

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: Friends of Josh Shapiro											
Street Address: 528 Pine Tree Road,,c/o Caren Moskowitz, Treasurer											
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. X	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2014	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
					MO	DAY	YEAR				
					11	4	2014	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		10	21	2014	TO	11	24	2014			
A. Amount Brought Forward From Last Report					\$		1,052,414.35				
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		7,989.69				
C. Total Funds Available (Sum Of Lines A and B)					\$		1,060,404.04				
D. Total Expenditures (From Schedule III)					\$		29,729.23				
E. Ending Cash Balance (Subtract Line D From Line C)					\$		1,030,674.81				
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
Friends of Josh Shapiro	From: <u>10/21/2014</u> To: <u>11/24/2014</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)	\$ 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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 7,989.69
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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 Friends of Josh Shapiro	Reporting Period From: <u>10/21/2014</u> To: <u>11/24/2014</u>
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				DATE	AMOUNT	
Full Name of Contributor	MO	DAY	YEAR			
Marc Bernstein						
Mailing Address 1500 Bardsey Dr				\$ 350.00		
City Ambler	11	3	2014			
State PA						
Zip Code (Plus 4) 190021547						
Employer Name Creative Financial Group				Occupation Financial Advisor		
Employer Mailing Address/Principal Place of Business 16 Campus Blvd., Suite 200				City Newtown Square	State PA	Zip Code (Plus 4) 19073
Harvey Weiner						
Mailing Address 95 Llanfair Circle				\$ 500.00		
City Ardmore	11	14	2014			
State PA						
Zip Code (Plus 4) 19003						
Employer Name Dependable Distribution				Occupation Port distribution		
Employer Mailing Address/Principal Place of Business 1301 Union Avenue				City Pennsauken	State NJ	Zip Code (Plus 4) 08110
Michael Maholick						
Mailing Address 105 Stayman Drive				\$ 2,500.00		
City North Wales	11	14	2014			
State PA						
Zip Code (Plus 4) 19454						
Employer Name McCormick Taylor				Occupation Engineer		
Employer Mailing Address/Principal Place of Business Two Commerce Square 2001 Market Street, 10th Floor				City Philadelphia	State PA	Zip Code (Plus 4) 19103

Full Name of Contributor Paul Archibald			MO	DAY	YEAR	\$ 2,500.00
Mailing Address 397 Walker Rd			11	14	2014	
City Wayne	State PA	Zip Code (Plus 4) 190871319				
Employer Name McCormick Taylor			Occupation Engineer			
Employer Mailing Address/Principal Place of Business Two Commerce Square2001 Market Street, 10th Floor		City Philadelphia	State PA	Zip Code (Plus 4) 19103		

Full Name of Contributor Sean Reilly			MO	DAY	YEAR	\$ 2,000.00
Mailing Address 826 Kerper St.			11	14	2014	
City Philadelphia	State PA	Zip Code (Plus 4) 19111				
Employer Name Roscommon International,			Occupation Government Relations			
Employer Mailing Address/Principal Place of Business 333 E City AveSte 300		City Bala Cynwyd	State PA	Zip Code (Plus 4) 19004151		

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

PAGE TOTAL
\$ 7,850.00

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 Friends of Josh Shapiro	Reporting Period From: <u>10/21/2014</u> To: <u>11/24/2014</u>
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				DATE	AMOUNT		
Full Name				MO	DAY	YEAR	
TD Bank							
Mailing Address PO Box 1377				10	31	2014	\$ 139.69
City Lewiston	State ME	Zip Code (Plus 4) 04243					
Receipt Description Interest payment							

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

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
AT&T Mobility	11	13	2014	\$ 524.04
Mailing Address P.O. Box 6463				
City Carol Stream	State IL	Zip Code (Plus 4) 60197	Description of Expenditure Cell phone bill	
To Whom Paid New Partners Consulting Inc.	11	5	2014	\$ 18,743.20
Mailing Address 1250 Eye Street NW, Suite 200				
City Washington	State DC	Zip Code (Plus 4) 20005	Description of Expenditure Consulting	
To Whom Paid Josh Shapiro	11	8	2014	\$ 211.99
Mailing Address 1550 Cloverly Ln				
City Rydal	State PA	Zip Code (Plus 4) 190461405	Description of Expenditure Reimbursement	
To Whom Paid Tim Briggs for State Representative	10	27	2014	\$ 10,000.00
Mailing Address PO Box 62193				
City King of Prussia	State PA	Zip Code (Plus 4) 19406	Description of Expenditure Contribution	
To Whom Paid Old York Road Temple Beth-Am	11	3	2014	\$ 250.00
Mailing Address 971 Old York Road				
City Abington	State PA	Zip Code (Plus 4) 19001	Description of Expenditure Advertisement	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 29,729.23

