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 2003	274			Rep File			CA	NDI	DATE		COM	AITTEE	Y	LUBB	1131			
Name of Filing C	ommittee, Candid	ate or L	obbyist:		SHAF	PIR	O, JO	SH F	RIEN	IDS OF	:								
Street Address:	Street Address: P O BOX 162																		
City:	ABINGTON							State: PA						Zip Code: 19001					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.					30 DA					AMENDMENT Yes No			No	~			
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5		30 DA		P	POST-	6.		TERMIN/ REPORT		Yes	No	\		
report type)	ANNUAL REPORT	7. X						NG ME					PAPER		\checkmark	DISKE	ГТЕ		
Name of Office S	- Sought by Candida	te:						DAT	ΈO	F ELEC	CTIO	N	District Number	Office Code	Part	y Code	County Code		
								МО		DAY	YE	AR			DEM	•	46		
									11		3	2009		(SEE IN	STRUCTIO	NS FOR C	ODES)		
	Receipts and	МО	DAY	YEAR	L			МО		DAY	YI	EAR	FC	R OFFIC	E USE	ONLY			
Expenditures	from:		1 1	20	009	T	0		12	3	31	2009							
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			-	714,0	040.19							
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule	I)	\$				10,8	361.93							
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			-	724,9	902.12							
D. Total Expend	ditures (From Sch	edule II	I)				\$				8,4	128.86							
E. Ending Cash Balance (Subtract Line D From Line C)					\$			7	16,4	73.26									
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	le II))	\$					0.00							
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)			\$					0.00			•				
							ΓSE												
I swear (or affirm)	that this report, incl		_							-		_		f my knov	vledge a	ınd belie	ef , true		
correct and comple	ete. cribed before me this	i										·	- f D	Cb	: D				
	day of		_ 20								3	oignature	or Perso	n Submitt	ing Kep	ort			
	Signatu	re					-						Prin	ted Name	ł				
My Commission Ex	rpires						_		•				Ema	il					
	МО	D	AY	YR						Are	a Cod	le	Daytin	e Teleph	one Nur	nber			
	a report of a cand					•				_									
No 320) as amende		iy knowl	edge and beli	ief this	politi	cal	comm	ittee i	ias n	ot violat	ed an	y provis	ions of th	e act of Ju	ine 3,19	37 (P.L.	1333,		
Sworn to and subsc	ribed before me this day of		20									S	ignature (of Candida	ate				
			_				-			Printed Name									
My Commission Exp	Signature ires								,				Ema	il					
	МО	D	AY	YR			•			Area	Code		D	aytime To	elephon	e Numbe	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period								
SHAPIRO, JOSH FRIENDS OF	From:	1/1/200	<u>9</u> То:	12/31/2009						
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor										
TOTAL for the Reporting) Period	(1)	\$	410.00						
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)	\$	800.00								
TOTAL for the Reporting	\$	800.00								
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)			\$	8,500.00						
TOTAL for the Reporting	Period	(3)	\$	9,000.00						
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)										
TOTAL for the Reporting) Period	(4)	\$	651.93						
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			\$	10,861.93						

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Committee or Candidate Rep			porting					
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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

PAGE TOTAL											
\$ 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 or Candidat	e		Rep	orting Pe	eriod		
SHAPIRO, JOSH FRIENDS OF			Fror	m:	1/1/2	2009 T o	<u>12/31/2009</u>
					DATE		AMOUNT
Full Name of Contributor CHARLES WAGNER				МО	DAY	YEAR	
Mailing Address 1159 SEWELL LANE	<u> </u>						\$ 200.00
City RYDAL	State PA	Zip Code (Plus 4) 19046-142		12	30	2009	
Full Name of Contributor JACQUELINE MORRILL				мо	DAY	YEAR	
Mailing Address 2450 ROSEMORE A				12	29	2009	\$ 100.00
City GLENSIDE	State PA	Zip Code (Plus 4) 19038-352			13	2003	
Full Name of Contributor MARK FOX				МО	DAY	YEAR	
Mailing Address 1443 TALLYHO ROA				12	1	2009	\$ 250.00
City MEADOWBROOK	State PA	Zip Code (Plus 4) 19046		12	1	2009	
Full Name of Contributor MELISSA GRIMM				мо	DAY	YEAR	
Mailing Address 2317 WAVERLY STI	REET						\$ 250.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19146		12	1	2009	
							PAGE TOTAL

