

# 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> SHAPIRO, JOSH FRIENDS OF |                          |           |                         |                                    |                      |                         |  |  |                              |                                     |                   |                    |
| <b>Street Address:</b> P O BOX 162   |                          |           |                         |                                    |                      |                         |  |  |                              |                                     |                   |                    |
| <b>City:</b> ABINGTON  |                          |           |                         |                                    |                      | <b>State:</b> PA        |  |  | <b>Zip Code:</b> 19001       |                                     |                   |                    |
| <b>TYPE OF REPORT</b><br><br>(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 2005               | <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> |
| REPRESENTATIVE IN THE GENERAL ASSEMBLY   |                          |           |                         |                                    |                      | <b>MO</b>               | <b>DAY</b>                                       | <b>YEAR</b>  | STH DEM                      |                                     |                   |                    |
|  |                          |           |                         |                                    |                      | 11                      | 8  | 2005   | (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>   |                                     |                   |                    |
|  |                          | 1         | 1                       | 1                                  |                      | 11                      | 28   | 2005   |                              |                                     |                   |                    |
| <b>A. Amount Brought Forward From Last Report</b>                                |                          |           |                         |                                    |                      | \$ 111,534.76           |  |  |                              |                                     |                   |                    |
| <b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>            |                          |           |                         |                                    |                      | \$ 13,049.00            |  |  |                              |                                     |                   |                    |
| <b>C. Total Funds Available (Sum Of Lines A and B)</b>                           |                          |           |                         |                                    |                      | \$ 124,583.76           |  |  |                              |                                     |                   |                    |
| <b>D. Total Expenditures (From Schedule III)</b>                                 |                          |           |                         |                                    |                      | \$ 8,307.74             |  |  |                              |                                     |                   |                    |
| <b>E. Ending Cash Balance (Subtract Line D From Line C)</b>                      |                          |           |                         |                                    |                      | \$ 116,276.02           |  |  |                              |                                     |                   |                    |
| <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

Signature

Printed Name

My Commission Expires

Email

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>                   |
| SHAPIRO, JOSH FRIENDS OF                     | <b>From:</b> <b>To:</b> <u>11/28/2005</u> |

|  |                  |
|--|------------------|
| <b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b> |                  |
| <b>TOTAL for the Reporting Period (1)</b>                                      | <b>\$ 715.00</b> |

|  |                    |
|--|--------------------|
| <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>                 | <b>\$ 750.00</b>   |
| <b>All Other Contributions (Part B)</b>  | <b>\$ 2,822.00</b> |
| <b>TOTAL for the Reporting Period (2)</b>  | <b>\$ 3,572.00</b> |

|   |                    |
|---|--------------------|
| <b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b> |                    |
| <b>Contributions Received From Political Committees (Part C)</b>        | <b>\$ 4,000.00</b> |
| <b>All Other Contributions (Part D)</b>                                 | <b>\$ 4,762.00</b> |
| <b>TOTAL for the Reporting Period (3)</b>                               | <b>\$ 8,762.00</b> |

|  |                |
|--|----------------|
| <b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b> |                |
| <b>TOTAL for the Reporting Period (4)</b>  | <b>\$ 0.00</b> |

|   |                     |
|---|---------------------|
| <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> | <b>\$ 13,049.00</b> |
|---|---------------------|

**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.**

|  |  |             |               |
|--|--|-------------|---------------|
| <b>Name of Filing Committee or Candidate</b><br><br>SHAPIRO, JOSH FRIENDS OF   | <b>Reporting Period</b><br><br><b>From:</b> <b>To:</b> <u>11/28/2005</u> |             |               |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"><b>DATE</b></td> <td style="width: 40%; border: none;"><b>AMOUNT</b></td> </tr> </table> |  | <b>DATE</b> | <b>AMOUNT</b> |
| <b>DATE</b>  | <b>AMOUNT</b>  |             |               |

|   |                    |                                   |           |            |             |                                |
|---|--------------------|-----------------------------------|-----------|------------|-------------|--------------------------------|
| <b>Full Name of Contributing Committee</b><br>SRW&A PAC |                    |                                   | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$                      250.00 |
| <b>Mailing Address</b> 200 S. BROAD ST, STE 850         |                    |                                   | 10        | 28         | 2005        |                                |
| <b>City</b> PHILADELPHIA                                | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19102 |           |            |             |                                |

