### **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 2	022C0206			Rep File			CAND	ANDIDATE COMMITTEE LOBBYIST								
Name of Filing C	ommittee, Car	ndidate or l	.obbyist:		SHAF	PIR	0, 30	SHUA D									
Street Address:																	
City:								State:				Zip Code	: 19	046			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY I PRIMARY	PRE-	2	. <b>X</b>	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No	•	<b>/</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5		30 DA ELECT		POST-	6.		TERMINAT REPORT?	ION	Yes	No	•	<b>/</b>
report type)	ANNUAL REPO	<b>)RT</b> 7.	<b>Year</b> 2022					IG METH				PAPER		<b>\</b>	DISKE	TTE	
Name of Office S	ought by Cand	lidate:						DATE C	F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
	-							МО	DAY	YEAR	1	-1	GOV	DEN	1	46	
GOVERNOR								11		8 2	022		(SEE INS	TRUCTI	ONS FOR C	ODES)	,
Summary of		мо	DAY Y	EAR				МО	DAY	YEAR	2	FOR	OFFIC	E USE	ONLY		
Expenditures	from:		3 29	20	)22	T	0	5	5	2 2	022						
A. Amount Bro	ught Forward	From Last F	leport				\$			0	.00						
B. Total Moneta	ary Contribution	ns And Re	eipts (From S	chec	lule :	I)	\$			674	.78						
C. Total Funds	Available (Sur	n Of Lines A	A and B)				\$			674	.78						
D. Total Expend	ditures (From	Schedule I	( <b>I</b> )				\$			674	.78						
E. Ending Cash	Balance (Sub	ract Line D	From Line C)				\$			0	.00						
F. Value Of In-	Kind Contribut	ions Receiv	red (From Sch	edul	e II)	)	\$			0	.00						
G. Unpaid Debt	s And Obligati	ons (From	Schedule IV)				\$			0	.00		,				
			Δ	\FF	[DA]	VI	T SE	CTION									
PART I - If this is	a Committee	report, tre	asurer sign hei	re. I	f this	s is	a Can	didate r	eport, o	candidat	e sig	ın here.					
I swear (or affirm) correct and comple	that this report ete.	including th	e attached sched	dules	filed	on	paper o	or by elect	tronic m	edium, ar	e to t	he best of r	ny know	/ledge	and belie	ef , tru	ıe.
Sworn to and subs	cribed before me day of	this	20							Sign	ature	of Person	Submitt	ing Rep	ort		_
	Sig	nature					<u>-</u>					Printe	d Name				-
My Commission Ex	-											Email					-
	мо	D	PAY	YR					Ar	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of a	candidate's	authorized Co	omm	ittee	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		of my know	edge and belief	this	politi	cal	commi	ittee has r	ot viola	ted any pı	rovis	ions of the a	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		this									s	ignature of	Candida	te			-
	day of						-					Printed	Name				-
	Signat	ure					-										_
My Commission Exp	ires											Email					
	МО	С	DAY	YR			•		Area	Code		Day	time Te	lephon	e Numb	er	۱ ٔ

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
SHAPIRO, JOSHUA D	From:	<u>3/29/202</u>	<u>2</u> To:	<u>5/2/2022</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)			\$	674.78
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	674.78
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			\$	674.78

#### **PART A**

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

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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 Fining Committee of Candidate				Reporting Period From: To:				
					DATE			AMOUNT
Full Name of Contributor				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

#### **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 Pe	eriod					
SHAPIRO, JOSHUA D	From:	3/29/2022	То:	5/2/2022			

DATE AMOUNT

Full Name of Contributing Committee  Shapiro for Pennsylvania				DAY	YEAR	
Mailing Address PO Box 22635		_			<b>\$</b> 674.78	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19110	3	31	2022	

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

**PAGE TOTAL \$** 674.78

### 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 Pe	riod	
SHAPIRO, JOSHUA D	From:	3/29/2022 <b>To:</b>	<u>5/2/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	DR .	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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 Candid	ate		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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	е				Re	porting	Period			
					Fro	om:		То:		
					•		DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor	-1		•			Occupa	ation			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	in-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</b> 0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reportir	ng Period			
SHAPIRO, JOSHUA D	From	<u>3/29</u>	9/2022	To:	5/2/2022
		DATE			AMOUNT
To Whom Paid					

				DATE			AMOUNT	
To Whom Paid American Airlines				МО	DAY	YEAR		
Mailing Address 4333 Amon Carter Blvd				3	29	2022	\$	674.78
City	Fort Worth	State	Zip Code (Plus 4)	Description of Expenditure				
		TX	76155	Travel				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.								PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							\$	674.78