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 2003	274			Rep File			CAI	NDI	DATE		COM	AITTEE	~	LUB	51131		
Name of Filing C	ommittee, Candid	ate or L	obbyist:		FRIE	ND	S OF	JOSH	SH	APIRO		-						
Street Address:	C/O CAREN M	OSKOW	/ITZ, TREA	SUREF	R,52	8 PI	NE TE	REE R	OAE)								
City:	JENKINTOWN							State	e:	PA			Zip Code: 19046					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	- 2	2.	30 DA				AMENDMENT Yes REPORT?			No				
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	ELECTION					DAY POST- 6. ECTION			TERMIN/ REPORT		Yes	No	✓			
report type)	ANNUAL REPORT	7.	Year 2012					NG ME					PAPER	\mathbf{V}	DISKE	TTE		
Name of Office S	ought by Candida	te:	•					DAT	ΕO	F ELE	CTIC	N	District Number	Office Code	Pai	ty Code	County Code	
								МО		DAY	YI	EAR		•	DEI	М	46	
									11		6	2012		(SEE IN	ISTRUCTI	ONS FOR O	CODES)	
Summary of Expenditures	Receipts and	МО	DAY	YEAR			_	МО		DAY	ΥI	EAR	FC	OR OFFI	CE USE	ONLY		
expenditures	irom:		4 10	2	012	Т	0		5	:	L4	2012						
A. Amount Bro	ught Forward Fror	n Last R	eport				\$					290.21						
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule	I)	\$				10,4	403.38						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				158,6	593.59						
D. Total Expend	ditures (From Sch	edule II	I)				\$				11,7	734.32						
E. Ending Cash	Balance (Subtrac	Line D	From Line	C)			\$			1	.46,9	59.27						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II)	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule I\	/)			\$					0.00						
				AFF	IDA	١٧٧	T SE	CTIC	N									
I swear (or affirm)	that this report, incl	-	_									_		of my kno	wledge	and belie	ef , true	
correct and comple	cribed before me this	ì											of Perso	- Cub-si	tina Da			
	day of		_ 20				-					signature	or Perso	n Submii	ting Ke	oort		
	Signatu	re					-						Prin	ted Nam	e			
My Commission Ex	· —						_		•				Ema					
	МО		AY	YR							a Coo	ie	Daytin	ne Telepi	none Nu	mber		
	a report of a cand that to the best of m					•				_		ıy provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333,	
,	ribed before me this											s	ignature (of Candid	late		<u> </u>	
	day of		_ 20				_											
	Signature						-						Printe	ed Name				
My Commission Exp	_								,				Ema	nil			-	
	МО	D	AY	YR	1		•			Area	Code		D	aytime 1	elephor	ne Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF JOSH SHAPIRO	From:	4/10/201	<u>2</u> To:	5/14/2012
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	50.00
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)			\$	550.00
TOTAL for the Reporting	Period	(2)	\$	550.00
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)			\$	9,050.00
TOTAL for the Reporting	Period	(3)	\$	9,050.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J Period	(4)	\$	753.38
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			\$	10,403.38

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						
		F	rom:		То	:			
				DATE			AMOUNT		
Full Name of Contributing Commi	Full Name of Contributing Committee				YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)							

PAGE TOTAL
sed Summary Page, Section 2.
\$ 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 Filing Committee or Candidate				Reporting Period						
FRIENDS OF JOSH SHAPIRO	FRIENDS OF JOSH SHAPIRO FI				4/10/) :	5/14/2012				
					DATE			AMOUNT			
Full Name of Contributor				МО	DAY	YEAR					
MURRAY UFFBERG					57(1						
Mailing Address 644 CHARLES AVE	NUE						\$	150.00			
City KINGSTON	State	Zip Code (Plus 4)	4	19	2012					
	PA	18704									
Full Name of Contributor				мо	DAY	YEAR					
CHARLES GOTTLIEB					57(1						
Mailing Address 40 OVERBROOK PA	ARKWAY						\$	150.00			
City WYNNEWOOD	State	Zip Code (Plus 4)	4	19	2012					
	PA	190963512									
Full Name of Contributor				МО	DAY	YEAR					
STEPHEN TEICH				1-10	ואס	ILAK					
Mailing Address 1633 TUCKERSTON	WN ROAD						\$	250.00			
Mailing Address 1633 TUCKERSTON City DRESHER	VN ROAD State	Zip Code (Plus 4)	4	19	2012	\$	250.00			

