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 20	03274	4			Rep File			CANDI	DATE		СОМ	1ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Can	didate	or Lo	bbyist:		Frier	nds	of Jos	sh Shapir	0								
Street Address:	528 Pine T	ree Ro	oad															
City:	Jenkintowr	1							State:	PA			Zip Cod	le: 19	9046			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		2ND FRIDAY PRIMARY	/ PRE-	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	•	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		2ND FRIDAY ELECTION	/ PRE	- 5	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No		\
report type)	ANNUAL REPO	RT 7.	X	Year 2015					IG METHO				PAPER		/	DISKE	TTE	
Name of Office S	ought by Cand	idate:	-						DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
	,								МО	DAY	YE	AR	Number	10000			couc	
									11		3	2015		(SEE IN	STRUCTI	ONS FOR (CODES)
Summary of Expenditures		M	10	DAY	YEAR			_	МО	DAY	ΥI	EAR	FO	R OFFI	CE USE	ONLY		
			1	1 24	2	015	Т	<u> </u>	12		31	2015						
A. Amount Bro	ught Forward F	rom L	ast Re	port				\$		1,	394,9	948.82						
B. Total Monet	ary Contributio	ns And	d Rece	ipts (From	Sche	dule	I)	\$			11,9	934.98						
C. Total Funds	Available (Sum	Of Lir	nes A a	and B)				\$		1,	406,8	383.80						
D. Total Expen	ditures (From S	chedu	ıle III)				\$			89,1	.07.19						
E. Ending Cash	Balance (Subt	ract Li	ne D F	rom Line C	:)			\$		1,3	317,7	76.61						
F. Value Of In-	Kind Contributi	ons Re	eceive	d (From Sc	hedu	le II)	\$				0.00						
G. Unpaid Debt	s And Obligation	ons (Fr	rom So	chedule IV)			\$				0.00						
					AFF	IDA	١VI	T SE	CTION									
PART I - If this is	s a Committee I	report,	, treas	urer sign h	ere. 1	[f thi	is is	a Can	ndidate re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple		includi	ng the	attached sch	edules	filed	i on i	paper (or by electi	ronic m	edium	, are to t	he best o	f my kno	wledge	and beli	ef , trı	ue.
Sworn to and subs	cribed before me day of	this		20							S	ignature	of Perso	1 Submit	ting Rep	ort		_
	Sign	ature						- -					Prin	ted Name	e			_
My Commission Ex	-	ature							•				Emai	il				-
	мо		DA	Y	YR					Are	ea Coc	le	Daytim	e Teleph	one Nu	mber		_
Part II- If this is	a report of a c	andida	ate's a	uthorized	Comn	nitte	e, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende		of my k	cnowled	dge and belie	ef this	polit	ical	commi	ittee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		his										Si	ignature o	f Candid	ate			-
	day of ————————————————————————————————————			20				_					Printe	d Name				-
	Signatu	ıre						-										_
My Commission Exp	_												Ema	il				
	мо		DA	Y	YR			•		Area	Code		Da	ytime T	elephor	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
Friends of Josh Shapiro	From:	11/24/201	<u>5</u> To:	12/31/2015
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	70.00
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)			\$	11,500.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	11,500.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	364.98
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			\$	11,934.98

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use	this Part to itemize onl with an aggregate valu							
Name of Filing Comn	nittee or Candidate		Rep	orting I	Period			
			Fron	n:		То	:	
					DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address			T				\$	0.00
City	State	Zip Code (Plus 4)						
	'	<u> </u>				-	╦	DAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed 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 o	r Candidate		Rep Fro	oorting P	eriod	To	o:	
			l		DATE			AMOUNT
Full Name of Contributor				МО	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 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 Candida	ite		Reporting	g Period				
Friends of Josh Shapiro			From:	11/2	4/2015	То:	<u>12</u>	2/31/2015
				DA	TE		A	MOUNT
Full Name of Contributing Committee Exelon PAC	e			МО	DAY	YEAR		
Mailing Address 300 Exelon Way	Ste 310			10		2015	\$	1,500.00
City Kennett Square	State PA	Zip Cod 193482	e (Plus 4) 2473	12	30	2015		
Full Name of Contributing Committee IUOE Local 542 Political Action Fund				МО	DAY	YEAR		
Mailing Address 1375 Virginia Dr	Ste 100						\$	10,000.00
City Fort Washington	State PA	Zip Cod 190343	e (Plus 4) 3257	11	30	2015		
								PAGE TOTAL

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

PAGE TOTAL 11,500.00

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				
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	ode (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 0.00

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		Report	ing Perio	d			
Friends of Josh Shapiro			From:		<u>11/24/201</u>	<u>5</u> To :	<u>12/3</u>	<u>31/2015</u>
				D	ATE		АМО	UNT
Full Name						\		
TD Bank				МО	DAY	YEAR		
Mailing Address PO Box 1	377						\$	182.46
City Lewiston	State	Zip Code (I	Plus 4)	11	30	2015		
	ME	04243137	77					
Receipt Description Inte	rest	<u>'</u>						
Full Name								
TD Bank				МО	DAY	YEAR		
Mailing Address PO Box 1	377						\$	182.52
City Lewiston	State	Zip Code (I	Plus 4)	12	31	2015		
	ME	04243137	77					
Receipt Description Inte	rest	l		ı	<u> </u>			
							D4.61	TOTAL

