

# Campaign Finance Report

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

<b>Filer Identification Number :</b>		2003274		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> FRIENDS OF JOSH SHAPIRO												
<b>Street Address:</b> C/O CAREN MOSKOWITZ, TREASURER, 528 PINE TREE ROAD												
<b>City:</b> JENKINTOWN						<b>State:</b> PA			<b>Zip Code:</b> 19046			
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3. X	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/>	No	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes		No	
	ANNUAL REPORT	7.	Year 2012	<b>FILING METHOD ( ) CHECK ONE</b>			<b>PAPER</b>	<input checked="" type="checkbox"/>	<b>DISKETTE</b>			
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	DEM 46			
						11	6	2012	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		4	10	2012		5	14	2012				
<b>A. Amount Brought Forward From Last Report</b>						\$ 148,290.21						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 10,403.38						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 158,693.59						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 11,734.32						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 146,959.27						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 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 of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
**Detailed Summary Page**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF JOSH SHAPIRO	From: <u>4/10/2012</u> To: <u>5/14/2012</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 50.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 550.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 550.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 9,050.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 9,050.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 753.38

<b>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.)</b>	\$ 10,403.38
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**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)**

<b>Name of Filing Committee or Candidate</b> FRIENDS OF JOSH SHAPIRO	<b>Reporting Period</b> From: <u>4/10/2012</u> To: <u>5/14/2012</u>
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<b>DATE</b>	<b>AMOUNT</b>
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Full Name of Contributor			MO	DAY	YEAR	\$ 250.00
STEPHEN TEICH						
Mailing Address			4	19	2012	
1633 TUCKERSTOWN ROAD						
City	State	Zip Code (Plus 4)				
DRESHER	PA	190251306				

Full Name of Contributor CHARLES GOTTLIEB			MO	DAY	YEAR	\$ 150.00
Mailing Address 40 OVERBROOK PARKWAY			4	19	2012	
City WYNNEWOOD	State PA	Zip Code (Plus 4) 190963512				

Full Name of Contributor				MO	DAY	YEAR	\$ 150.00
MURRAY UFFBERG							
Mailing Address 644 CHARLES AVENUE				4	19	2012	
City	KINGSTON	State	Zip Code (Plus 4)				
		PA	18704				

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

<b>PAGE TOTAL</b>
\$ 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:	To:

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

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

<b>PAGE TOTAL</b>
\$ 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.)**

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF JOSH SHAPIRO	<b>Reporting Period</b>  <b>From:</b> <u>4/10/2012</u> <b>To:</b> <u>5/14/2012</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
ROBERT A. WATSON III							
<b>Mailing Address</b> 120 GIFT CIRCLE				4	19	2012	\$ 1,000.00
<b>City</b> AMBLER	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19002					
<b>Employer Name</b> ABINGTON MEDICAL ASSOCIATES CARDIOLOGY				<b>Occupation</b> PHYSICIAN			
<b>Employer Mailing Address/Principal Place of Business</b> 1235 OLD YORK RD LEVY MEDICAL BLDG STE 222				<b>City</b> ABINGTON		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19001
ANDREW FIREMAN							
<b>Mailing Address</b> PO BOX 523				4	19	2012	\$ 500.00
<b>City</b> GWYNEDD VALLEY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 194370523					
<b>Employer Name</b> ABINGTON MEDICAL ASSOCIATES CARDIOLOGY				<b>Occupation</b> PHYSICIAN			
<b>Employer Mailing Address/Principal Place of Business</b> 1235 OLD YORK RD. LEVY MEDICAL BLDG STE 222				<b>City</b> ABINGTON		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19001
ASOKA BALARATNA							
<b>Mailing Address</b> 919 WOODCREST RD.				4	19	2012	\$ 500.00
<b>City</b> ABINGTON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19001					
<b>Employer Name</b> ABINGTON MEDICAL ASSOCIATES CARDIOLOGY				<b>Occupation</b> PHYSICIAN			
<b>Employer Mailing Address/Principal Place of Business</b> 1235 OLD YORK RD. LEVY MEDICAL BLDG STE 222				<b>City</b> ABINGTON		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19001

