### **Campaign Finance Report**

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

Filer Identification 2003274 Report CANDIDATE COMM							1ITTEE	<b>✓</b>	LOB	BYIST									
Name of Filing C	ommittee, Can	didate	or Lo	bbyist:		Fri	iends	of Jos	sh Sh	apiro									
Street Address:	528 Pine T	ree Ro	ad,,c,	o Care	n Mo	skowit	tz, Tre	easur	asurer										
City:	Jenkintowr -	1							State	State: PA				<b>Zip Code:</b> 19046					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		2ND FRI PRIMAR`		PRE-	2.	30 DA		Р	OST-	3.		AMENDM REPORT?		Yes	N	0	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		2ND FRI ELECTIC		PRE-	5.	30 DA		Р	OST-	6. <b>X</b>		TERMINA REPORT?		Yes	N	0	<b>\</b>
report type)	ANNUAL REPO	<b>PRT</b> 7.	,						ILING METHOD  OHECK ONE				PAPER DISKETT			ETTE			
Name of Office S	ought by Cand	idate:							DAT	ΕO	F ELE	СТІС	N	District Number	Office Code	Pai	ty Cod	Cour	
									МО		DAY	ΥI	EAR			I			
									11		4	2014		(SEE INS	TRUCTI	ONS FOR	CODES	)	
Summary of		I M	0	DAY	YI	EAR			МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY	,	
Expenditures	from:		1	0	21	201	4 <b>T</b>	0		11	2	24	2014						
A. Amount Bro	ught Forward F	rom La	st Re	port				\$			1,	052,4	414.35						
B. Total Monetary Contributions And Receipts (From Schedule I)							le I)	\$				7,9	989.69						
C. Total Funds Available (Sum Of Lines A and B)							\$			1,	060,4	404.04							
D. Total Expenditures (From Schedule III)						\$				29,7	729.23								
E. Ending Cash	Balance (Subt	ract Lin	ne D F	rom Lir	ne C)			\$			1,0	30,6	74.81						
F. Value Of In-	Kind Contributi	ions Re	ceive	d (Fron	Sch	edule :	II)	\$					0.00						
G. Unpaid Debt	s And Obligation	ons (Fro	om So	hedule	IV)			\$					0.00		,				
					P	AFFIC	OAVI	T SE	CTIO	NC									
PART I - If this is	a Committee	report,	treas	urer sig	ın he	re. If t	this is	a Car	ndidat	te re	port, c	andi	date sig	n here.					
I swear (or affirm) correct and comple		includin	g the	attached	sched	dules fil	led on	paper	or by e	electr	onic m	edium	, are to t	he best of	my knov	vledge	and be	ief , tr	ue
Sworn to and subs	cribed before me day of	this		20								5	Signature	of Persor	n Submitt	ing Re	oort		_
	Sign	nature		_				- -						Print	ed Name				_
My Commission Ex	pires							_		•				Emai	I				
	МО		DA	Y		YR					Are	a Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a c	andida	te's a	uthoriz	ed Co	ommit	tee, C	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		of my kr	nowled	ige and I	pelief	this po	litical	comm	ittee h	as no	ot viola	ted ar	ıy provisi	ons of the	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subsc		his											Si	gnature o	f Candida	ite			_
	day of			20 —				-						Printe	d Name				-
	Signatu	ıre						-											_
My Commission Exp	ires													Emai	il				
	мо		DA	Y		YR		_			Area	Code		Da	ytime Te	elephor	ne Num	ber	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	Period		
Friends of Josh Shapiro	From:	10/21/201	<u>.4</u> To:	11/24/2014
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	\$	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)			\$	7,850.00
TOTAL for the Reporting	Period	(3)	\$	7,850.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	Period	(4)	\$	139.69
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			\$	7,989.69

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporti	ng Period			
			From:		То	:	
		L		DATE			AMOUNT
Full Name of Contributin	g Committee		МС	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

## 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 Fining Committee of Candidate				Reporting Period From: To:							
					DATE		AN	40UNT			
Full Name of Contributor				МО	DAY	YEAR					
Mailing Address							\$ \$	0.00			
City	State	Zip Code (Plus 4)	1								

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.)

