daytime	e Telepho	one Nu	mber		
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 subs	cribed before me this day of		20								S	ignature o	f Candida	te			-
												Printe	l Name				-
My Commission Ex	Signature											Emai	1				-
																	_
MO DAY YR								Area	Code		Da	ytime Te	lephor	e Numl	ber		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** SHAPIRO, JOSHUA D From: <u>1/1/2022</u> **To:** <u>3/28/2022</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, 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.

Name of Filing Committee or Candidate				Reporting Period						
				From: To:						
		·			DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								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			0:				
					DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address		_					\$	0.00		
City	State	Zip Code (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 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						
				То:					
				DA	TE		A	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
					PAGE TOTAL				
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Secti							\$	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 Ro				eporting Period					
			Froi	n:		Т):		
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Sectio							P#	AGE 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:			То:				
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$	0	.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description										
							PAGE TOTAL			
nter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4							\$	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 Period		
SHAPIRO, JOSHUA D	From:	<u>1/1/2022</u> To:	<u>3/28/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PI	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	「 F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, I		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting Period					
F			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address						7 \$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:	ł		•					
Enter Grand Total of Part F on Section 2.	mary Pag	age, 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:					
					DATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$ 0.00		
City	State	Zip Code(Plus 4)							
Employer of Contributor		•		Occupa	ation				
Employer Mailing Address/Principal Place of Business City				e Zip	Code(Plus 4)	Descri	ption 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					
				From				
				DATE		AMOUNT		
To Whom Paid				DAY	YEAR			
Mailing Address						\$	0.00	
City	Zip Code (Plus 4)) Description of Expenditure						
Fator Crowd Total of Frence diturce on Dans 1. Demost Course Dans I tom							PAGE TOTAL	
	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00	