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$ 550.00

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:			То:		
				DA	TE		,	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							- \$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
nter Grand Total of Part C on Schedule I, Detailed Summary Page, Sec				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	Name of Filing Committee or Candidate					Reporting Period					
FRIE	NDS OF JOSH SHAPIRO			Fron	n:	<u>4/10/2</u>	<u>012</u> To	:	5/14/2012		
					DA	ATE		АМО	OUNT		
Full N	ame of Contributor				мо	DAY	YEAR				
ROBE	RT A. WATSON III				МО	DAT	TEAR	\$	1,000.00		
Mailin	g Address 120 GIFT CIRCLE				4	19	2012	1			
City	AMBLER	State	Zip Code (Plu	s 4)							
		PA					l				
Emplo	yer Name ABINGTON MEDICAL	ASSOCIATES CARDI	OLOGY		Occupat	tion	PHYSIC	[AN			
Employer Mailing Address/Principal Place of Business City						State		Zip Code	(Plus 4)		
1235	OLD YORK RDLEVY MEDICAL BLD	G STE 222	ABINGTO	N		PA		19001			
Full N	ame of Contributor				мо	DAY	YEAR		F00.00		
ANDR	EW FIREMAN					J	· Lytix	\$	500.00		
Mailin	g Address PO BOX 523				4	19	2012				
City	GWYNEDD VALLEY	State	Zip Code (Plu	s 4)							
		PA I	194370523								
Employer Name ABINGTON MEDICAL ASSOCIATES CARDIOLOGY					Occupat	ion	PHYSIC:	[AN			
						1					
Emplo	yer Mailing Address/Principal Plac	e of Business	City			State		Zip Code	(Plus 4)		
-	yer Mailing Address/Principal Plac OLD YORK RD.LEVY MEDICAL BLD		City ABINGTO	N	•	State PA		Zip Code 19001	(Plus 4)		
1235				N	MO	PA	YFAR	19001			
1235	OLD YORK RD.LEVY MEDICAL BLD			N	МО		YEAR	-	(Plus 4) 500.00		
1235 Full Na	OLD YORK RD.LEVY MEDICAL BLD	OG STE 222		N	MO 4	PA	YEAR 2012	\$			
1235 Full Na	OLD YORK RD.LEVY MEDICAL BLD ame of Contributor A BALARATNA	OG STE 222				PA DAY		\$			
1235 Full Na ASOK	OLD YORK RD.LEVY MEDICAL BLD ame of Contributor A BALARATNA g Address 919 WOODCREST R	D.	ABINGTO		4	DAY 19		\$			
Full Na ASOK Mailin City	OLD YORK RD.LEVY MEDICAL BLD ame of Contributor A BALARATNA g Address 919 WOODCREST R	D. State PA	ABINGTO			DAY 19		\$			
Full Na ASOK Mailin City	OLD YORK RD.LEVY MEDICAL BLE ame of Contributor A BALARATNA g Address 919 WOODCREST R ABINGTON	D. State PA ASSOCIATES CARDI	ABINGTO		4	DAY 19	2012	\$	500.00		
Full Na ASOK. Mailin City Emplo	OLD YORK RD.LEVY MEDICAL BLD ame of Contributor A BALARATNA g Address 919 WOODCREST R ABINGTON over Name ABINGTON MEDICAL	D. State PA ASSOCIATES CARDI	Zip Code (Plu 19001 OLOGY	s 4)	4	DAY 19	2012	19001 \$	500.00		
Full No ASOK Mailin City Emplo Emplo 1235	OLD YORK RD.LEVY MEDICAL BLD ame of Contributor A BALARATNA g Address 919 WOODCREST R ABINGTON over Name ABINGTON MEDICAL and over Mailing Address/Principal Place	D. State PA ASSOCIATES CARDI	Zip Code (Plu 19001 OLOGY City	s 4)	4 Occupat	DAY 19 State PA	2012 PHYSIC	\$ \$ IAN Zip Code 19001	500.00 (Plus 4)		
Full Name of the second	OLD YORK RD.LEVY MEDICAL BLE ame of Contributor A BALARATNA g Address 919 WOODCREST R ABINGTON Eyer Name ABINGTON MEDICAL ABINGTON Eyer Mailing Address/Principal Place OLD YORK RD.LEVY MEDICAL BLE	D. State PA ASSOCIATES CARDI	Zip Code (Plu 19001 OLOGY City	s 4)	4	DAY 19 State	2012	\$ AN Zip Code	500.00		
Full Na ASOK Mailin City Emplo 1235 Full Na BRUCO	OLD YORK RD.LEVY MEDICAL BLD ame of Contributor A BALARATNA g Address 919 WOODCREST R ABINGTON Pyer Name ABINGTON MEDICAL A pyer Mailing Address/Principal Place OLD YORK RD.LEVY MEDICAL BLD ame of Contributor	D. State PA ASSOCIATES CARDI Se of Business DG STE 222	Zip Code (Plu 19001 OLOGY City	s 4)	4 Occupat	DAY 19 State PA	2012 PHYSIC	\$ \$ [AN Zip Code 19001]	500.00 (Plus 4)		
Full Na ASOK Mailin City Emplo 1235 Full Na BRUCO	OLD YORK RD.LEVY MEDICAL BLE ame of Contributor A BALARATNA g Address 919 WOODCREST R ABINGTON over Name ABINGTON MEDICAL and the second	D. State PA ASSOCIATES CARDI Se of Business DG STE 222	Zip Code (Plu 19001 OLOGY City	s 4)	4 Occupat	DAY 19 State PA DAY	2012 PHYSIC:	\$ \$ [AN Zip Code 19001]	500.00 (Plus 4)		
Full Na ASOK Mailin City Emplo 1235 Full Na BRUC Mailin City	OLD YORK RD.LEVY MEDICAL BLE ame of Contributor A BALARATNA g Address 919 WOODCREST R ABINGTON over Name ABINGTON MEDICAL A over Mailing Address/Principal Plac OLD YORK RD.LEVY MEDICAL BLE ame of Contributor E C. BERGER g Address 1763 OAK HILL DRI HUNTINGDON VALLEY	D. State PA ASSOCIATES CARDI Se of Business OG STE 222 VE State PA	Zip Code (Plu 19001 OLOGY City ABINGTO	s 4)	4 Occupat	DAY 19 State PA DAY	2012 PHYSIC:	\$ \$ [AN Zip Code 19001]	500.00 (Plus 4)		
Full Na ASOK Mailin City Emplo 1235 Full Na BRUC Mailin City	OLD YORK RD.LEVY MEDICAL BLE ame of Contributor A BALARATNA g Address 919 WOODCREST R ABINGTON Eyer Name ABINGTON MEDICAL A Eyer Mailing Address/Principal Place OLD YORK RD.LEVY MEDICAL BLE ame of Contributor E C. BERGER g Address 1763 OAK HILL DRI	D. State PA ASSOCIATES CARDI Se of Business OG STE 222 VE State PA	Zip Code (Plu 19001 OLOGY City ABINGTO	s 4)	4 Occupat	DAY 19 State PA DAY 19	2012 PHYSIC:	\$ AN Zip Code 19001 \$	500.00 (Plus 4)		
Full Name ASOK. Mailin City Emplo 1235 Full Name BRUCH Mailin City Emplo	OLD YORK RD.LEVY MEDICAL BLE ame of Contributor A BALARATNA g Address 919 WOODCREST R ABINGTON over Name ABINGTON MEDICAL A over Mailing Address/Principal Plac OLD YORK RD.LEVY MEDICAL BLE ame of Contributor E C. BERGER g Address 1763 OAK HILL DRI HUNTINGDON VALLEY	D. State PA ASSOCIATES CARDI Se of Business DG STE 222 VE State PA ASSOCIATES CARDI	Zip Code (Plu 19001 OLOGY City ABINGTO	s 4)	Occupat	DAY 19 State PA DAY 19	2012 PHYSIC: YEAR 2012	\$ AN Zip Code 19001 \$	500.00 (Plus 4) 500.00		

