# **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat	ion 2003	3274			Repor	t	CANDI	DATE	СОМ	MITTEE	$\checkmark$	LOB	BYIST	
Number :	2003				Filed E	-								
Name of Filing	Committee, Candic	late or L	obbyist:		SHAPIR	.0, JO	SH FRIE	NDS OF						
Street Address:	P O BOX 162													
City:	ABINGTON						State:	PA		Zip Co	<b>de:</b> 19	001		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	- 2.	30 DA PRIMA		POST- 3	3.	AMENDN REPORT		Yes	No	$\checkmark$
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA		E- 5. <b>X</b>						TERMINATION Yes No REPORT?			
report type)	ANNUAL REPORT	7.	<b>Year</b> 2009	Ð			NG METHO			PAPER		$\checkmark$	DISKE	TTE
Name of Office	L Sought by Candida	te:	•				DATE O	F ELEC	TION	District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YEAR					
							11		3 2009		(SEE IN	STRUCTI	ONS FOR (	CODES)
	Receipts and	мо	DAY	YEAF	2		мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:		1 :	1 2	.009 <b>T</b>	0	10	19	9 2009					
A. Amount Bro	ought Forward Fro	m Last R	leport			\$	_	7	20,703.54					
B. Total Monet	ary Contributions	And Rec	eipts (Froi	m Sche	edule I)	\$			3,232.12					
C. Total Funds	Available (Sum O	f Lines A	and B)			\$	;	7	23,935.66					
D. Total Expen	ditures (From Sch	edule II	I)			\$			6,814.20					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$		7:	17,121.46					
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	Schedu	le II)	\$			0.00					
G. Unpaid Deb	ts And Obligations	(From S	Schedule I	V)		\$	0.00							
				AFF	IDAVI	T SE	CTION							
PART I - If this i	s a Committee rep	ort, trea	nsurer sign	here.	If this is	a Cai	ndidate re	eport, ca	ndidate sig	gn here.				
I swear (or affirm correct and compl	) that this report, inc ete.	luding the	e attached s	chedule	s filed on	paper	or by elect	ronic mee	dium, are to	the best o	of my know	vledge	and beli	ef , true
Sworn to and sub	scribed before me thi day of	S	20						Signatur	e of Perso	n Submitt	ing Re	oort	
		Ire				_				Prin	ted Name	9		
My Commission E	-									Ema	il			
	мо	D	AY	YR				Area	a Code	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized	d Comr	nittee, C	andid	ate shall	sign hei	·e.					
I swear (or affirm) No 320) as amend	) that to the best of ed.	my knowl	edge and be	lief this	o political	comm	iittee has n	ot violate	ed any provis	ions of th	e act of Ju	une 3,1	937 (P.L	. 1333,
Sworn to and subse	cribed before me this day of		20						S	ignature	of Candida	ate		
			-~~			_				Printe	ed Name			
My Commission Ex	Signature					-				Ema	il			
						_								
	мо	D	AY	YR	ł			Area C	ode	D	aytime To	elephor	e Numb	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
SHAPIRO, JOSH FRIENDS OF	From:	<u>1/1/200</u>	<u>9</u> To:	<u>10/19/2009</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	303.00
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)			\$	810.00
TOTAL for the Reporting	Period	(2)	\$	810.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	1,000.00
All Other Contributions (Part D)			\$	800.00
TOTAL for the Reporting	Period	(3)	\$	1,800.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)				
TOTAL for the Reporting	Period	(4)	\$	319.12
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			\$	3,232.12

# 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 Candidat	Reporting Period							
						:		
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	PAGE TOTAL