<b>Full Name of Contributor</b> BRUCE C. BERGER			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> 1763 OAK HILL DRIVE			4	19	2012	
<b>City</b> HUNTINGDON VALLEY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19006				
<b>Employer Name</b> ABINGTON MEDICAL ASSOCIATES CARDIOLOGY			<b>Occupation</b> PHYSICIAN			
<b>Employer Mailing Address/Principal Place of Business</b> 1235 OLD YORK RD LEVY MEDICAL BLDG STE 222		<b>City</b> ABINGTON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19001		

<b>Full Name of Contributor</b> RICHARD BORGE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> 14 MILLERS LANE			4	19	2012	
<b>City</b> NEWTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18940				
<b>Employer Name</b> ABINGTON MEDICAL ASSOCIATES CARDIOLOGY			<b>Occupation</b> PHYSICIAN			
<b>Employer Mailing Address/Principal Place of Business</b> 1235 OLD YORK RD. LEVY MEDICAL BLDG STE 222		<b>City</b> ABINGTON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19001		

<b>Full Name of Contributor</b> RICHARD A. GOLDSTEIN			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> 1157 TIMBERGATE DRIVE			4	19	2012	
<b>City</b> RYDAL	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19046				
<b>Employer Name</b> ABINGTON MEDICAL ASSOCIATES CARDIOLOGY			<b>Occupation</b> PHYSICIAN			
<b>Employer Mailing Address/Principal Place of Business</b> 1235 OLD YORK RD. LEVY MEDICAL BLDG STE. 222		<b>City</b> ABINGTON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19001		

<b>Full Name of Contributor</b> BRUCE KLUGHERZ			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> 1200 RED BARN RD.			4	19	2012	
<b>City</b> LOWER GWYNEDD	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190021278				
<b>Employer Name</b> ABINGTO MEDICAL ASSOCIATES CARDIOLOGY			<b>Occupation</b> PHYSICIAN			
<b>Employer Mailing Address/Principal Place of Business</b> 1235 OLD YORK RD. LEVY MEDICAL BLDG. STE 222		<b>City</b> ABINGTON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19001		

<b>Full Name of Contributor</b> PATRICK AQUILINA			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b> 1131 ARABIAN RD.			4	19	2012	
<b>City</b> WARRINGTON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 189762727				
<b>Employer Name</b> ABINGTON MEDICAL ASSOCIATES CARDIOLOGY			<b>Occupation</b> PHYSICIAN			
<b>Employer Mailing Address/Principal Place of Business</b> 1235 OLD YORK RDLEVY MEDICAL BLDG STE 222		<b>City</b> ABINGTON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19001		

<b>Full Name of Contributor</b> ADAM M. COHEN			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b> 49 OAKWOOD DRIVE			4	19	2012	
<b>City</b> DRESHER	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19025				
<b>Employer Name</b> ABINGTON MEDICAL SPECIALISTS CARDIOLOGY			<b>Occupation</b> PHYSICIAN			
<b>Employer Mailing Address/Principal Place of Business</b> 1235 OLD YORK RDLEVY MEDICAL BLDG STE 222		<b>City</b> ABINGTON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19001		

<b>Full Name of Contributor</b> MARC C. COHEN			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b> 1445 HUNTINGDON ROAD			4	19	2012	
<b>City</b> ABINGTON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19001				
<b>Employer Name</b> ABINGTON MEDICAL SPECIALISTS CARDIOLOGY			<b>Occupation</b> PHYSICIAN			
<b>Employer Mailing Address/Principal Place of Business</b> 1235 OLD YORK RDLEVY MEDICAL BLDG STE 222		<b>City</b> ABINGTON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19001		

<b>Full Name of Contributor</b> SCOTT SHAPIRO			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b> 1555 BARDSEY DRIVE			4	19	2012	
<b>City</b> LOWER GWYNEDD	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19002				
<b>Employer Name</b> ABINGTON MEDICAL SPECIALISTS CARDIOLOGY			<b>Occupation</b> PHYSICIAN			
<b>Employer Mailing Address/Principal Place of Business</b> 1235 OLD YORK RDLEVY MEDICAL BLDG STE 222		<b>City</b> ABINGTON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19001		