							_	•
Full Name of Contributor RICHARD BORGE				МО	DAY	YEAR	\$	500.00
Mailing Address 14 MILLERS LANE				4	19	2012		
City NEWTOWN	State	Zi	p Code (Plus 4)] '	15	2012		
	PA	18	3940					
Employer Name ABINGTON MEDICAL	ASSOCIATES CARD	IOLO	OGY	Occupat	ion	PHYSICI	AN	
Employer Mailing Address/Principal Plac	e of Business		City		State		Zip Code	(Plus 4)
1235 OLD YORK RD.LEVY MEDICAL BLD	OG STE 222		ABINGTON		PA		19001	
Full Name of Contributor			-					
RICHARD A. GOLDSTEIN				МО	DAY	YEAR	\$	500.00
Mailing Address 1157 TIMBERGATE	DRIVE			1	10	2012	1	
City RYDAL	State	Zi	p Code (Plus 4)	4	19	2012		
	PA	19	9046					
Employer Name ABINGTON MEDICAL	ASSOCIATES CARD	IOLO)GY	Occupat	ion	PHYSICI	AN	
Employer Mailing Address/Principal Plac			City	· ·	State		Zip Code	(Plus 4)
1235 OLD YORK RD.LEVY MEDICAL BLD			ABINGTON		PA		19001	,
			7.52.10.0.1		1.7.		T	
Full Name of Contributor				МО	DAY	YEAR	\$	500.00
BRUCE KLUGHERZ Mailing Address 1200 RED BARN RD							1	
	State	7:	p Code (Plus 4)	4	19	2012		
City LOWER GWYNEDD								
	I PA		90021278			 	<u> </u>	
Employer Name ABINGTO MEDICAL AS		OLOC		Occupat	1	PHYSICI		
Employer Mailing Address/Principal Plac			City		State		Zip Code	(Plus 4)
1235 OLD YORK RD.LEVY MEDICAL BLD	OG. STE 222		ABINGTON		PA		19001	
Full Name of Contributor				мо	DAY	YEAR	 \$	1,000.00
PATRICK AQUILINA							<u> </u>	1,000.00
Mailing Address 1131 ARABIAN RD.	1			4	19	2012		
City WARRINGTON	State	Zi	p Code (Plus 4)					
	PA	18	39762727				<u> </u>	
Employer Name ABINGTON MEDICAL	ASSOCIATES CARD	IOLO	OGY	Occupat	tion	PHYSICI	AN	
Employer Mailing Address/Principal Plac	ce of Business		City		State		Zip Code	(Plus 4)
1235 OLD YORK RDLEVY MEDICAL BLD	G STE 222		ABINGTON		PA		19001	
Full Name of Contributor					DAY	VEAD		
ADAM M. COHEN				МО	DAY	YEAR	 \$	1,000.00
Mailing Address 49 OAKWOOD DRIV	/E			4	19	2012	1	
City DRESHER	State	Zi	p Code (Plus 4)	1 1	19	2012	Ī	
	PA	19	9025					
Employer Name ABINGTON MEDICAL S	SPECIALISTS CARD	IOL	DGY	Occupat	tion	PHYSICI	AN	
Employer Mailing Address/Principal Plac	ce of Business		City		State		Zip Code	(Plus 4)
1235 OLD YORK RDLEVY MEDICAL BLD	G STE 222		ABINGTON		PA		19001	
Full Name of Contributor			•					
MARC C. COHEN				МО	DAY	YEAR	\$	1,000.00
Mailing Address 1445 HUNTINGDON	I ROAD						1	
City ABINGTON	State	Zi	p Code (Plus 4)	4	19	2012		
	PA		9001					
Fmplover Name ARINGTON MEDICAL 9	-			Occupat	ion	· PHYSICI	ΔN	
Employer Name ABINGTON MEDICAL SPECIALISTS CARDIOLOGY							~1 ¥	
		IOL		Тоссири	1		7in Code	(Plus 4)
Employer Mailing Address/Principal Place 1235 OLD YORK RDLEVY MEDICAL BLD	ce of Business	1010	City ABINGTON		State PA		Zip Code 19001	(Plus 4)