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

0.00

\$

Use this Part to ite	\$50. emize all oth 0.01 to \$250	0.00 in the repo	s with a prting pe	n aggreg riod.				
Name of Filing Committee or Candida	te		Reporting	Period				
SHAPIRO, JOSH FRIENDS OF			From:	n: <u>1/1/2009</u> To: <u>10/19</u>				
				DATE		AMOUNT		
Full Name of Contributor RJ RIETHMILLER JR			мо	DAY	YEAR			
Mailing Address 1059 WELLINGTON	I RD					<b>\$</b> 100.00		
City JENKINTOWN	State	Zip Code (Plus 4)	9	16	2009			
	PA	19046						
Full Name of Contributor SUSAN RAYNOR	мо	DAY	YEAR					
Mailing Address 1225 WELLINGTON RD						<b>\$</b> 100.00		
City RYDAL	<b>State</b> PA	Zip Code (Plus 4)	9	22	2009			
Full Name of Contributor FRANCIS L COHEN			мо	DAY	YEAR			
Mailing Address 622 LINTON RD						\$ 100.00		
City HUNTINGDON VALLEY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19006	9	28	2009			
Full Name of Contributor SARA MINKOFF			мо	DAY	YEAR			
Mailing Address 262 INDIAN CREE	( RD					<b>\$</b> 250.00		
City WYNNEWOOD	<b>State</b> PA	Zip Code (Plus 4)	9	30	2009			
Full Name of Contributor ALAN ZUBROW	мо	DAY	YEAR					
Mailing Address 1431 BARTON DR						<b>\$</b> 100.00		
City FT WASHINGTON	<b>State</b> PA	Zip Code (Plus 4)	10	14	2009			

City     PHILADELPHIA     State     Zip Code (Plus 4)       PA     19116         MO     DAY     YEAR	Full Name of Contributor SUE ROSENTHAL					YEAR	
City     PHILADELPHIA     State     Zip Code (Plus 4)     Image: Code (Plus 4)     Image: Code (Plus 4)       PA     19116     19116     MO     DAY     YEAR       Full Name of Contributor     CAROL P BOYLE     MO     DAY     YEAR       Mailing Address     329 ELM AVE     Image: Code (Plus 4)     10     7     2009       City     NORTH HILLS     State     Zip Code (Plus 4)     10     7     2009	Mailing Address 1343 ASCO	State Zin Code (Plus 4)					<b>\$</b> 100.00
CAROL P BOYLE MO DAY YEAR Mailing Address 329 ELM AVE <u>Zip Code (Plus 4)</u> 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	City PHILADELPHIA	10	6	2009			
City         NORTH HILLS         State         Zip Code (Plus 4)         10         7         2009         \$         60.00	Full Name of Contributor CAROL P BOYLE			мо	DAY	YEAR	
City NORTH HILLS	Mailing Address 329 ELM AV	/E					<b>\$</b> 60.00
	City			1 10	7	2009	

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

PAGE TOTAL

810.00

\$

# 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					
SHAPIRO, JOSH FRIENDS OF			From:	<u>1/</u>	1/2009	То:	<u>10/19/2009</u>		
				DA	TE		Α	MOUNT	
Full Name of Contributing Committee PA ARCHITECTS PAC				мо	DAY	YEAR			
Mailing Address 208 N 3RD ST							\$	500.00	
CityHARRISBURGStateZip Code (Plus 4)PA17101				9	24	2009			
Full Name of Contributing Committee FRIENDS OF JEFF LINDY				мо	DAY	YEAR			
Mailing Address PO BOX 626							\$	500.00	
City BALA CYNWYD	State PA	<b>Zip Code</b> 19004	(Plus 4)	9	23	2009			
								PAGE TOTAL	
Enter Grand Total of Part C on Schee	lule I, Detailed Sum	imary Pa	ge, Sectio	n 3.			\$	1,000.00	

#### 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						
SHAPIRO, JOSH FRIENDS OF				Fron	n:	<u>1/1/2</u>	<u>009</u> То	<b>10/19/2009</b>		
					DA	ATE		AMOUNT		
Full Name of Contributor DOROTHY MANN					мо	DAY	YEAR			
Mailing 604 PINE ST Address								<b>\$</b> 500.00		
City PHILADELPHIA	<b>State</b> PA		<b>p Code (Plus</b> 9106	4)	9	30	2009			
Employer Name FAMILY PLANNING COUNCIL					Occupat	IVE DIRECTOR				
Employer Mailing Address/Principal Place of City Business						State		Zip Code (Plus 4)		
260 S BRAOD STSTE 1000			PHILADELI	PHIA		РА		19102		
Full Name of Contributor ROBERT FINNERAN					мо	DAY	YEAR			
Mailing Address42 EIGHTH ST STE	1410							<b>\$</b> 300.00		
City CHARLESTOWN	<b>State</b> MA		p Code (Plus 4 2129	4)	7	17	2009			
Employer Name SELF	•				Occupat	ion C	CONSUL	TANT		
Employer Mailing Address/Principal Pla Business	ce of		City		I	State		Zip Code (Plus 4)		
Enter Grand Total of Part C on Sch	Enter Grand Total of Part C on Schedule I, Detailed Summary Page, S				on 3.			PAGE TOTAL		
								<b>\$</b> 800.00		