Name of Filing Committee or Candidate				Rep	orting Pe	riod					
Friends of Josh Shapiro				Fror	n:	10/21/2	<u>014</u> To	<b>)</b> :	11/2	<u>24/2014</u>	
					DA	ATE			AMOUN	IT	
Full Name of Contributor Sean Reilly					мо	DAY	YEAR				
Mailing 826 Kerper St.								\$		2,000.00	
<b>City</b> Philadelphia	State	Zi	p Code (Plus	<b>34)</b>	11	14	2014	•			
	PA	PA 19111									
Employer Name Roscommon International,					Occupat	tion	Governn	nent I	Relations	;	
Employer Mailing Address/Principal Place of Business City						State		Zip	Zip Code (Plus 4)		
333 E City AveSte 300 Bala Cynwyd					PA 19004151						
Full Name of Contributor Paul Archibald					МО	DAY	YEAR				
Mailing 397 Walker Rd								\$		2,500.00	
City Wayne	State	Zi	p Code (Plus	64)	11	14	2014	.			
,	PA	19	00871319								
Employer Name McCormick Taylor					Occupation Engineer						
Employer Mailing Address/Principal Plac Business	e of		City			State		Zip	Code (Plu	ıs 4)	
Two Comerce Square2001 Market Stre	et, 10th Floor		Philadelp	hia		PA		19	103		
Full Name of Contributor											
Michael Maholick					МО	DAY	YEAR				
Mailing 105 Stayman Drive								\$		2,500.00	
City North Wales	State	Zi	p Code (Plus	i 4)	11	14	2014	•			
	PA	19	9454								
Employer Name McCormick Taylor				Occupat	tion	nginee	r				
Employer Mailing Address/Principal Plac Business	e of		City		•	State		Zip	Code (Plu	ıs 4)	
Two Commerce Square2001 Market St			Philadelp	hia	PA 19103						

							PAGE 7			
Full Name of Contributor Harvey Weiner				мо	DAY	YEAR				
Mailing 95 Llanfa Address	ir Circle						\$ 500.00			
City Ardmore	State PA		<b>P Code (Plus 4)</b>	11	14	2014				
Employer Name Dependable Distribution					Occupation Port distribution					
Employer Mailing Address/Principal Place of Business City				State		Zip Code (Plus 4)				
1301 Union Avenue Pennsauken				NJ		08110				
Full Name of Contributor Marc Bernstein				МО	DAY	YEAR				
Mailing 1500 Bar	dsey Dr						\$ 350.00			
City Ambler	<b>State</b> PA		p Code (Plus 4) 90021547	11	3	2014				
Employer Name Creative Financial Group			Occupat	<b>ion</b>	inancial	Advisor				
Employer Mailing Address/Principal Place of City Business			•	State		Zip Code (Plus 4)				
16 Campus Blvd., Suite 20	0		Newtown Squar	re PA 19073			19073			

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

**PAGE TOTAL**\$ 7,850.00

## 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 Candidate		Reporting Period					
Friends of Josh Shapiro	From:	10/21/2014 <b>To</b> :	11/24/2014				

			D	ATE		AMOUNT
Full Name  TD Bank			МО	DAY	YEAR	
Mailing Address PO Box 1377			10	31	2014	\$ 139.69
<b>City</b> Lewiston	<b>State</b> ME	<b>Zip Code (Plus 4)</b> 04243	10	31	2014	
Receipt Description Interest pa	ayment					

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

**PAGE TOTAL \$** 139.69

#### **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 Peri	od						
Friends of Josh Shapiro	From:	<u>10/21/2014</u> <b>To:</b>	11/24/2014					
L. 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 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	Reporting Period						
	From:			То:			
				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	Schedule II, In-Kir	nd Contributions Deta	iled Sum	ımary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					Reporting Period							
					From:		То	То:				
					•		DATE				AMOUNT	
Full Name of Contributor						мо	DAY	YEAR	1			
Mailing Address										\$	0.00	
City	State	Zip Code(Plus		Plus 4)								
Employer of Contributor					Occupation							
Employer Mailing Address/Principal Place of Business		City		State	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			Reporti						
Friends of Josh Shapiro			From	10/2	1/2014	То:	11/24/2014		
		DATE			AMOUNT				
<b>To Whom Paid</b> AT&T Mobility				DAY	YEAR				
Mailing Address P.O. Box 6463				13	2014	\$	524.04		
City Carol Stream	<b>State</b> IL	<b>Zip Code (Plus 4)</b> 60197		ption of Expenditure none bill					
To Whom Paid New Partners Consulting Inc.				DAY	YEAR				
Mailing Address 1250 Eye Street NW, Suite 200				5	2014	\$	18,743.20		
<b>City</b> Washington	State DC	<b>Zip Code (Plus 4)</b> 20005	Description of Expenditure Consulting						
<b>To Whom Paid</b> Josh Shapiro			МО	DAY	YEAR				
Mailing Address 1550 Cloverly Ln			11	8	2014	\$	211.99		
City Rydal	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190461405		Description of Expenditure Reimbursement					
To Whom Paid Tim Briggs for State Representative				DAY	YEAR				
Mailing Address PO Box 62193			10	27	2014	\$	10,000.00		
City King of Prussia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19406	Description of Expenditure  Contribution						
<b>To Whom Paid</b> Old York Road Temple Beth-Am			мо	DAY	YEAR				
Mailing Address 971 Old York Road			11	3	2014	\$	250.00		
<b>City</b> Abington	State PA	<b>Zip Code (Plus 4)</b> 19001		tion of Exp sement	oenditure	•			
Enter Grand Total of Everand	itures on Page 1. Pe	nort Cover Page Ttem I	`				PAGE TOTAL		
Enter Grand Total of Expend	itures on Paye 1, Re	port Cover Page, Item I	<i>)</i> .			\$	29,729.23		