|  |                    |                                   |           |            |             |                                |
|--|--------------------|-----------------------------------|-----------|------------|-------------|--------------------------------|
| <b>Full Name of Contributing Committee</b><br>VALUE DRUG CO. PAC |                    |                                   | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$                      250.00 |
| <b>Mailing Address</b> PO BOX 2448                               |                    |                                   | 11        | 21         | 2005        |                                |
| <b>City</b> ALTOONA  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16603 |           |            |             |                                |

|   |                    |                                   |           |            |             |                                |
|---|--------------------|-----------------------------------|-----------|------------|-------------|--------------------------------|
| <b>Full Name of Contributing Committee</b><br>PA ORTHOPAEDICS SOCIETY PAC |                    |                                   | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$                      250.00 |
| <b>Mailing Address</b> 500 N. 3RD ST-11TH FL                              |                    |                                   | 11        | 21         | 2005        |                                |
| <b>City</b> HARRISBURG  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17101 |           |            |             |                                |

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

|                                |
|--------------------------------|
| <b>PAGE TOTAL</b>              |
| \$                      750.00 |

## 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>                   |
| SHAPIRO, JOSH FRIENDS OF                     | <b>From:</b> <b>To:</b> <u>11/28/2005</u> |

| DATE  |           |            |             | AMOUNT    |
|---|-----------|------------|-------------|-----------|
| <b>Full Name of Contributor</b>                               | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 250.00 |
| JAMES GREENE  |           |            |             |           |
| <b>Mailing Address</b> 29 S. ELMWOOD RD.                      |           |            |             |           |
| <b>City</b> MARLTON   | 11        | 2          | 2005        |           |
| <b>State</b> NJ   |           |            |             |           |
| <b>Zip Code (Plus 4)</b> 08053                                |           |            |             |           |
| <b>Full Name of Contributor</b>                               | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 250.00 |
| JEFFREY KOLANSKY  |           |            |             |           |
| <b>Mailing Address</b> 9500 WHEELPUMP LANE                    |           |            |             |           |
| <b>City</b> PHILADELPHIA                                      | 10        | 28         | 2005        |           |
| <b>State</b> PA   |           |            |             |           |
| <b>Zip Code (Plus 4)</b> 19118                                |           |            |             |           |
| <b>Full Name of Contributor</b>                               | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 250.00 |
| GOLDSTEINS CEMETARY FUND                                      |           |            |             |           |
| <b>Mailing Address</b> 6410 NORTH BROAD STREET                |           |            |             |           |
| <b>City</b> PHILADELPHIA                                      | 11        | 14         | 2005        |           |
| <b>State</b> PA   |           |            |             |           |
| <b>Zip Code (Plus 4)</b> 19126                                |           |            |             |           |
| <b>Full Name of Contributor</b>                               | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 100.00 |
| ABRAHAM REICH   |           |            |             |           |
| <b>Mailing Address</b> 2000 MARKET STREET, 10TH FLOOR         |           |            |             |           |
| <b>City</b> PHILADELPHIA                                      | 11        | 15         | 2005        |           |
| <b>State</b> PA   |           |            |             |           |
| <b>Zip Code (Plus 4)</b> 191033291                            |           |            |             |           |
| <b>Full Name of Contributor</b>                               | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 200.00 |
| ARTHUR FRANKEL  |           |            |             |           |
| <b>Mailing Address</b> FRANKELAM @ COMCAST.NET 1886 EDMUND DR |           |            |             |           |
| <b>City</b> ABINGTON  | 11        | 16         | 2005        |           |
| <b>State</b> PA   |           |            |             |           |
| <b>Zip Code (Plus 4)</b> 19001                                |           |            |             |           |
| <b>Full Name of Contributor</b>                               | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 100.00 |
| JOY POLLOCK   |           |            |             |           |
| <b>Mailing Address</b> 1957 ROBERT RD.                        |           |            |             |           |
| <b>City</b> MEADOWBROOK                                       | 11        | 19         | 2005        |           |
| <b>State</b> PA   |           |            |             |           |
| <b>Zip Code (Plus 4)</b> 19046                                |           |            |             |           |