### 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 Can	Name of Filing Committee or Candidate				Reporting Period						
SHAPIRO, JOSH FRIENDS OF	SHAPIRO, JOSH FRIENDS OF			From: <u>1/1/2009</u> T				<u>10/19/2009</u>			
				D	ATE			AMOUNT			
Full Name TD BANK				мо	DAY	YEAR					
Mailing Address 1701 RTE 70	Mailing Address 1701 RTE 70 EAST						\$	319.12			
City CHERRY HILL	<b>State</b> NJ	<b>Zip Code (</b> 08034	Plus 4)	9	30	2009	9				
Receipt Description INTERES	GT I	·									
Enter Grand Total of Part E on S	chedule I. Detailed	l Summary Page	Section	4				PAGE TOTAL			
		. Sammary rage,	Section				\$	319.12			

# 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	<b>Reporting Period</b>		
SHAPIRO, JOSH FRIENDS OF	From:	<u>1/1/2009</u> <b>To:</b>	<u>10/19/2009</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

### VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reportin	g Period			
			From:			То:	
				DATE		ΑΜΟυΙ	NT
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 Schedule II, In-Kind Contributions Detaile Section 2.				mary Pag	je,	PAGE T	OTAL
					4	5	0.00

#### PAGE 11

#### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate					Reporting Period					
					Fro	From: To:					
					DATE AMOUNT					AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•				Occupation						
Employer Mailing Address/Principal Place of City State Business					Zip Code(Plus 4)		Description of Contribution				
Enter Grand Total of Part G on Schedule II, In-Kind Contributions De					taile	ed				PAGE TOTAL	
Summary Page, Section 3.										0.00	

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate					Reporting Period				
SHAPIRO, JOSH FRIENDS OF			From	<u>1/</u>	<u>1/2009</u>	То:	<u>10/19/2009</u>			
				DATE			AMOUNT			
<b>To Whom Paid</b> MARK KOENIG			мо	DAY	YEAR					
Mailing Address 1018 N THIRD ST			9	30	2009	\$	1,500.00			
City PHILADELPHIA	State PA	<b>Zip Code (Plus 4)</b> 19123		Description of Expenditure CONSULTING						
To Whom Paid CHELTENHAM PRINTING				DAY	YEAR					
Mailing Address 518 RYERS AVE				30	2009	\$	116.60			
City     CHELTENHAM     State     Zip Code (Plus 4)       PA     19012				Description of Expenditure PRINTING						
To Whom Paid CHESTER CO DEM COM			мо	DAY	YEAR					
Mailing Address 37 S HIGH ST			9	30	2009	\$	250.00			
City WEST CHESTER	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19380	Description of Expenditure CONTRIB							
To Whom Paid NGP SOFTWARE			мо	DAY	YEAR					
Mailing Address 1225 EYE ST NW ST	E 1225		9	30	2009	\$	750.00			
City     WASHINGTON     State     Zip Code (Plus 4)       DC     20005			<b>Descrip</b> SOFTW	<b>ion of Ex</b>	benditure					
To Whom Paid VERIZON			мо	DAY	YEAR					
Mailing Address PO BOX 8585			9	30	2009	\$	286.80			
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19173	<b>Descrip</b> PHONE	otion of Exp	penditure	1				

						PAG	iE 13	
To Whom Paid LAUREN LAMBRUGO			мо	DAY	YEAR			
Mailing Address 8142 CADW	ALADER AVE		9	30	2009	\$	240.16	
City ELKINS PARK	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19027		<b>otion of Exp</b> JRSE FOR		PARKING, T	RAIN	
<b>To Whom Paid</b> TIM PANELLA			мо	DAY	YEAR			
Mailing Address 2041 MAPLEWOOD AVE				30	2009	\$	120.00	
City ABINGTON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19001	<b>Descrip</b> WEBSI	<b>otion of Exp</b> TE	benditure			
To Whom Paid AIDS FUND			мо	DAY	YEAR			
Mailing Address 1315 SPRU	is 1315 SPRUCE ST 4TH FL					\$	250.00	
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19107		Description of Expenditure CONTRIB				
To Whom Paid NAACP WILLOW GROVE BRANC	СН		мо	DAY	YEAR			
Mailing Address PO BOX 140	)		9	30	2009	\$	330.00	
City WILLOW GROVE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19090	<b>Descrip</b> CONTR	<b>ion of Exp</b> IB	penditure			
To Whom Paid CAL TECH PARTNERSHIP			мо	DAY	YEAR			
Mailing Address 1125 OLD Y	9	30	2009	\$	400.00			
City ABINGTON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19001	<b>Descrip</b> RENT	Description of Expenditure RENT				
<b>To Whom Paid</b> AT&T			мо	DAY	YEAR			
Mailing Address PO BOX646	3		10	1	2009	\$	181.93	
City CARIK STREAM	State IL	<b>Zip Code (Plus 4)</b> 60197	Descrip PHONE	tion of Exp	penditure			

