

# 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>												
<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 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 2015	<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>				
						11	3	2015				
									(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>			
		10	20	2015		11	23	2015				
<b>A. Amount Brought Forward From Last Report</b>						\$ 1,358,418.01						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 43,732.46						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 1,402,150.47						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 7,201.65						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 1,394,948.82						
<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>10/20/2015</u> To: <u>11/23/2015</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>	\$ 1,100.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 1,100.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 10,500.00
<b>All Other Contributions (Part D)</b>	\$ 31,900.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 42,400.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 182.46

<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>	\$ 43,732.46
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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
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Full Name of Contributing Committee	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 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>	<b>Reporting Period</b>
Friends of Josh Shapiro	From: <u>10/20/2015</u> To: <u>11/23/2015</u>

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
Walter Kielar							
Mailing Address				10	30	2015	
City	Thornton	State	Zip Code (Plus 4)				
		PA	193732013				
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
Dennis Gregory							
Mailing Address				10	30	2015	
City	Chester Springs	State	Zip Code (Plus 4)				
		PA	194252935				
Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
Brian D Gralnick							
Mailing Address				10	20	2015	
City	Elkins Park	State	Zip Code (Plus 4)				
		PA	190272620				
Full Name of Contributor				MO	DAY	YEAR	\$ 200.00
Denise Wylie							
Mailing Address				10	30	2015	
City	Clarks Green	State	Zip Code (Plus 4)				
		PA	184111207				
Full Name of Contributor				MO	DAY	YEAR	\$ 200.00
James Tabak							
Mailing Address				10	30	2015	
City	Kennett Sq	State	Zip Code (Plus 4)				
		PA	193481719				
Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
Deborah S Kuhn							
Mailing Address				10	21	2015	
City	Philadelphia	State	Zip Code (Plus 4)				
		PA	191036610				

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

<b>PAGE TOTAL</b>
\$ 1,100.00

**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.**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
Friends of Josh Shapiro	<b>From:</b> <u>10/20/2015</u> <b>To:</b> <u>11/23/2015</u>

				DATE			AMOUNT	
Full Name of Contributing Committee Swanson Street Associates				MO	DAY	YEAR	\$	1,000.00
Mailing Address								
City    Blue Bell		State PA	Zip Code (Plus 4) 194222314					
Full Name of Contributing Committee Aetna, Inc. Political Action Committee				MO	DAY	YEAR	\$	2,500.00
Mailing Address								
City    Washington		State DC	Zip Code (Plus 4) 200016706					
Full Name of Contributing Committee Chimicles and Tikellis LLP				MO	DAY	YEAR	\$	1,000.00
Mailing Address								
City    Haverford		State PA	Zip Code (Plus 4) 190411554					
Full Name of Contributing Committee Sheet Metal Workers Local #19				MO	DAY	YEAR	\$	5,000.00
Mailing Address								
City    Philadelphia		State PA	Zip Code (Plus 4) 191475505					
Full Name of Contributing Committee PLP PAC				MO	DAY	YEAR	\$	1,000.00
Mailing Address								
City    Bala Cynwyd		State PA	Zip Code (Plus 4) 190041512					