|   |          |                         |    |     |      |           |
|---|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributor<br>SANDRA STEINFELD                      |          |                         | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 1400 LLOYD ROAD                                   |          |                         | 11 | 27  | 2005 |           |
| City HUNTINGDON VALLEY  | State PA | Zip Code (Plus 4) 19006 |    |     |      |           |
| Full Name of Contributor<br>FRANCINE LIPSTEIN                     |          |                         | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 952 LAFAYETTE RD.                                 |          |                         | 11 | 28  | 2005 |           |
| City BRYN MAWR  | State PA | Zip Code (Plus 4) 19010 |    |     |      |           |
| Full Name of Contributor<br>STUART PRICE                          |          |                         | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 721 DRESHER RD.                                   |          |                         | 11 | 28  | 2005 |           |
| City HORSHAM  | State PA | Zip Code (Plus 4) 19044 |    |     |      |           |
| Full Name of Contributor<br>THOMAS FEDERMAN                       |          |                         | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 748 CARMET RD.                                    |          |                         | 11 | 16  | 2005 |           |
| City RYDAL  | State PA | Zip Code (Plus 4) 19046 |    |     |      |           |
| Full Name of Contributor<br>DANA DIOTTAVIO                        |          |                         | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 90 LEFORGE COURT                                  |          |                         | 11 | 15  | 2005 |           |
| City WAYNE  | State PA | Zip Code (Plus 4) 19087 |    |     |      |           |
| Full Name of Contributor<br>JAMES YUSCHAK                         |          |                         | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 829 REDGATE RD.                                   |          |                         | 11 | 17  | 2005 |           |
| City DRESHER  | State PA | Zip Code (Plus 4) 19025 |    |     |      |           |
| Full Name of Contributor<br>JAY SCHINFELD                         |          |                         | MO | DAY | YEAR | \$ 72.00  |
| Mailing Address 1245 HIGHLAND AVE, STE 601                        |          |                         | 11 | 18  | 2005 |           |
| City ABINGTON   | State PA | Zip Code (Plus 4) 19001 |    |     |      |           |
| Full Name of Contributor<br>LAW OFFICE OF STANLEY ELLENBERG, ESQ. |          |                         | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 1528 WALNUT ST, STE 600                           |          |                         | 11 | 17  | 2005 |           |
| City PHILADELPHIA   | State PA | Zip Code (Plus 4) 19102 |    |     |      |           |
| Full Name of Contributor<br>MICHAEL STRATTON                      |          |                         | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 6 BALD EAGLE                                      |          |                         | 11 | 17  | 2005 |           |
| City LITTLETON  | State CO | Zip Code (Plus 4) 80127 |    |     |      |           |

| Full Name of Contributor |       |       |                   | MO | DAY | YEAR | \$100.00 |
|--------------------------|-------|-------|-------------------|----|-----|------|----------|
| MARC ROTHMAN             |       |       |                   |    |     |      |          |
| Mailing Address          |       |       |                   | 11 | 26  | 2005 |          |
| 1209 TOCKINGTON COURT    |       |       |                   |    |     |      |          |
| City                     | RYDAL | State | Zip Code (Plus 4) |    |     |      |          |
|                          |       | PA    | 19046             |    |     |      |          |

| Full Name of Contributor |          |       |                   | MO | DAY | YEAR | \$100.00 |
|--------------------------|----------|-------|-------------------|----|-----|------|----------|
| DEBORAH DEKALB           |          |       |                   |    |     |      |          |
| Mailing Address          |          |       |                   | 11 | 18  | 2005 |          |
| 921 TYSON AVE            |          |       |                   |    |     |      |          |
| City                     | ABINGTON | State | Zip Code (Plus 4) |    |     |      |          |
|                          |          | PA    | 19001             |    |     |      |          |

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 2,822.00       |

**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>                   |
| SHAPIRO, JOSH FRIENDS OF                     | <b>From:</b> <b>To:</b> <u>11/28/2005</u> |

|                                     |       |                   |  | DATE |     |      | AMOUNT     |  |
|-------------------------------------|-------|-------------------|--|------|-----|------|------------|--|
| Full Name of Contributing Committee |       |                   |  | MO   | DAY | YEAR | \$4,000.00 |  |
| 9TH WARD DEMOCRATIC COMMITTEE       |       |                   |  |      |     |      |            |  |
| Mailing Address                     |       |                   |  | 10   | 25  | 2005 |            |  |
| City                                | State | Zip Code (Plus 4) |  |      |     |      |            |  |

