Campaign Finance Report

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

Filer Identificati Number :	on	20032	274				Repor Filed I		CA	NDII	DATE		СОМ	4ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee,	Candida	ate or Lo	obbyi	st:	S	HAPIF	RO, JC	SH F	RIEN	IDS O	=			_				
Street Address:	C/O C	AREN M	OSKOW	ITZ,	TREAS	SURER,	.528 P	INE T	REE R	D.									
City:	JENKII	NTOWN							State	e:	PA			Zip Cod	le: 19	046			
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1.	2ND PRIM	FRIDAY ARY	PRE-	2.	30 DA		Р	OST-	3.		AMENDM REPORT?		Yes	N	0	\
(place X to the right of	6TH TUESD PRE-ELECT		4.	2ND ELEC		PRE-	5.	30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	N)	\
report type)	ANNUAL F	REPORT	7. X	Year	2011				NG ME					PAPER		\checkmark	DISK	ETTE	
Name of Office S	- Sought by (Candidat	e:						DAT	ΈO	F ELE	CTI	NC	District Number	Office Code	Par	ty Code	Cour	
REPRESENTATI	VE IN THE	CENIED	AL ACC	EMDI	v				МО		DAY	Υ	EAR	153	STH	DEN	М	46	
REPRESENTATI	VL IN IIIL	. GLNLK	AL ASS	LINDL	.1					11		8	2011		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of Expenditures		and	МО	DA	Y	YEAR			МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY		
expenditures	irom:		1	l 1	29	20	11 7	О		12	:	31	2011						
A. Amount Bro	ught Forwa	ard From	ı Last R	eport				\$				199,	798.99						
B. Total Moneta	ary Contrib	utions A	And Rec	eipts	(From	Sched	ule I)	\$	<u> </u>				6.97						
C. Total Funds	Available (Sum Of	Lines A	and E	3)			\$;			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	ļ						
F. Value Of In-	Kind Contr	ibutions	Receive	ed (Fr	om Sc	hedule	e II)	\$;				0.00						
G. Unpaid Debt	s And Obli	gations	(From S	ched	ule IV))		\$;				0.00						
						AFFI	DAVI	T SE	CTI	NC									
PART I - If this is		-	-		_								_						
I swear (or affirm) correct and comple		port, incit	uaing the	attacı	nea scn	eaules 1	riiea on	paper	or by	electr	ronic m	eaiun	n, are to t	ne best o	r my knov	vieage	and bei	ieτ , tr	ue
Sworn to and subs	cribed befor day of	e me this		20						,			Signature	of Perso	n Submitt	ing Re _l	oort		
		Signatur	·e	-				<u>-</u>						Prin	ted Name				_
My Commission Ex	opires							_		•				Emai	il				
	м	10	D/	ΑY		YR					Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report o	f a cand	idate's	autho	rized (Commi	ittee, (Candid	late s	halls	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge aı	nd belie	ef this p	olitical	comm	nittee h	as no	ot viola	ted a	ny provis	ions of the	e act of Ju	ıne 3,1	937 (P.	L. 133	3,
Sworn to and subsc		me this											s	ignature o	of Candida	ite			_
	day of — –			_ 20 _				_						Printe	d Name				-
	Si	gnature						_											_
My Commission Exp	ires													Emai	il				
		мо	D	ΑY		YR		_			Area	Code		Da	aytime Te	elephor	ne Numi	oer	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
SHAPIRO, JOSH FRIENDS OF	From:	11/29/201	<u>1</u> To:	12/31/2011
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	6.97
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			\$	6.97

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate val							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			From: To			o:		
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE 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 Filing Committee or Candida	Name of Filling Committee of Candidate			oorting P	eriod			
			Fro	m:		To):	
					DATE		AMOUNT	
Full Name of Contributor				МО	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 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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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.)

			_	orting Pe				
			Fror	n:		To):	
				D.	ATE		A	MOUNT
				мо	DAY	YEAR		
							\$	0.00
State	Zi	p Code (Plus	s 4)					
·	·			Occupa	tion			
al Place of		City			State		Zip Cod	le (Plus 4)
Schedule I, Detai	iled Sumr	mary Page,	Section	on 3.				PAGE TOTAL 0.00
	al Place of	al Place of	al Place of City	State Zip Code (Plus 4) al Place of City	State Zip Code (Plus 4) Occupa	State Zip Code (Plus 4) Occupation Oliver State	State Zip Code (Plus 4) Occupation Olympia Place of City State Schedule I, Detailed Summary Page, Section 3.	State Zip Code (Plus 4) Occupation Olivy State Zip Code Occupation State Zip Code