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

**PAGE TOTAL**

\$ 10,500.00

**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>10/20/2015</u> <b>To:</b> <u>11/23/2015</u>
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				DATE	AMOUNT
<b>Full Name of Contributor</b> Regina Ceisler Shapiro				<b>MO</b>	\$ 1,500.00
<b>Mailing Address</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>City</b> Bala Cynwyd </div> <div style="width: 15%;"> <b>State</b> PA </div> <div style="width: 35%;"> <b>Zip Code (Plus 4)</b> 190042403 </div> </div>				10	
				30	
				2015	
<b>Employer Name</b> Hillel of Greater Philadelphia				<b>Occupation</b> Fundraising	
<b>Employer Mailing Address/Principal Place of Business</b>				<b>City</b> Philadelphia	<b>State</b> PA
				<b>Zip Code (Plus 4)</b> 19104	
<b>Full Name of Contributor</b> Paul Bach				<b>MO</b>	\$ 400.00
<b>Mailing Address</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>City</b> Phoenix </div> <div style="width: 15%;"> <b>State</b> MD </div> <div style="width: 35%;"> <b>Zip Code (Plus 4)</b> 211312139 </div> </div>				10	
				30	
				2015	
<b>Employer Name</b> Genesis HealthCare				<b>Occupation</b> Healthcare	
<b>Employer Mailing Address/Principal Place of Business</b>				<b>City</b> Kennett Square	<b>State</b> PA
				<b>Zip Code (Plus 4)</b> 19348	
<b>Full Name of Contributor</b> Jonathan Hoffman				<b>MO</b>	\$ 5,000.00
<b>Mailing Address</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>City</b> Wynnewood </div> <div style="width: 15%;"> <b>State</b> PA </div> <div style="width: 35%;"> <b>Zip Code (Plus 4)</b> 190961016 </div> </div>				11	
				10	
				2015	
<b>Employer Name</b> self				<b>Occupation</b> finance	
<b>Employer Mailing Address/Principal Place of Business</b>				<b>City</b> Wynnewood	<b>State</b> PA
				<b>Zip Code (Plus 4)</b> 19096	
<b>Full Name of Contributor</b> Parkhouse Nursing & Rehab Center				<b>MO</b>	\$ 2,000.00
<b>Mailing Address</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>City</b> Royersford </div> <div style="width: 15%;"> <b>State</b> PA </div> <div style="width: 35%;"> <b>Zip Code (Plus 4)</b> 194683147 </div> </div>				11	
				10	
				2015	
<b>Employer Name</b>				<b>Occupation</b>	
<b>Employer Mailing Address/Principal Place of Business</b>				<b>City</b>	<b>State</b>
				<b>Zip Code (Plus 4)</b>	

<b>Full Name of Contributor</b> Thomas M Federman				<b>MO</b> 10	<b>DAY</b> 27	<b>YEAR</b> 2015	<b>\$</b> 1,000.00
<b>Mailing Address</b>							
<b>City</b> Jenkintown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190462530					
<b>Employer Name</b> Self Employed				<b>Occupation</b> Attorney			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>		
<b>Full Name of Contributor</b> Raymond Levin				<b>MO</b> 11	<b>DAY</b> 1	<b>YEAR</b> 2015	<b>\$</b> 500.00
<b>Mailing Address</b>							
<b>City</b> Wayne	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190870196					
<b>Employer Name</b> Self Employed				<b>Occupation</b> Real Estate			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>		
<b>Full Name of Contributor</b> Stradley Ronon Attorneys at Law				<b>MO</b> 11	<b>DAY</b> 20	<b>YEAR</b> 2015	<b>\$</b> 5,000.00
<b>Mailing Address</b>							
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191037018					
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>		
<b>Full Name of Contributor</b> Meir Gelley				<b>MO</b> 10	<b>DAY</b> 30	<b>YEAR</b> 2015	<b>\$</b> 2,000.00
<b>Mailing Address</b>							
<b>City</b> Lakewood	<b>State</b> NJ	<b>Zip Code (Plus 4)</b> 087011763					
<b>Employer Name</b> Nationwide HealthCare				<b>Occupation</b> Healthcare			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Wilmington	<b>State</b> DE	<b>Zip Code (Plus 4)</b> 19806		
<b>Full Name of Contributor</b> Arnold Berman				<b>MO</b> 11	<b>DAY</b> 3	<b>YEAR</b> 2015	<b>\$</b> 5,000.00
<b>Mailing Address</b>							
<b>City</b> Bryn Mawr	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190101820					
<b>Employer Name</b> Surgeon				<b>Occupation</b> Self			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>		
<b>Full Name of Contributor</b> Thaddeus Bartkowski				<b>MO</b> 10	<b>DAY</b> 26	<b>YEAR</b> 2015	<b>\$</b> 5,000.00
<b>Mailing Address</b>							
<b>City</b> Newtown Square	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190734640					
<b>Employer Name</b> Catalyst Outdoor Advertising				<b>Occupation</b> Advertising			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b> Malvern	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19355		