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

| PAGE TOTAL |          |
|------------|----------|
| \$         | 4,000.00 |

**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><br><br>SHAPIRO, JOSH FRIENDS OF | <b>Reporting Period</b><br><br><b>From:</b> <b>To:</b> <u>11/28/2005</u> |
|--|--|

|   |  |  |                      | DATE                |             | AMOUNT                     |             |
|---|--|--|----------------------|---------------------|-------------|----------------------------|-------------|
| Full Name of Contributor<br>JOSHUA LANDES   |  |  |                      | MO                  | DAY         | YEAR                       | \$ 1,000.00 |
|   |  |  |                      | 10                  | 31          | 2005                       |             |
|   |  |  |                      |                     |             |                            |             |
| Employer Name WYNNEFIELD CAPITAL MANAGEMENT LLC                                       |  |  |                      | Occupation          |             |                            |             |
| Employer Mailing Address/Principal Place of Business<br>450 FASHION AVE.              |  |  | City<br>NEW YORK     |                     | State<br>NY | Zip Code (Plus 4)<br>10123 |             |
| Full Name of Contributor<br>MITCHELL RUSSELL  |  |  |                      | MO                  | DAY         | YEAR                       | \$ 1,000.00 |
|   |  |  |                      | 11                  | 3           | 2005                       |             |
|   |  |  |                      |                     |             |                            |             |
| Employer Name SALVO, RUSSELL, FITCHER & LANDAU  |  |  |                      | Occupation          |             |                            |             |
| Employer Mailing Address/Principal Place of Business<br>510 TOWNSHIP LINE RD, STE 150 |  |  | City<br>BLUE BELL    |                     | State<br>PA | Zip Code (Plus 4)<br>19422 |             |
| Full Name of Contributor<br>BILL RYAN   |  |  |                      | MO                  | DAY         | YEAR                       | \$ 12.00    |
|   |  |  |                      | 11                  | 10          | 2005                       |             |
|   |  |  |                      |                     |             |                            |             |
| Employer Name ALBERT EINSTEIN HEALTHCARE NETWORK                                      |  |  |                      | Occupation DIRECTOR |             |                            |             |
| Employer Mailing Address/Principal Place of Business<br>5501 OLD YORK ROAD            |  |  | City<br>PHILADELPHIA |                     | State<br>PA | Zip Code (Plus 4)<br>19141 |             |
| Full Name of Contributor<br>BILL RYAN   |  |  |                      | MO                  | DAY         | YEAR                       | \$ 250.00   |
|   |  |  |                      | 11                  | 10          | 2005                       |             |
|   |  |  |                      |                     |             |                            |             |
| Employer Name ALBERT EINSTEIN HEALTHCARE NETWORK                                      |  |  |                      | Occupation DIRECTOR |             |                            |             |
| Employer Mailing Address/Principal Place of Business<br>5501 OLD YORK ROAD            |  |  | City<br>PHILADELPHIA |                     | State<br>PA | Zip Code (Plus 4)<br>19141 |             |



|  |                    |                                   |                                     |                                   |                     |                       |
|--|--------------------|-----------------------------------|-------------------------------------|-----------------------------------|---------------------|-----------------------|
| <b>Full Name of Contributor</b><br>MATTHEW SCHIFF                                |                    |                                   | <b>MO</b><br>11                     | <b>DAY</b><br>7                   | <b>YEAR</b><br>2005 | <b>\$</b><br>1,000.00 |
| <b>Mailing Address</b> MATTHEW@SERPPLUS.COM 712 BROADMOOR DR                     |                    |                                   |                                     |                                   |                     |                       |
| <b>City</b> BLUE BELL  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19422 |                                     |                                   |                     |                       |
| <b>Employer Name</b> NYLEX BENEFITS  |                    |                                   | <b>Occupation</b> REGIONAL DIRECTOR |                                   |                     |                       |
| <b>Employer Mailing Address/Principal Place of Business</b><br>301 TRESSER BLVD. |                    | <b>City</b><br>STAMFORD           | <b>State</b><br>CT                  | <b>Zip Code (Plus 4)</b><br>06901 |                     |                       |

