

Commonwealth of Pennsylvania

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 2009	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
				MO	DAY	YEAR	DEM 46			
				11	3	2009	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		1	1	2009	TO	12	31	2009		
A. Amount Brought Forward From Last Report				\$		714,040.19				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		10,861.93				
C. Total Funds Available (Sum Of Lines A and B)				\$		724,902.12				
D. Total Expenditures (From Schedule III)				\$		8,428.86				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		716,473.26				
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: <u>1/1/2009</u> To: <u>12/31/2009</u>

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 Period (2)	\$ 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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 10,861.93
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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
	From: _____ To: _____
DATE	AMOUNT

Full Name of Contributing Committee	MO	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 Candidate SHAPIRO, JOSH FRIENDS OF	Reporting Period From: <u>1/1/2009</u> To: <u>12/31/2009</u>
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	DATE			AMOUNT
Full Name of Contributing Committee PPL PEOPLE FOR GOOD GOVT.	MO	DAY	YEAR	
Mailing Address TWO NORTH NINTH STREET	12	11	2009	\$ 500.00
City ALLENTOWN	State PA	Zip Code (Plus 4) 18101		

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 SHAPIRO, JOSH FRIENDS OF	Reporting Period From: <u>1/1/2009</u> To: <u>12/31/2009</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
JOSHUA H. LANDES							
Mailing Address 740 WEST 232ND STREET				12	7	2009	\$ 1,000.00
City RIVERDALE	State NY	Zip Code (Plus 4) 10463-101					
Employer Name WYNNEFIELD CAPITAL MANAGEMENT LLC				Occupation INVESTMENT MANAGER			
Employer Mailing Address/Principal Place of Business 450 7TH AVE # 509			City NEW YORK	State NY	Zip Code (Plus 4) 10123		
Full Name of Contributor				MO	DAY	YEAR	
DAVID J. MCTISH							
Mailing Address 2056 AUTUMN RIDGE ROAD				12	11	2009	\$ 3,000.00
City MACUNGIE	State PA	Zip Code (Plus 4) 18062					
Employer Name MCTISH KUNKEL & ASSOCIATES				Occupation VICE PRESIDENT - ENGINEER			
Employer Mailing Address/Principal Place of Business 3500 WINCHESTER ROAD 300			City ALLENTOWN	State PA	Zip Code (Plus 4) 18104		
Full Name of Contributor				MO	DAY	YEAR	
ERIC ZOLLER							
Mailing Address 6 PITTSFIELD CT.				12	16	2009	\$ 1,000.00
City LIVINGSTON	State NJ	Zip Code (Plus 4) 07039					
Employer Name SIXPOINT PARTNERS				Occupation ATTORNEY			
Employer Mailing Address/Principal Place of Business 800 THIRD AVE 24TH FL.			City NEW YORK	State NY	Zip Code (Plus 4) 10022		

Full Name of Contributor ERIC ZOLLER			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 6 PITTSFIELD CT.			12	31	2009	
City LIVINGSTON	State NJ	Zip Code (Plus 4) 07039				
Employer Name SIXPOINT PARTNERS			Occupation ATTORNEY			
Employer Mailing Address/Principal Place of Business 800 THIRD AVE 24TH FL.		City NEW YORK	State NY	Zip Code (Plus 4) 10022		

Full Name of Contributor BARRY COHEN			MO	DAY	YEAR	\$ 1,500.00
Mailing Address 11 RIVERSIDE DRIVE, APT. 5NW			12	16	2009	
City NEW YORK	State NY	Zip Code (Plus 4) 10023				
Employer Name COHEN PARTNERS LLC			Occupation PRESIDENT			
Employer Mailing Address/Principal Place of Business 1601 WALNUT ST., STE. 622		City PHILADELPHIA	State PA	Zip Code (Plus 4) 19102		

Full Name of Contributor HERB VEDERMAN			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 110 GIBRALTAR ROAD			12	31	2009	
City HORSHAM	State PA	Zip Code (Plus 4) 19044				
Employer Name STRADLEY RONON			Occupation ATTORNEY			
Employer Mailing Address/Principal Place of Business 2005 MARKET ST.		City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103		

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

PAGE TOTAL
\$ 8,500.00

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

Full Name			MO	DAY	YEAR	
TD BANK						
Mailing Address	PO BOX 1377		12	31	2009	\$ 331.41
City	State	Zip Code (Plus 4)				
LEWISTOWN	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 SHAPIRO, JOSH FRIENDS OF	Reporting Period From: <u>1/1/2009</u> To: <u>12/31/2009</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
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
	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 <u>1/1/2009</u> To: <u>12/31/2009</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
INDEPENDENCE BLUE CROSS	11	25	2009	\$ 567.61
Mailing Address PO BOX 1210				
City NEWARK				
State NJ				
Zip Code (Plus 4) 07101				
Description of Expenditure HEALTH INSURANCE				
To Whom Paid AT&T MOBILITY	11	24	2009	\$ 164.97
Mailing Address PO BOX 6463				
City CAROL STREAM				
State IL				
Zip Code (Plus 4) 60197				
Description of Expenditure PHONE				
To Whom Paid LAUREN LAMBRUGO	11	30	2009	\$ 655.86
Mailing Address 8142 CADWALADER AVENUE				
City ELKINS PARK				
State PA				
Zip Code (Plus 4) 19027				
Description of Expenditure REIMBURSE HOTEL, MILEAGE, TOLLS				
To Whom Paid MARK KOENIG	12	1	2009	\$ 1,500.00
Mailing Address 108 N. THIRD ST.				
City PHILADELPHIA				
State PA				
Zip Code (Plus 4) 19123				
Description of Expenditure CONSULTING				
To Whom Paid CAL TECH PARTNERSHIP	12	3	2009	\$ 400.00
Mailing Address 1125 OLD YORK RD.				
City ABINGTON				
State PA				
Zip Code (Plus 4) 19001				
Description of Expenditure RENT				

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