<b>Full Name of Contributor</b> Joseph C. Kohn Esq.			<b>MO</b> 10	<b>DAY</b> 27	<b>YEAR</b> 2015	<b>\$</b> 1,000.00
<b>Mailing Address</b>						
<b>City</b> Devon	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 193331612				
<b>Employer Name</b> Kohn Swift & Graf			<b>Occupation</b> Attorney			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19107		

  

<b>Full Name of Contributor</b> Ken Lawrence			<b>MO</b> 10	<b>DAY</b> 26	<b>YEAR</b> 2015	<b>\$</b> 1,000.00
<b>Mailing Address</b>						
<b>City</b> Plymouth Meetin	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 194627152				
<b>Employer Name</b> Temple University			<b>Occupation</b> Senior Vice President			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19122		

  

<b>Full Name of Contributor</b> Marsha Perelman			<b>MO</b> 10	<b>DAY</b> 21	<b>YEAR</b> 2015	<b>\$</b> 2,500.00
<b>Mailing Address</b>						
<b>City</b> Wynnewood	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190961235				
<b>Employer Name</b> Woodforde Management, Inc.			<b>Occupation</b> CEO			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b> Ardmore	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19003		

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

<b>PAGE TOTAL</b>
<b>\$</b> 31,900.00



## 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>  <b>From:</b> <u>10/20/2015</u> <b>To:</b> <u>11/23/2015</u>
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				DATE		AMOUNT	
Full Name				MO	DAY	YEAR	\$ 182.46
TD Bank							
Mailing Address							
City	Lewiston	State	ME	Zip Code (Plus 4)	10	31	2015
				042431377			
Receipt Description Interest							

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

<b>PAGE TOTAL</b>
\$ 182.46

## 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>10/20/2015</u> To: <u>11/23/2015</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 RECEIVED - 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: <span style="float: right;">To:</span>
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			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.						<b>PAGE TOTAL</b>  \$ 0.00

9/14/2025 4:01:19 AM

# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
Friends of Josh Shapiro	From <u>10/20/2015</u> To: <u>11/23/2015</u>

DATE				AMOUNT
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Parkhouse Nursing & Rehab Center				
<b>Mailing Address</b>	11	23	2015	\$ 2,000.00
<b>City</b> Royersford	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 194683147	<b>Description of Expenditure</b> Contribution Refund	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Caren G. Moskowitz				
<b>Mailing Address</b>	10	30	2015	\$ 92.20
<b>City</b> Jenkintown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190462228	<b>Description of Expenditure</b> Reimbursement - Ink	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
CCD Debit				
<b>Mailing Address</b>	10	31	2015	\$ 160.54
<b>City</b> Fort Lauderdale	<b>State</b> FL	<b>Zip Code (Plus 4)</b> 333407066	<b>Description of Expenditure</b> Credit card processing	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
LGBT Community Center Coalition				
<b>Mailing Address</b>	11	9	2015	\$ 250.00
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171021970	<b>Description of Expenditure</b> Event tickets	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
AT&T Mobility				
<b>Mailing Address</b>	11	9	2015	\$ 214.65
<b>City</b> Carol Stream	<b>State</b> IL	<b>Zip Code (Plus 4)</b> 601976463	<b>Description of Expenditure</b> Phone bill	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
AT&T Mobility				
<b>Mailing Address</b>	10	20	2015	\$ 274.59
<b>City</b> Carol Stream	<b>State</b> IL	<b>Zip Code (Plus 4)</b> 601976463	<b>Description of Expenditure</b> Phone bill	

<b>To Whom Paid</b> Kevin Washo			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 4,000.00
<b>Mailing Address</b>			10	23	2015	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191033574	<b>Description of Expenditure</b> Consulting			

  

<b>To Whom Paid</b> Josh Shapiro			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 209.67
<b>Mailing Address</b>			10	28	2015	
<b>City</b> Rydal	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190461405	<b>Description of Expenditure</b> Reimbursement - Travel, meals			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						<b>\$</b> 7,201.65