<b>Full Name of Contributor</b> EMANUEL KOSTACOS			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 750.00
<b>Mailing Address</b> 405 NEWBOLD ROAD			4	19	2012	
<b>City</b> JENKINTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19046				
<b>Employer Name</b> ABINGTON MEDICAL SPECIALISTS CARDIOLOGY			<b>Occupation</b> PHYSICIAN			
<b>Employer Mailing Address/Principal Place of Business</b> 1235 OLD YORK RD.LEVY MEDICAL BLDG, STE. 222		<b>City</b> ABINGTON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19001		

<b>Full Name of Contributor</b> WILLIAM PETRUCCI			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 300.00
<b>Mailing Address</b> 1570 BAUMAN DRIVE			4	19	2012	
<b>City</b> MAPLE GLEN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19002				
<b>Employer Name</b> ABINGTON MEDICAL SPECIALISTS CARDIOLOGY			<b>Occupation</b> PHYSICIAN			
<b>Employer Mailing Address/Principal Place of Business</b> 1235 OLD YORK RD.LEVY MEDICAL BLDG, STE. 222		<b>City</b> ABINGTON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19001		

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

<b>PAGE TOTAL</b>
\$ 9,050.00

## 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.**

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF JOSH SHAPIRO	<b>Reporting Period</b>  From: <u>4/10/2012</u> To: <u>5/14/2012</u>
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				DATE	AMOUNT	
Full Name			MO	DAY	YEAR	
TD BANK						
<b>Mailing Address</b> PO BOX 1377			4	30	2012	\$ 3.38
<b>City</b> LEWISTOWN	<b>State</b> ME	<b>Zip Code (Plus 4)</b> 04243				
<b>Receipt Description</b> INTEREST						

Full Name			MO	DAY	YEAR	
HUTNEY CONSTRUCTION CORP.						
<b>Mailing Address</b> 1150 OLD YORK RD. STE. 21						\$ 750.00
<b>City</b> ABINGTON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19001				
<b>Receipt Description</b> SECURITY DEPOSIT REFUND						

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

<b>PAGE TOTAL</b>
\$ 753.38

## 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
FRIENDS OF JOSH SHAPIRO		From: <u>4/10/2012</u> To: <u>5/14/2012</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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	\$ 0.00
Mailing Address							
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

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# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF JOSH SHAPIRO	From <u>4/10/2012</u> To: <u>5/14/2012</u>

DATE				AMOUNT		
To Whom Paid AT&T			MO	DAY	YEAR	\$ 154.55
Mailing Address PO BOX 6463			4	10	2012	
City CAROL STREAM	State IL	Zip Code (Plus 4) 60197	Description of Expenditure PHONE			
To Whom Paid FRIENDS OF STEVE MCCARTER			MO	DAY	YEAR	\$ 500.00
Mailing Address PO BOX 467			4	13	2012	
City GLENSIDE	State PA	Zip Code (Plus 4) 19038	Description of Expenditure CONTRIBUTION			
To Whom Paid BOBBY II			MO	DAY	YEAR	\$ 1,000.00
Mailing Address PO BOX 22614			4	19	2012	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19110	Description of Expenditure CONTRIBUTION			
To Whom Paid JOSH SHAPIRO			MO	DAY	YEAR	\$ 23.00
Mailing Address 1950 CLOVERLY LANE			4	19	2012	
City RYDAL	State PA	Zip Code (Plus 4) 19046	Description of Expenditure REIMBURSE PARKING			
To Whom Paid FRIENDS OF MADELEINE DEAN			MO	DAY	YEAR	\$ 10,000.00
Mailing Address PO BOX 381			4	20	2012	
City ABINGTON	State PA	Zip Code (Plus 4) 19001	Description of Expenditure CONTRIBUTION			

<b>To Whom Paid</b> CCD DEBIT			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO BOX 407066			4	3	2012	
<b>City</b> FT LAUDERDALE	<b>State</b> FL	<b>Zip Code (Plus 4)</b> 33340	<b>Description of Expenditure</b> ON-LINE GIVING FEE			
<b>To Whom Paid</b> HARLAND CLARKE CHECKS			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b>			4	20	2012	
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>	<b>Description of Expenditure</b> CHECKS FROM BANK			
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b> \$ 11,734.32

