Campaign Finance Report

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

Filer Identification 2022C0206 Report Filed By:								LOBI	BYIST									
Name of Filing C	ommittee, Cand	lidate or L	obbyist:		SHA	PIR	O, JO	SHUA	D									
Street Address:																		
City:								State	:				Zip Code	: 19	046			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY P PRIMARY	PRE-	2	2.	30 DA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION					30 DA		P	OST-	6.		TERMINAT REPORT?	Yes	No		/		
report type)	ANNUAL REPO	7. X	Year 2022					CHECK					PAPER		\	DISKE	TTE	
Name of Office S	ought by Candi	date:						DATE	ΕO	F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
	-							МО		DAY	YEA	R	-1	GOV	DEN	1		
GOVERNOR									11		8 2	2022		(SEE INS	TRUCTI	ONS FOR (CODES)
Summary of		МО	DAY YE	AR				МО		DAY	YEA	R	FOR	OFFIC	E USE	ONLY		
Expenditures	trom:		11 29	20	22	Т	0		12		31	2022						
A. Amount Bro	ught Forward F	om Last P	leport				\$					0.00						
B. Total Moneta	ary Contribution	s And Rec	eipts (From Sc	hed	lule	I)	\$					0.00						
C. Total Funds	Available (Sum	Of Lines A	and B)				\$					0.00						
D. Total Expend	ditures (From S	chedule II	ːI)				\$				(0.00						
E. Ending Cash	Balance (Subtr	act Line D	From Line C)				\$				(0.00						
F. Value Of In-	Kind Contribution	ns Receiv	ed (From Sche	dule	e II)	\$				(0.00						
G. Unpaid Debt	s And Obligatio	ns (From	Schedule IV)				\$				(0.00		,				
			A	FFI	DΑ	١VI	T SE	CTIO	N									
PART I - If this is		• '								• •								
I swear (or affirm) correct and comple	that this report, i ete.	ncluding th	e attached schedi	ules	filed	l on	paper	or by el	lecti	ronic m	edium, a	re to t	the best of 1	my know	ledge	and beli	ef , tru	1e
Sworn to and subs	cribed before me	:his	20								Sig	nature	e of Person	Submitti	ng Rep	ort		_
	Sign	ature					_						Printe	d Name				-
My Commission Ex	-								•				Email					-
	мо	D	AY	YR			_			Are	ea Code		Daytime	Telepho	ne Nu	mber		
Part II- If this is	a report of a ca	indidate's	authorized Co	mm	itte	e, C	andid	ate sh	all :	sign he	ere.							
I swear (or affirm) No 320) as amende		f my knowl	edge and belief t	this p	politi	ical	comm	ittee ha	as no	ot viola	ted any _l	orovis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		nis										s	ignature of	Candida	te			-
	day of 						_						Printed	Name				-
	Signatu	re					-											_
My Commission Exp	ires												Email					
	МО	D	PAY	YR			-			Area	Code		Day	time Te	lephon	e Numb	er	۱ ا

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
SHAPIRO, JOSHUA D	From:	11/29/20	<u>22</u> To:	12/31/2022
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)	\$	0.00
			1	
Total Monetary Contributions and Receipts During this Reporting Period (Add and totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page			\$	0.00

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 Filling Committee of Candidate				oorting P m:):			
					DATE		Al	MOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	١					

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	lame of Filing Committee or Candidate Reporting					ng Period					
			From:			То:					
				DA	TE		А	MOUNT			
Full Name of Contributing Committee				мо	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Cod	e (Plus 4)								
								PAGE TOTAL			
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00			

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	Reporting Period							
	Fi					To	То:		
				D	ATE		А	MOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plu	s 4)						
Employer Name		•		Occupa	tion		•		
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Cod	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	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 Co	lame of Filing Committee or Candidate				od			
			From:			То:		
				D	ATE		AM	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T. Detailer	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Total of Fair 2 of	r benedule 1/ betanet	z Summary r 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 Per	iod	
SHAPIRO, JOSHUA D	From:	<u>11/29/2022</u> To:	12/31/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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	lame of Filing Committee or Candidate Rep						
	From:						
				DATE			AMOUNT
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 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 l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$ \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	ption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (Reporting Period						
	From			То:			
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D).			\$	0.00