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			Report Filed E		CANDI	DATE	✓	co	OMMITTEI		LOBI	BYIST		
Name of Filing (Committee, Candida	ate or Lo	bbyist:	Ś	SHAPIR	.0, JO	SHUA D									
Street Address:																
City:							State:		z			Zip Code: 19046				
TYPE OF REPORT						30 DA PRIMA		POST-			AMENDMENT REPORT?		Yes	No	, 🔨	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE-	- 5. X	30 DA ELEC		POST-	6.		TERMINATION REPORT?		Yes	No	· 🗸	
report type)	ANNUAL REPORT	7.	Year 2022				NG METHO CHECK O				PAPER		\checkmark	DISKE	TTE	
Name of Office	Sought by Candidat	te:					DATE O	F ELE	CTION	ł	District Number	Office Code	Par	ty Code	County Code	
COVERNOR							мо	DAY	YEA	AR	-1	GOV	DEN	1		
GOVERNOR							11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR			мо	DAY	YE	AR	FO	R OFFIC	e use	ONLY		
Expenditures	s from:		9 20	20)22 T	0	10	2	24	2022						
A. Amount Bro	ught Forward Fron	n Last Re	eport			\$				0.00						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 0.00																
C. Total Funds	Available (Sum Of	Lines A	and B)			\$				0.00						
D. Total Expen	ditures (From Sche	edule III)			\$				0.00]					
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		\$				0.00						
F. Value Of In-	Kind Contributions	Receive	d (From S	chedule	e II)	\$				0.00						
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	')		\$				0.00						
				AFFI	IDAVI	T SE	CTION									
PART I - If this i	s a Committee repo	ort, treas	surer sign	here. I	f this is	a Car	ndidate re	eport, c	andida	ate sig	gn here.					
I swear (or affirm correct and compl) that this report, incl ete.	uding the	attached sc	hedules	filed on	paper	or by elect	ronic m	edium,	are to	the best of	my know	ledge	and beli	ef , true	
Sworn to and subs	scribed before me this day of		20						Sig	gnatur	e of Person	Submitt	ing Rep	oort		
	Signatu	re				_					Print	ed Name				
My Commission E	-	-									Email					
	мо	DA	Y	YR				Are	ea Code		Daytime	e Telepho	one Nu	mber		
Part II- If this is	a report of a cand	lidate's a	authorized	Comm	ittee, C	andid	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amend) that to the best of m ed.	ıy knowle	dge and beli	ef this p	political	comm	ittee has n	ot viola	ted any	provis	ions of the	act of Ju	ne 3,1	937 (P.I	1333,	
Sworn to and subscribed before me this Signature of Candidate day of 20																
20 Printed Name																
My Commission Exp	Signature					-					Emai					
						_										
	МО	DA	Y	YR				Area	Code		Da	ytime Te	lephon	ne Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
SHAPIRO, JOSHUA D	From:	<u>9/20/202</u>	<u>2</u> To:	<u>10/24/2022</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	J 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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)				
TOTAL for the Reporting	J 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			\$	0.00

PAGE 3

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						
			Fro	om:		То	:				
					DATE			AMOUNT			
Full Name of Contributing Committee				мо	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Code (Plus	4)								
							Γ	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 Candidat	e			orting P	eriod				
			Fro	m:		Тс):		
					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 S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	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						
			From:			То:			
				DA	TE		А	MOUNT	
Full Name of Contributing Comm	ittee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
						ſ		PAGE TOTAL	
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	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:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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	Name of Filing Committee or Candidate				Reporting Period						
			From:			То:					
				D	ATE			AMOUNT	1		
Full Name				мо	DAY	YEAR	1				
Mailing Address							\$	5	0.00		
City	State	Zip Code (Plus 4)								
Receipt Description						•	•				
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	TAL		
		illi y i uge,	Section				\$		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>9/20/2022</u> то:	<u>10/24/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	ΓF)		
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, 1		\$	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					
			From:			То:			
				DATE		АМО	UNT		
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	,						
Description of Contribution:									
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL		
					4	6	0.00		

0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting Period					
					From:		То:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$	0.00	
City	State		Zip Code(Plus	4)						
Employer of Contributor			1		Occupa	l tion				
Employer Mailing Address/Prin Business	cipal Place of	City	Sta	te	Zip 4)	Code(Plus	Descri	ption of	Contribution	
Enter Grand Total of Part G	Con Schedule II	In-Kind	Contributions	Dota	iled				PAGE TOTAL	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAGE

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
			From			То:	
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Description of Expenditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	0.00