Full Name of Contributor	II Name of Contributor					YEAR		1 000 00	
SCOTT SHAPIRO				МО	DAY	ILAK	\$	1,000.00	
Mailing Address 1555 BARDSEY DRI	VE			4	19	2012			
City LOWER GWYNEDD	State	Zip	Code (Plus 4)		19	2012			
	PA	190	02						
Employer Name ABINGTON MEDICAL	SPECIALISTS CARDI	IOLO	GY	Occupation PHYSICIAN					
Employer Mailing Address/Principal Plac	e of Business		City		State		Zip Cod	le (Plus 4)	
1235 OLD YORK RDLEVY MEDICAL BLDG STE 222 ABINGTON					PA		19001		
Full Name of Contributor					DAY	YEAR		750.00	
EMANUEL KOSTACOS	МО	DAI	ILAN	\$	750.00				
Mailing Address 405 NEWBOLD ROAD					19	2012			
City JENKINTOWN	State	Zip	Code (Plus 4)	4	13	2012			
	PA	190	146						
Employer Name ABINGTON MEDICAL	SPECIALISTS CARDI	IOLO	GY	Occupation PHYSICIAN					
Employer Mailing Address/Principal Plac	e of Business		City		State		Zip Cod	le (Plus 4)	
1235 OLD YORK RDLEVY MEDICAL BLD	G, STE. 222		ABINGTON		PA		19001		
Full Name of Contributor				мо	DAY	YEAR		200.00	
WILLIAM PETRUCCI				140	DAI	ILAK	\$	300.00	
Mailing Address 1570 BAUMAN DRI\	/E			4	19	2012			
City MAPLE GLEN	State	Zip	Code (Plus 4)		10	2012			
	PA	190	02						
Employer Name ABINGTON MEDICAL	SPECIALISTS CARDI	IOLO	GY	Occupation PHYSICIAN					
Employer Mailing Address/Principal Plac	Employer Mailing Address/Principal Place of Business City				State		Zip Cod	le (Plus 4)	
1235 OLD YORK RD.LEVY MEDICAL BLD	ABINGTON		PA		19001				