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			Report	ing Perio	d			
SHAPIRO, JOSH FRIENDS OF			From:		<u>11/29/201</u>	<u>1</u> To:	12/31/2011	
				D	ATE		AMOUNT	
Full Name						\		
TD BANK				МО	DAY	YEAR		
Mailing Address PO BOX 1377							\$	3.50
City LEWISTOWN	State	Zip Code (Plus 4)	12	31	2011		
	ME	04243						
Receipt Description INTEREST		•						
Full Name						\		
TD BANK				МО	DAY	YEAR		
Mailing Address PO BOX 1377							\$	3.47
City LEWISTON	State	Zip Code (Plus 4)	11	30	2011		
	ME	04243						
Receipt Description INTEREST		•					•	
							DACE TOTAL	

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	Reporting Per	iod	
SHAPIRO, JOSH FRIENDS OF	From:	<u>11/29/2011</u> To:	12/31/2011
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 Candid	ate		Reporting	g Period			
			From:			To:	
				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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting P	Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Kind (Contributions De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	didate		Reporti	ng Period			
SHAPIRO, JOSH FRIENDS OF			From	11/29	9/2011	То:	12/31/2011
				DATE			AMOUNT
To Whom Paid NGP VAN			мо	DAY	YEAR		
Mailing Address 1101 15TH ST	Γ., NW SUITE 500		11	30	2011	\$	60.00
City WASHINGTON	State DC	Zip Code (Plus 4) 20005		ption of Exp NE GIVING		<u>.</u>	
To Whom Paid JOSH SHAPIRO			МО	DAY	YEAR		
Mailing Address 1550 CLOVER	LY LANE		12	9	\$	582.99	
City RYDAL	State PA	Zip Code (Plus 4) 19046		ption of Exp URSE PHON			
To Whom Paid JOSH SHAPIRO	<u>'</u>	·	мо	DAY	YEAR		
Mailing Address 1550 CLOVER	LY LANE		12	10	2011	\$	784.18
City RYDAL	State PA	Zip Code (Plus 4) 19046		ption of Exp			
To Whom Paid JOSH SHAPIRO	•	·	МО	DAY	YEAR		
Mailing Address 1550 CLOVER	LY LANE		12	14	2011	\$ \$	543.97
City RYDAL	State PA	Zip Code (Plus 4) 19046		ption of Exp			
To Whom Paid LAUREN LAMBRUGO			мо	DAY	YEAR		
Mailing Address 8142 CADWA	LADER AVENUE		12	14	2011	\$	181.75

Zip Code (Plus 4)

19027

Description of Expenditure

REIMBURSE FOR TRAVEL EXPENSES

State

PΑ

City

ELKINS PARK

							AGL 12
To Whom Paid AT&T			МО	DAY	YEAR		
Mailing Address PO BOX 6463			12	16	2011	\$	143.70
City CAROL STREAM	State IL	Zip Code (Plus 4) 601976463	Description of Expenditure PHONE				
To Whom Paid SOUTHEAST PENNSYLVANIA FIRST SUBURBS PROJECT			МО	DAY	YEAR		
Mailing Address P.O BOX 1246			12	21	2011	\$	250.00
City LANSDOWNE	State PA	Zip Code (Plus 4) 19050	Description of Expenditure CONTRIBUTION				
To Whom Paid SHAPIRO RICHARDS			МО	DAY	YEAR		
Mailing Address PO BOX 241			12	28	2011	\$	40,000.00
City ABINGTON	State PA	Zip Code (Plus 4) 19001	Description of Expenditure CONTRIBUTION				
To Whom Paid PHL GROUND TRANSPORTATION			МО	DAY	YEAR		
Mailing Address P.O. BOX 381			12	28	2011	\$	350.00
City ESSINGTON	State PA	Zip Code (Plus 4) 19029	Description of Expenditure TRANSPORTATION				
To Whom Paid NGP MERCHANT CARD PROCESSING			МО	DAY	YEAR		
Mailing Address PO BOX 407066			11	30	2011	\$	169.75
City FT. LAUDERDALE	State FL	Zip Code (Plus 4) 33340	Description of Expenditure ON-LINE-GIVING FEES				
To Whom Paid NGP MERCHANT CARD PROCESSING			МО	DAY	YEAR		
Mailing Address PO BOX 407066			12	5	2011	\$	25.00
City FT. LAUDERDALE	State FL	Zip Code (Plus 4) 33340	Description of Expenditure ON-LINE GIVING FEES				
Enter Grand Total of Expendite	ures on Page 1. Re	eport Cover Page. Item D).				PAGE TOTAL
Expendit	Jo Jii i age 1, Re	.po do . da . da . de . de . de . de . de . de	-			\$	43,091.34