

Commonwealth of Pennsylvania

Campaign Finance Report

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

Filer Identification Number : 2003274		Report Filed By :		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: SHAPIRO, JOSH FRIENDS OF										
Street Address: C/O CAREN MOSKOWITZ, TREASURER, 528 PINE TREE RD.										
City: JENKINTOWN			State: PA		Zip Code: 19046					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7. X	Year 2011	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
REPRESENTATIVE IN THE GENERAL ASSEMBLY				MO	DAY	YEAR	153	STH	DEM	46
				11	8	2011	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		11	29	2011	TO	12	31	2011		
A. Amount Brought Forward From Last Report				\$		199,798.99				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		6.97				
C. Total Funds Available (Sum Of Lines A and B)				\$		199,805.96				
D. Total Expenditures (From Schedule III)				\$		43,091.34				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		156,714.62				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		0.00				

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall 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

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
SHAPIRO, JOSH FRIENDS OF	From: <u>11/29/2011</u> To: <u>12/31/2011</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)	\$ 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)	\$ 6.97

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 6.97
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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
	From: To:
DATE AMOUNT	

Full Name of Contributing Committee	MO	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 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 Candidate	Reporting Period
	From: _____ To: _____

				DATE	AMOUNT	
Full Name of Contributor		MO	DAY	YEAR	\$	0.00
Mailing Address						
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 Period
	From: To:

	DATE			AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 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: To:

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)	

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

PAGE TOTAL
\$ 0.00

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 SHAPIRO, JOSH FRIENDS OF	Reporting Period From: <u>11/29/2011</u> To: <u>12/31/2011</u>
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	
TD BANK						
Mailing Address	PO BOX 1377		12	31	2011	\$ 3.50
City	State	Zip Code (Plus 4)				
LEWISTOWN	ME	04243				
Receipt Description INTEREST						

Full Name			MO	DAY	YEAR	
TD BANK						
Mailing Address	PO BOX 1377		11	30	2011	\$ 3.47
City	State	Zip Code (Plus 4)				
LEWISTON	ME	04243				
Receipt Description INTEREST						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 6.97

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 SHAPIRO, JOSH FRIENDS OF	Reporting Period From: <u>11/29/2011</u> To: <u>12/31/2011</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)	\$ 0.00

**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Description of Contribution:				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.				PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL	
						0.00	

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
SHAPIRO, JOSH FRIENDS OF	From <u>11/29/2011</u> To: <u>12/31/2011</u>

			DATE			AMOUNT
To Whom Paid			MO	DAY	YEAR	
NGP VAN						
Mailing Address 1101 15TH ST., NW SUITE 500			11	30	2011	\$ 60.00
City WASHINGTON	State DC	Zip Code (Plus 4) 20005	Description of Expenditure ON-LINE GIVING FEES			
To Whom Paid JOSH SHAPIRO						
Mailing Address 1550 CLOVERLY LANE			12	9	2011	\$ 582.99
City RYDAL	State PA	Zip Code (Plus 4) 19046	Description of Expenditure REIMBURSE PHONE EXPENSES			
To Whom Paid JOSH SHAPIRO						
Mailing Address 1550 CLOVERLY LANE			12	10	2011	\$ 784.18
City RYDAL	State PA	Zip Code (Plus 4) 19046	Description of Expenditure REIMBURSE FOR TRAVEL EXPENSES			
To Whom Paid JOSH SHAPIRO						
Mailing Address 1550 CLOVERLY LANE			12	14	2011	\$ 543.97
City RYDAL	State PA	Zip Code (Plus 4) 19046	Description of Expenditure REIMBURSE FOR TRAVEL EXPENSES			
To Whom Paid LAUREN LAMBRUGO						
Mailing Address 8142 CADWALADER AVENUE			12	14	2011	\$ 181.75
City ELKINS PARK	State PA	Zip Code (Plus 4) 19027	Description of Expenditure REIMBURSE FOR TRAVEL EXPENSES			

To Whom Paid AT&T			MO	DAY	YEAR	
Mailing Address PO BOX 6463			12	16	2011	
City CAROL STREAM	State IL	Zip Code (Plus 4) 601976463	Description of Expenditure PHONE			
To Whom Paid SOUTHEAST PENNSYLVANIA FIRST SUBURBS PROJECT			MO	DAY	YEAR	
Mailing Address P.O BOX 1246			12	21	2011	
City LANSDOWNE	State PA	Zip Code (Plus 4) 19050	Description of Expenditure CONTRIBUTION			
To Whom Paid SHAPIRO RICHARDS			MO	DAY	YEAR	
Mailing Address PO BOX 241			12	28	2011	
City ABINGTON	State PA	Zip Code (Plus 4) 19001	Description of Expenditure CONTRIBUTION			
To Whom Paid PHL GROUND TRANSPORTATION			MO	DAY	YEAR	
Mailing Address P.O. BOX 381			12	28	2011	
City ESSINGTON	State PA	Zip Code (Plus 4) 19029	Description of Expenditure TRANSPORTATION			
To Whom Paid NGP MERCHANT CARD PROCESSING			MO	DAY	YEAR	
Mailing Address PO BOX 407066			11	30	2011	
City FT. LAUDERDALE	State FL	Zip Code (Plus 4) 33340	Description of Expenditure ON-LINE-GIVING FEES			
To Whom Paid NGP MERCHANT CARD PROCESSING			MO	DAY	YEAR	
Mailing Address PO BOX 407066			12	5	2011	
City FT. LAUDERDALE	State FL	Zip Code (Plus 4) 33340	Description of Expenditure ON-LINE GIVING FEES			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 43,091.34

