

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 <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Joshua D. Shapiro					
STREET ADDRESS 1550 Cloverly Lane					
CITY Rydal			STATE PA	ZIP CODE 19046	
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE County Commissioner			DISTRICT NO.	PARTY DEM
	DATES OF REPORTING PERIOD			DATE OF ELECTION	
6TH TUESDAY PRE-PRIMARY	1.	MO. DAY YEAR	TO	MO. DAY YEAR	
2ND FRIDAY PRE-PRIMARY	2.	11 29 11		12 31 11	
30 DAY POST-PRIMARY	3.				
6TH TUESDAY PRE-ELECTION	4.				
2ND FRIDAY PRE-ELECTION	5.				
30 DAY POST-ELECTION	6.				
ANNUAL REPORT	7.				

CASH BALANCE AT END OF REPORTING PERIOD: \$ Ø

TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ Ø

AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>
TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>

FOR OFFICE USE ONLY

2012 JAN 31 12:30 PM

**AFFIDAVIT SECTION**

**PART I -**  
 If statement is filed on behalf of a Political Committee or Candidates' 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

31 DAY OF January 2012

*[Signature]*  
 SIGNATURE

MY COMMISSION EXPIRES 5 22 2013  
 MO. DAY YR.

*[Signature]*  
 SIGNATURE OF PERSON SUBMITTING REPORT

Josh Shapiro  
 PRINTED NAME

215 886-7376  
 AREA CODE DAYTIME TELEPHONE NUMBER

**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

\_\_\_\_\_  
 PRINTED NAME

\_\_\_\_\_  
 AREA CODE DAYTIME TELEPHONE NUMBER