

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER	REPORT FILED ON BEHALF OF	CANDIDATE	<input checked="" type="checkbox"/>	COMMITTEE ²	<input type="checkbox"/>	LOBBYIST ³	<input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Josh Shapiro								
STREET ADDRESS 1550 Cloverly Lane								
CITY Rydal			STATE PA		ZIP CODE 19046 -			
TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/> 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE County Commissioner			DISTRICT NO.	PARTY DEM	DATE OF ELECTION		
						MO.	DAY	YEAR
						5	17	11
	DATES OF REPORTING PERIOD					FOR OFFICE USE ONLY		
			MO.	DAY	YEAR	RECEIVED 2011 MAY -6 A 11:00 OFFICE OF VOTER SERVICES MONTG. CO. PA		
			1	1	11			
			TO		MO.	DAY	YEAR	
				5	2	11		
CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u>								
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>								
		AMENDMENT REPORT?	YES	NO				
				<input checked="" type="checkbox"/>				
		TERMINATION REPORT?	YES	NO				
				<input checked="" type="checkbox"/>				

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS <u>5th</u> DAY OF <u>May</u> _____ SIGNATURE MY COMMISSION EXPIRES <u>12</u> <u>19</u> <u>12</u> MO. DAY YR.	NOTARIAL SEAL ROBIN A BEALL Notary Public BRIDGTON TWP., MONTGOMERY COUNTY My Commission Expires Dec-19, 2012	_____ SIGNATURE OF PERSON SUBMITTING REPORT JOSH SHAPIRO PRINTED NAME _____ AREA CODE <u>215</u> DAYTIME TELEPHONE NUMBER <u>886-7376</u>
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PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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 JOSH SHAPIRO PRINTED NAME _____ AREA CODE <u>215</u> DAYTIME TELEPHONE NUMBER <u>886-7376</u>
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