  

|  |                    |                                   |                             |                                   |                     |                     |
|--|--------------------|-----------------------------------|-----------------------------|-----------------------------------|---------------------|---------------------|
| <b>Full Name of Contributor</b><br>JOHN BEIGHT   |                    |                                   | <b>MO</b><br>11             | <b>DAY</b><br>25                  | <b>YEAR</b><br>2005 | <b>\$</b><br>500.00 |
| <b>Mailing Address</b> 524 POND VIEW DRIVE   |                    |                                   |                             |                                   |                     |                     |
| <b>City</b> RYDAL  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19046 |                             |                                   |                     |                     |
| <b>Employer Name</b> ORTHOPEDIC SURGERY & REHAB ASSOCIATES                               |                    |                                   | <b>Occupation</b> PHYSICIAN |                                   |                     |                     |
| <b>Employer Mailing Address/Principal Place of Business</b><br>7500 BENHARD AVE, STE 108 |                    | <b>City</b><br>PHILA              | <b>State</b><br>PA          | <b>Zip Code (Plus 4)</b><br>19111 |                     |                     |

  

|  |                    |                                   |                                   |                                   |                     |                       |
|--|--------------------|-----------------------------------|-----------------------------------|-----------------------------------|---------------------|-----------------------|
| <b>Full Name of Contributor</b><br>STEVEN KATZ                                 |                    |                                   | <b>MO</b><br>11                   | <b>DAY</b><br>28                  | <b>YEAR</b><br>2005 | <b>\$</b><br>1,000.00 |
| <b>Mailing Address</b> 415 BRIGHTON PLACE                                      |                    |                                   |                                   |                                   |                     |                       |
| <b>City</b> ELKINS PARK  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19027 |                                   |                                   |                     |                       |
| <b>Employer Name</b> PREMIER BROKERGE  |                    |                                   | <b>Occupation</b> PRESIDENT OF CO |                                   |                     |                       |
| <b>Employer Mailing Address/Principal Place of Business</b><br>604 HARPER AVE. |                    | <b>City</b><br>JENKINTOWN         | <b>State</b><br>PA                | <b>Zip Code (Plus 4)</b><br>19046 |                     |                       |

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

|                    |
|--------------------|
| <b>PAGE TOTAL</b>  |
| <b>\$</b> 4,762.00 |

## 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 | Reporting Period<br><br>From: <span style="float: right;">To:</span> |
|---------------------------------------|--|

|                     |       |                   |  | DATE | AMOUNT |      |         |
|---------------------|-------|-------------------|--|------|--------|------|---------|
| Full Name           |       |                   |  | MO   | DAY    | YEAR | \$ 0.00 |
| Mailing Address     |       |                   |  |      |        |      |         |
| City                | State | Zip Code (Plus 4) |  |      |        |      |         |
| Receipt Description |       |                   |  |      |        |      |         |

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 0.00           |

## 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> |                              |
| SHAPIRO, JOSH FRIENDS OF   |  | <b>From:</b>            | <b>To:</b> <u>11/28/2005</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<br><br>From: <span style="float: right;">To:</span> |
|---------------------------------------|--|

|   |       |                   | 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><br><br>\$ 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<br>0.00          |         |

# SCHEDULE III STATEMENT OF EXPENDITURES

|  |                            |
|--|----------------------------|
| <b>Name of Filing Committee or Candidate</b> | <b>Reporting Period</b>    |
| SHAPIRO, JOSH FRIENDS OF                     | From To: <u>11/28/2005</u> |