To Whom Paid			мо	DAY	YEAR			
CLARKE AMERICAN CHECKS								
Mailing Address TD BANK			9	23	2009	\$	29.81	
City	State	Zip Code (Plus 4)	Descrip CHECK	otion of Exp S	penditure			
<b>To Whom Paid</b> JOSH SHAPIRO			мо	DAY	YEAR			
Mailing Address 1550 CLOVER	LY		10	16	2009	\$	289.00	
City RYDAL	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure			
	PA	19046	REIMBL	JRSE TRAV	EL TRAI	N & CAE	B FAIRS	
To Whom Paid LAUREN LAMBRUGO	<u>.</u>		мо	DAY	YEAR			
City RYDAL State Zip Code (I PA 19046 To Whom Paid			10	16	2009	\$	161.58	
City         ELKINS PARK         State         Zip Code (Plus 4)				Description of Expenditure				
	PA	19027	REIMBL	JRSE PHOI	NE EXPEN	ISES		
To Whom Paid AT&T MOBILITY			мо	DAY	YEAR			
			<b>мо</b> 10	<b>DAY</b> 16	<b>YEAR</b> 2009	\$	188.60	
AT&T MOBILITY	State	Zip Code (Plus 4)	10		2009		188.60	
AT&T MOBILITY Mailing Address PO BOX 6463		<b>Zip Code (Plus 4)</b> 60197	10	16 otion of Exp	2009		188.60	
AT&T MOBILITY Mailing Address PO BOX 6463	State		10 Descrip	16 otion of Exp	2009		188.60	
AT&T MOBILITY Mailing Address PO BOX 6463 City CAROL STREAM To Whom Paid	State IL		10 Descrip PHONE	16 rtion of Exp	2009 penditure		203.17	
AT&T MOBILITY Mailing Address PO BOX 6463 City CAROL STREAM To Whom Paid AT&T MOBILITY Mailing Address	State IL		10 Descrip PHONE MO 10	16 Intion of Exp DAY	2009 Denditure YEAR 2009	\$		
AT&T MOBILITY Mailing Address PO BOX 6463 City CAROL STREAM To Whom Paid AT&T MOBILITY Mailing Address PO BOX 6463	State IL	60197	10 Descrip PHONE MO 10 Descrip	16 htion of Exp DAY 16	2009 Denditure YEAR 2009 Denditure	\$		
AT&T MOBILITY Mailing Address PO BOX 6463 City CAROL STREAM To Whom Paid AT&T MOBILITY Mailing Address PO BOX 6463	State IL State	60197	10 Descrip PHONE MO 10 Descrip	16 Ition of Exp DAY 16	2009 Denditure YEAR 2009 Denditure	\$		
AT&T MOBILITY Mailing Address PO BOX 6463 City CAROL STREAM To Whom Paid AT&T MOBILITY Mailing Address PO BOX 6463 City CAROL STREAM To Whom Paid To Whom Paid	State IL State IL	60197	10 Descrip PHONE MO 10 Descrip REIMBU	16 Inition of Exp DAY 16 Inition of Exp JRSE PHOP	2009 penditure YEAR 2009 penditure NE	\$		

<b>To Whor</b> MARK K				мо	DAY	YEAR		
Mailing Address 108 N THIRD ST			10	16	2009	\$	1,500.00	
City <sub>f</sub>	PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19123	Description of Expenditure CONSULTING				
								PAGE TOTAL
Enter G	irand Total of Expend	itures on Page 1, Re	port Cover Page, Item D				\$	<b>PAGE TOTAL</b> 6,814.20
Enter G	irand Total of Expend	itures on Page 1, Re	port Cover Page, Item D				\$	
Enter G	irand Total of Expend	itures on Page 1, Re	port Cover Page, Item D				\$	
Enter G	irand Total of Expend	itures on Page 1, Re	port Cover Page, Item D				\$	