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

PAGE TOTAL \$ 9,050.00

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 Candida		Report	Reporting Period					
FRIENDS OF JOSH SHAPIRO			From:	<u>4/10/2012</u> To:			5/14/2012	
				D	ATE		Α	MOUNT
Full Name TD BANK				мо	DAY	YEAR	\$	3.38
Mailing Address PO BOX 1377				4	30	2012		
City LEWISTOWN	State	Zip Code (Zip Code (Plus 4) 04243			-01-		
	ME	04243						
Receipt Description INTEREST	!			•		•	'	
Full Name				МО	DAY	YEAR	\$	750.00
HUTNEY CONSTRUCTION CORP.							'	, 55.55
Mailing Address 1150 OLD YORK F	RD. STE. 21			1		ļ		
City ABINGTON	State	Zip Code (Plus 4)					
	PA	19001						
Receipt Description SECURITY DI	EPOSIT REFUND	•						
Fatou Cuand Tatal of Baut F on Cab	adula I Datallad	I Commence Dance	Caatia	4			Р	AGE TOTAL
Enter Grand Total of Part E on Sch	edule 1, Detalled	Summary Page,	Section	4.			\$	753.38
						L		

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 Perio	od							
FRIENDS OF JOSH SHAPIRO	From:	<u>4/10/2012</u> To:	<u>5/14/2012</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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

lame of Filing Committee or Candidate				Reporting Period					
						To:			
							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 Schedule II, In-Kind Contributions De				je,		PAGE TOTA	AL	
Section 2.						\$		0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate			Reporting Period						
				Fro	m:		To:			
						DATE			AMOUNT	-
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor				Occupation						
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi _l	p Code(Plus 4)	Descr	iptio	on of Contribut	ion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE TO	TAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period			
FRIENDS OF JOSH SHAPIRO	From	4/10/2012	То:	5/14/2012

DATE			AMOUNT		
AY	YFAR				
	1 = Aux				
10	2012	\$	154.55		
n of Expe	enditure				
PHONE					
AY	VEAD				
AI	ILAK				
13	2012	\$	500.00		
n of Expe	enditure				
CONTRIBUTION					
AY	VEAD				
AI	ILAK				
19	2012	\$	1,000.00		
Description of Expenditure					
n of Expe	enditure				
n of Expe	enditure				
JTION					
	enditure YEAR				
JTION		\$	23.00		
JTION	YEAR 2012	\$	23.00		
JTION 19	YEAR 2012 enditure	\$	23.00		
19 on of Expe	YEAR 2012 enditure	\$	23.00		
19 on of Expe	YEAR 2012 enditure	\$	23.00		
19 on of Expe	YEAR 2012 enditure	\$	23.00		
19 on of Experience EE PARKI	YEAR 2012 enditure ING YEAR 2012				
19 on of Expense PARKI	YEAR 2012 enditure ING YEAR 2012				
19 on of Expension AY 20 on of Expension	YEAR 2012 enditure ING YEAR 2012 enditure				
19 on of Expenses EAY 20 on of Expenses	YEAR 2012 enditure ING YEAR 2012				
19 on of Expension AY 20 on of Expension	YEAR 2012 enditure ING YEAR 2012 enditure				
19 on of Expension AY 20 on of Expension AY 3	YEAR 2012 enditure ING YEAR 2012 enditure	\$	10,000.00		
	10 of Exp	10 2012 of Expenditure YEAR 13 2012 of Expenditure TION YEAR	10 2012 \$ of Expenditure YEAR 13 2012 \$ of Expenditure TION YEAR		

							FAGL 14
To Whom Paid			мо	DAY	YEAR		
HARLAND CLARKE CHECKS			МО	DAI	ILAK		
Mailing Address		4	20	2012	\$	31.77	
City	State	Zip Code (Plus 4)	Description of Expenditure				
	CHECKS FROM BANK						
							PAGE TOTAL
Enter Grand Total of Expendit	tures on Page 1, R	eport Cover Page, Item D	•			\$	11,734.32