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

\$ 364.98

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 Per	iod	
Friends of Josh Shapiro	From:	<u>11/24/2015</u> To:	<u>12/31/2015</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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	ate		Reporting	g 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	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	e				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reporti	ng Period			
Friends of Josh Shapiro			From	11/2	<u>4/2015</u>	То:	12/31/2015
				DATE			AMOUNT
To Whom Paid Ryan Alexander			МО	DAY	YEAR		
Mailing Address 1001 N 2nd	Street #508		12	7	2015	\$	1,015.58
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	<u> </u>	
	PA	19123		ırsement -			
To Whom Paid CCD Debit			МО	DAY	YEAR		
Mailing Address PO Box 4070	066		11	30	2015	\$	249.59
City Fort Lauderdale	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	FL	333407066	Credit	card proce	ssing		
To Whom Paid JJBL			мо	DAY	YEAR		
Mailing Address 1776 Paper	Mill Rd		12	7	2015	\$	350.00
City Jenkintown	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	190461019	Sponso				
To Whom Paid JJBL			МО	DAY	YEAR		
Mailing Address 1776 Paper	Mill Rd		12	14	2015	\$	350.00
City Jenkintown	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	190461019	Sponso	-			
To Whom Paid	<u> </u>		МО	DAY	YEAR		
Kennedy Communications, Inc.							
Mailing Address 926 N St NV	V Studio R7		11	25	2015	\$	7,757.00
City Washington	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1	
	DC	200014495	Droduc	tion Comic	oc for Di	roct Mailine	_

200014485

DC

Production Services for Direct Mailing

To Whom Paid Lexow Group LLC	МО	DAY	YEAR			
Mailing Address 1605 Amity Rd	12	14	2015	\$		53.98
City Rydal State Zip Code (Plus 4) PA 190461204		tion of Exp				
To Whom Paid Montgomery County Democratic Committee	МО	DAY	YEAR			
Mailing Address 21 E Airy St	11	24	2015	\$	1	10,000.00
City Norristown PA Zip Code (Plus 4) 194014815	Descrip	tion of Exp	penditure			
To Whom Paid NGP VAN	МО	DAY	YEAR			
Mailing Address 1101 15th St NW Ste 500	12	14	2015	\$		1,170.00
	-					
CityWashingtonStateZip Code (Plus 4)DC200055006	Descrip Databa	otion of Exp se	enditure			
washington	1		YEAR			
To Whom Paid	Databa	se		\$		2,000.00
To Whom Paid Parkhouse Nursing & Center	MO 11 Descrip	DAY	YEAR 2015	\$		2,000.00
To Whom Paid Parkhouse Nursing & State DC 200055006 200055006 200055006 200055006 Zip Code (Plus 4)	MO 11 Descrip	DAY 24 ttion of Exp	YEAR 2015	\$		2,000.00
To Whom Paid Parkhouse Nursing & State Payersford To Whom Paid Parkhouse Nursing & Payersford To Whom Paid Payersford To Whom Paid Payersford To Whom Paid	MO 11 Descrip Contrib	DAY 24 stion of Expution Refu	YEAR 2015 penditure	\$		2,000.00
To Whom Paid Parkhouse Nursing & State Royersford To Whom Paid Parkhouse Nursing & State PA To Whom Paid Joe Radosevich	MO 11 Descrip Contrib MO 12 Descrip	DAY 24 Ition of Expution Refu	YEAR 2015 penditure nd YEAR 2015 penditure	\$		
To Whom Paid Parkhouse Nursing & Mailing Address 1600 Black Rock Rd City Royersford To Whom Paid Joe Radosevich Mailing Address 709 N 3rd St Fl 2 City Philadelphia DC 200055006 Zip Code (Plus 4) 194683147	MO 11 Descrip Contrib MO 12 Descrip	DAY 24 stion of Expution Refu DAY 7	YEAR 2015 penditure nd YEAR 2015 penditure	\$		
To Whom Paid Parkhouse Nursing & State City Royersford To Whom Paid Joe Radosevich Mailing Address 709 N 3rd St Fl 2 City Philadelphia To Whom Paid To Whom Paid	MO 11 Descrip Contrib MO 12 Descrip Reimbu	DAY 24 Ition of Expution Refu DAY 7 Ition of Expursement -	YEAR 2015 Denditure nd YEAR 2015 Denditure Meals, tr	\$		

							PAGE 13	
To Whom Paid Joe Radosevich			мо	DAY	YEAR			
Mailing Address 709 N 3	rd St Fl 2		12	17	2015	\$	862.62	
City Philadelphia	Philadelphia State Zip Code (Plus 4) PA 191232903			Description of Expenditure Reimbursement - Travel, meals				
To Whom Paid Josh Shapiro			МО	DAY	YEAR			
Mailing Address 1550 Cloverly Ln			12	7	2015	\$	367.79	
City Rydal	State PA	Zip Code (Plus 4) 190461405	Description of Expenditure Reimbursement - Mileage					
To Whom Paid Josh Shapiro			МО	DAY	YEAR			
Mailing Address 1550 Cloverly Ln			12	7	2015	\$	332.13	
City Rydal	State PA	Zip Code (Plus 4) 190461405	Description of Expenditure Reimbursement - Meals, parking					
To Whom Paid Josh Shapiro			МО	DAY	YEAR			
Mailing Address 1550 Cloverly Ln			12	14	2015	\$	1,290.25	
City Rydal	State PA	Zip Code (Plus 4) 190461405	Description of Expenditure Reimbursement - Hotel, travel					
To Whom Paid Shapiro/Arkoosh				DAY	YEAR			
Mailing Address 21 E Airy St			11	24	2015	\$	60,000.00	
City Norristown	State PA	Zip Code (Plus 4) 194014815	Description of Expenditure Contribution					
Enter Grand Total of Exp	onditures on Page 1. Pe	nort Cover Page Ttom D	•				PAGE TOTAL	
Enter Grand Total of Exp	enultures on Page 1, Re	port Cover Page, Item D	•			\$	89,107.19	