

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: SHAPIRO, JOSH FRIENDS OF										
Street Address: P O BOX 162										
City: ABINGTON			State: PA		Zip Code: 19001					
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.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7. X	Year 2006	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
REPRESENTATIVE IN THE GENERAL ASSEMBLY				MO	DAY	YEAR	STH	DEM	46	
				11	7	2006	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		1	1	1	TO	12	31	2006		
A. Amount Brought Forward From Last Report				\$		215,645.67				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		1,075.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		216,720.67				
D. Total Expenditures (From Schedule III)				\$		4,959.69				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		211,760.98				
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	
SHAPIRO, JOSH FRIENDS OF	From:	To: <u>12/31/2006</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor		
TOTAL for the Reporting Period	(1)	\$ 75.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)		
Contributions Received From Political Committees (Part A)		\$ 250.00
All Other Contributions (Part B)		\$ 250.00
TOTAL for the Reporting Period	(2)	\$ 500.00

3. Contributions Received Over \$250.00 (From Part C and Part D)		
Contributions Received From Political Committees (Part C)		\$ 500.00
All Other Contributions (Part D)		\$ 0.00
TOTAL for the Reporting Period	(3)	\$ 500.00

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

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.)		\$ 1,075.00
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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	
SHAPIRO, JOSH FRIENDS OF	From:	To: <u>12/31/2006</u>
DATE		AMOUNT

Full Name of Contributing Committee	MO	DAY	YEAR	
BUCHANAN INGERSOLL COMMITTEE FOR EFFECTIVE STATE GOVERNMENT				
Mailing Address 1 OXFORD CENTER, 20TH FLOOR, 301 GRANT STREET				\$ 250.00
City PITTSBURGH	12	26	2006	
State PA				
Zip Code (Plus 4) 15219				

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

PAGE TOTAL
\$ 250.00

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
SHAPIRO, JOSH FRIENDS OF	From: To: <u>12/31/2006</u>

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
STEVEN BARRER					
Mailing Address 2154 VALLEY ROAD					\$ 250.00
City HUNTINGDON VALLEY	12	26	2006		
State PA					
Zip Code (Plus 4) 19006					

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

PAGE TOTAL
\$ 250.00

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 SHAPIRO, JOSH FRIENDS OF	Reporting Period From: _____ To: <u>12/31/2006</u>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO	DAY	YEAR	
PA MEDICAL POLITICAL ACTION COMMITTEE				\$ 500.00
Mailing Address PO BOX 8820	12	22	2006	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">City HARRISBURG</td> <td style="width: 25%;">State PA</td> <td style="width: 50%;">Zip Code (Plus 4) 17105</td> </tr> </table>				
City HARRISBURG	State PA	Zip Code (Plus 4) 17105		

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

PAGE TOTAL
\$ 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.)

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)		
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business	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 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
	From: _____ To: _____

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

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

PAGE TOTAL
\$ 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
SHAPIRO, JOSH FRIENDS OF	From To: <u>12/31/2006</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
DIANA WOGAN	11	30	2006	\$ 1,750.00
Mailing Address 621 REED STREET, APT 3R				
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19147		Description of Expenditure CONSULTING
To Whom Paid DIANA WOGAN	12	6	2006	\$ 49.99
Mailing Address 621 REED STREET, APT 3R				
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19147		Description of Expenditure REIMBURSE OFFICE EXPENSES
To Whom Paid TROPIANO TRANSPORTATION	12	9	2006	\$ 283.50
Mailing Address 1256 WELSH RD.				
City NORTH WALES	State PA	Zip Code (Plus 4) 19454		Description of Expenditure TRANSPORTATION
To Whom Paid JOSH SHAPIRO	12	11	2006	\$ 252.40
Mailing Address 1550 CLOVERLY RD.				
City RYDAL	State PA	Zip Code (Plus 4) 19046		Description of Expenditure REIMBURSE FOR FOOD FOR VOLUNTEER
To Whom Paid DIANA WOGAN	12	15	2006	\$ 1,130.00
Mailing Address 621 REED ST, APT 3R				
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19147		Description of Expenditure CONSULTING

To Whom Paid T-MOBILE			MO	DAY	YEAR	
Mailing Address PO BOX 742596			12	14	2006	\$ 49.44
City CINCINNATI	State OH	Zip Code (Plus 4) 45274	Description of Expenditure PHONE			
To Whom Paid CINGULAR			MO	DAY	YEAR	
Mailing Address PO BOX 17542			12	14	2006	\$ 176.96
City BALTIMORE	State MD	Zip Code (Plus 4) 21297	Description of Expenditure PHONE			
To Whom Paid KITCHEN BAR			MO	DAY	YEAR	
Mailing Address OLD YORK ROAD			12	14	2006	\$ 428.00
City ABINGTON	State PA	Zip Code (Plus 4) 19001	Description of Expenditure EVENT			
To Whom Paid VERIZON			MO	DAY	YEAR	
Mailing Address PO BOX 8585			12	14	2006	\$ 149.40
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19173	Description of Expenditure PHONE			
To Whom Paid FRIENDS OF DEREK GREEN			MO	DAY	YEAR	
Mailing Address PO BOX 4984			12	14	2006	\$ 100.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19119	Description of Expenditure DONATION			
To Whom Paid DIANA WOGAN			MO	DAY	YEAR	
Mailing Address 621 REED ST, APT 3R			12	21	2006	\$ 267.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19147	Description of Expenditure CONSULTING			

To Whom Paid JOSH SHAPIRO			MO	DAY	YEAR	
Mailing Address 1550 CLOVERLY RD.			12	21	2006	\$ 323.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19046	Description of Expenditure REIMBURSE FOR EXPENSES			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 4,959.69