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:	1/1/2009	То:	12/31/2009				

DATE AMOUNT

Full Name of Contributing Committee PPL PEOPLE FOR GOOD GOVT.				DAY	YEAR	
Mailing Address TWO NORTH NINTH STREET						\$ 500.00
City ALLENTOWN	State PA	Zip Code (Plus 4) 18101	12	11	2009	

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

PAGE TOTAL 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 Repo				porting Period							
SHAPIRO, JOSH FRIENDS OF				Fror	n:	<u>1/1/2</u>	<u>009</u> To):	: 12/31/2009		
					D	ATE			AMOUNT		
Full Name of Contributor HERB VEDERMAN					МО	DAY	YEAR				
Mailing 110 GIBRALTAR ROA	D							\$	1,000.00		
City HORSHAM	State	Zi	p Code (Plus	3 4)	12	31	2009				
	PA	19	9044								
Employer Name STRADLEY RONON		•			Occupa	tion A	TTORN	EY			
Employer Mailing Address/Principal Place	e of		City			State		Zip (Code (Plus 4)		
2005 MARKET ST.			PHILADE	LPHIA	PA				19103		
Full Name of Contributor BARRY COHEN					МО	DAY	YEAR				
Mailing 11 RIVERSIDE DRIVE Address	, APT. 5NW							\$	1,500.00		
City NEW YORK	State	Zi	p Code (Plus	6 4)	12	16	2009				
	NY	10	0023								
Employer Name COHEN PARTNERS LL	С				Occupation PRESIDENT						
Employer Mailing Address/Principal Place Business	e of		City			Code (Plus 4)					
1601 WALNUT ST., STE. 622			PHILADE	LPHIA		PA		19:	102		
Full Name of Contributor ERIC ZOLLER					МО	DAY	YEAR				
Mailing 6 PITTSFIELD CT.								\$	1,000.00		
City LIVINGSTON	State	Zi	p Code (Plus	6 4)	12	16	2009				
	NJ	07	7039								
Employer Name SIXPOINT PARTNERS				Occupation ATTORNEY							
Employer Mailing Address/Principal Place of Business City				State			Zip Code (Plus 4)				
800 THIRD AVE 24TH FL.			NEW YOR	RK	NY			100	10022		

								PAGE /	
Full Name of Contributor ERIC ZOLLER				мо	DAY	YEAI	R		
Mailing 6 PITTSFIELD CT.								\$ 1,000.00	
City LIVINGSTON	State	Zij	Code (Plus 4)	12	31	200	9		
	NJ	07	039						
Employer Name SIXPOINT PARTNERS					ion A	TTOR	NEY	(
Employer Mailing Address/Principal Place of Business City					State		Z	Zip Code (Plus 4)	
800 THIRD AVE 24TH FL.			NEW YORK		NY			10022	
Full Name of Contributor DAVID J. MCTISH					DAY	YEAI	R		
Mailing 2056 AUTUMN RIDGE Address								\$ 3,000.00	
City MACUNGIE	State	Zij	Code (Plus 4)	12	11	200)9		
	PA	18	062						
Employer Name MCTISH KUNKEL & AS	SSOCIATES			Occupation VICE PRESIDENT - ENGINEER					
Employer Mailing Address/Principal Place Business	e of		City		Zip Code (Plus 4)				
3500 WINCHESTER ROAD 300			ALLENTOWN	PA 18104				18104	
Full Name of Contributor				мо	DAY	YEAI	R		
JOSHUA H. LANDES									
Mailing 740 WEST 232ND STR Address	REET							\$ 1,000.00	
City RIVERDALE	State	Zij	Code (Plus 4)	12	7	200)9		
	NY	10	463-101						
Employer Name WYNNEFIELD CAPITAL MANAGEMENT LLC				Occupat	ion I	NVES	ГМЕ	ENT MANAGER	
Employer Mailing Address/Principal Place of Business City			City	1	State		Z	Zip Code (Plus 4)	
450 7TH AVE # 509 NEW YORK					NY			10123	
Enter Grand Total of Part C on Schedule I. Detailed Summary Page. Section						ſ		PAGE TOTAL	