| DATE                                       |                 |                                |  | AMOUNT      |
|--|-----------------|--------------------------------|--|-------------|
| <b>To Whom Paid</b>                        | <b>MO</b>       | <b>DAY</b>                     | <b>YEAR</b>                                  |             |
| DIANA WOGAN                                |                 |                                |  |             |
| <b>Mailing Address</b> 736 SALTER STREET   | 11              | 1                              | 2005   | \$ 1,250.00 |
| <b>City</b> PHILADELPHIA                   | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 19147 | <b>Description of Expenditure</b> CONSULTING |             |
| <b>To Whom Paid</b>                        | <b>MO</b>       | <b>DAY</b>                     | <b>YEAR</b>                                  |             |
| OLD YORK ROAD COUNTRY CLUB                 |                 |                                |  |             |
| <b>Mailing Address</b> PO BOX 490          | 11              | 1                              | 2005   | \$ 4,697.91 |
| <b>City</b> SPRING HOUSE                   | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 19477 | <b>Description of Expenditure</b> EVENT      |             |
| <b>To Whom Paid</b>                        | <b>MO</b>       | <b>DAY</b>                     | <b>YEAR</b>                                  |             |
| UNITED STATES POSTAL SERVICE               |                 |                                |  |             |
| <b>Mailing Address</b> KEITH ROAD          | 11              | 1                              | 2005   | \$ 175.00   |
| <b>City</b> ABINGTON                       | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 19001 | <b>Description of Expenditure</b> POSTAGE    |             |
| <b>To Whom Paid</b>                        | <b>MO</b>       | <b>DAY</b>                     | <b>YEAR</b>                                  |             |
| T-MOBILE                                   |                 |                                |  |             |
| <b>Mailing Address</b> PO BOX 742596       | 11              | 8                              | 2005   | \$ 47.92    |
| <b>City</b> CINCINNATTI                    | <b>State</b> OH | <b>Zip Code (Plus 4)</b> 45274 | <b>Description of Expenditure</b> PHONE      |             |
| <b>To Whom Paid</b>                        | <b>MO</b>       | <b>DAY</b>                     | <b>YEAR</b>                                  |             |
| KENNEDY PRINTING                           |                 |                                |  |             |
| <b>Mailing Address</b> 5534 BALTIMORE AVE. | 11              | 8                              | 2005   | \$ 425.86   |
| <b>City</b> PHILADELPHIA                   | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 19143 | <b>Description of Expenditure</b> PRINTING   |             |
| <b>To Whom Paid</b>                        | <b>MO</b>       | <b>DAY</b>                     | <b>YEAR</b>                                  |             |
| DIANA WOGAN                                |                 |                                |  |             |
| <b>Mailing Address</b> 736 SALTER STREET   | 11              | 11                             | 2005   | \$ 1,250.00 |
| <b>City</b> PHILADELPHIA                   | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 19147 | <b>Description of Expenditure</b> CONSULTING |             |

|                                    |                    |                                   |  |            |             |          |
|------------------------------------|--------------------|-----------------------------------|--|------------|-------------|----------|
| <b>To Whom Paid</b><br>VERIZON     |                    |                                   | <b>MO</b>                                  | <b>DAY</b> | <b>YEAR</b> | \$ 51.81 |
| <b>Mailing Address</b> PO BOX 8585 |                    |                                   | 11   | 13         | 2005        |          |
| <b>City</b> PHILADELPHIA           | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19173 | <b>Description of Expenditure</b><br>PHONE |            |             |          |

  

|  |              |                          |                                   |            |             |           |
|--|--------------|--------------------------|-----------------------------------|------------|-------------|-----------|
| <b>To Whom Paid</b><br>AMERICAN DIABETES RESEARCH FOUNDATION |              |                          | <b>MO</b>                         | <b>DAY</b> | <b>YEAR</b> | \$ 200.00 |
| <b>Mailing Address</b>                                       |              |                          |                                   |            |             |           |
| <b>City</b>  | <b>State</b> | <b>Zip Code (Plus 4)</b> | <b>Description of Expenditure</b> |            |             |           |

  

|  |                    |                                   |   |            |             |           |
|--|--------------------|-----------------------------------|---|------------|-------------|-----------|
| <b>To Whom Paid</b><br>DIANA WOGAN       |                    |                                   | <b>MO</b>   | <b>DAY</b> | <b>YEAR</b> | \$ 173.84 |
| <b>Mailing Address</b> 736 SALTER STREET |                    |                                   | 11  | 15         | 2005        |           |
| <b>City</b> PHILADELPHIA                 | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19147 | <b>Description of Expenditure</b><br>REIMBURSE FOR OFFICE/COMPUTER EXPENSES |            |             |           |

  

|                                       |              |                          |   |            |             |          |
|---------------------------------------|--------------|--------------------------|---|------------|-------------|----------|
| <b>To Whom Paid</b><br>PAYPAL         |              |                          | <b>MO</b>   | <b>DAY</b> | <b>YEAR</b> | \$ 35.40 |
| <b>Mailing Address</b> WWW.PAYPAL.COM |              |                          |   |            |             |          |
| <b>City</b>                           | <b>State</b> | <b>Zip Code (Plus 4)</b> | <b>Description of Expenditure</b><br>ONLINE GIVING FEES |            |             |          |

  

|  |  |  |  |  |  |                   |
|--|--|--|--|--|--|-------------------|
| <b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b> |  |  |  |  |  | <b>PAGE TOTAL</b> |
|  |  |  |  |  |  | \$ 8,307.74       |