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

PAGE TOTAL \$ 8,500.00

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 Reporti					ting Period					
SHAPIRO, JOSH FRIENDS OF From:				1/1/200	<u>9</u> To:	12/31/2009				
				D	ATE		AMOUNT			
Full Name					DAY	YEAR				
TD BANK				МО	DAY	YEAR				
Mailing Address PO BOX 1377							\$ 320.52			
City LEWISTOWN	State	Zip Code (Plus 4)	11	30	2009				
	ME	04243								
Receipt Description INTEREST		•		•						
Full Name										
TD BANK				МО	DAY	YEAR				
Mailing Address PO BOX 1377							\$ 331.41			
City LEWISTOWN	State	Zip Code (Plus 4)	12	31	2009				
	ME	04243								
Receipt Description INTEREST	•	•		•			•			

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

PAGE TOTAL \$ 651.93

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 Period								
SHAPIRO, JOSH FRIENDS OF	From:	<u>1/1/2009</u> To:	12/31/2009						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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, 1		\$	0.00						

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	Reporting 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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		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:		То	:		
						DATE				AMOUNT
Full Name of Contributor					мо	DAY	YEAR	1		
Mailing Address									\$	0.00
City	State		Zip Code(Plus	4)						
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zi 4)	p Code(Plu	s Desc	cript	tion o	f Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed					PAGE TOTAL
Summary Page, Section 3.										0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Parastine Paried							
Name of Filing Committee or Candidate				Reporting Period							
SHAPIRO, JOSH FRIENDS OF			From	1/	1/2009	То:	12/31/2009				
				DATE			AMOUNT				
To Whom Paid INDEPENDENCE BLUE CROSS			мо	DAY	YEAR						
Mailing Address PO BOX 1210				25	2009	\$	567.61				
City NEWARK	State	Zip Code (Plus 4)	Description of Expenditure			<u>'</u>					
TIETT WILL	NJ	07101		H INSURAN							
To Whom Paid AT&T MOBILITY				DAY	YEAR						
Mailing Address PO BOX 6463			11	24	2009	\$	164.97				
City CAROL STREAM	State	Zip Code (Plus 4)	Description of Expenditure PHONE								
	IL	60197									
To Whom Paid LAUREN LAMBRUGO			мо	DAY	YEAR						
Mailing Address 8142 CADWALADER AVENUE			11	30	2009	\$	655.86				
City ELKINS PARK	State	Zip Code (Plus 4)	Descrip	tion of Exp							
	PA	19027	REIMBU	S							
To Whom Paid MARK KOENIG	·	·	МО	DAY	YEAR						
Mailing Address 108 N. TH	IRD ST.		12	1	2009	\$	1,500.00				
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	·					
	PA	19123	CONSULTING								
To Whom Paid CAL TECH PARTNERSHIP	·	•	мо	DAY	YEAR						
Mailing Address 1125 OLD YORK RD.			12	3	2009	\$	400.00				
City ARINGTON	State	Zip Code (Plus 4)	Descrir	tion of Exp	l nenditura						
City ABINGTON			Descrip	AUDII DI EX	Jenuiture						

19001

RENT

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							PAGE 13
To Whom Paid MARK KOENIG			МО	DAY	YEAR		
Mailing Address 108 N. THIRI	O ST.		12	15	2009	\$	1,500.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19123	Description of Expenditure CONSULTING				
To Whom Paid PAYPAL			МО	DAY	YEAR		
Mailing Address WWW.PAYPAL.COM			12	17	2009	\$	81.82
City	State	Zip Code (Plus 4)	Description of Expenditure ON-LINE (ILLEGIBLE) FEE				
To Whom Paid FRIENDS OF MATT BRADFORD				DAY	YEAR		
Mailing Address PO BOX 349			12	26	2005	\$	1,000.00
City NORRISTOWN	State PA	Zip Code (Plus 4) 19404	Description of Expenditure CONTRIBUTION				
To Whom Paid HOEFFEL FOR GOVERNOR	•	·	МО	DAY	YEAR		
Mailing Address 21 E. AIRY STREET			12	26	2009	\$	2,500.00
City NORRISTOWN	State PA	Zip Code (Plus 4) 19401	Description of Expenditure CONTRIBUTION				
To Whom Paid PAYPAL				DAY	YEAR		
Mailing Address WWW.PAYPAL.COM			12	31	2009	\$	58.60
City	State	Zip Code (Plus 4)	Description of Expenditure ON-LINE (ILLEGIBLE) EXPENSE				
Enter Grand Total of Expendi	tures on Page 1. Po	nort Cover Page Item D					PAGE TOTAL
Lines Grand Total Of Expendi	tures on Page 1, Re	port Cover Page, Item D	•			\$	8,428.86