

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. <input checked="" type="checkbox"/>	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.	Year 2011	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	46			
				11	8	2011	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		1	1	2011	TO	6	6	2011		
A. Amount Brought Forward From Last Report				\$		830,276.00				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		3,980.60				
C. Total Funds Available (Sum Of Lines A and B)				\$		834,256.60				
D. Total Expenditures (From Schedule III)				\$		968.04				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		833,288.56				
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>1/1/2011</u> To: <u>6/6/2011</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 30.00

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)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 250.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 2,500.00
All Other Contributions (Part D)	\$ 1,000.00
TOTAL for the Reporting Period (3)	\$ 3,500.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 200.60

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.)	\$ 3,980.60
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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 SHAPIRO, JOSH FRIENDS OF	Reporting Period From: <u>1/1/2011</u> To: <u>6/6/2011</u>
DATE AMOUNT	

Full Name of Contributing Committee	MO	DAY	YEAR	
APSCUF/CAP-PA				
Mailing Address 319 N. FRONT ST.				\$ 250.00
City HARRISBURG	5	19	2011	
State PA				
Zip Code (Plus 4) 17101				

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	
	From:	To:

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	\$ 0.00
Mailing Address				
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>1/1/2011</u> To: <u>6/6/2011</u>
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			DATE	AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
PSEA PACE Mailing Address 400 N. THIRD ST. PO BOX 1724 City HARRISBURG State PA Zip Code (Plus 4) 17105-172	5	19	2011	\$ 500.00
PENNSYLVANIA BANKERS PUBLIC AFFAIRS CMTE. Mailing Address PO BOX 345 City HARRISBURG State PA Zip Code (Plus 4) 17108	5	12	2011	\$ 500.00
EXELONPAC Mailing Address PO BOX 805379 City CHICAGO State IL Zip Code (Plus 4) 60680-537	5	16	2011	\$ 500.00
PENNSYLVANIA PSYCHOLOGICAL PAC Mailing Address 416 FORSTER ST. City HARRISBURG State PA Zip Code (Plus 4) 17102-171	5	9	2011	\$ 500.00
PAA PAC Mailing Address 1925 N. FRONT ST PO BOX 2955 City HARRISBURG State PA Zip Code (Plus 4) 17105	5	9	2011	\$ 500.00

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

PAGE TOTAL	
\$	2,500.00

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>1/1/2011</u> To: <u>6/6/2011</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
CHARLES P. PIZZI					
Mailing Address 8601 THOMAS MILL TERRACE				\$	1,000.00
City PHILADELPHIA State Zip Code (Plus 4) 19128-113	5	5	2011		
Employer Name TASTYKAKE	Occupation CEO/PRESIDENT				
Employer Mailing Address/Principal Place of Business 2801 WEST HUNTING PARK AVENUE	City PHILADELPHIA		State PA	Zip Code (Plus 4) 19154	

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

PAGE TOTAL
\$ 1,000.00

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>1/1/2011</u> To: <u>6/6/2011</u>
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				DATE			AMOUNT
Full Name				MO	DAY	YEAR	
TD BANK							
Mailing Address PO BOX 1377				5	31	2011	\$ 200.60
City LEWISTOWN	State ME	Zip Code (Plus 4) 04243					
Receipt Description INTEREST							

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

PAGE TOTAL
\$ 200.60

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>1/1/2011</u> To: <u>6/6/2011</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>1/1/2011</u> To: <u>6/6/2011</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
GIA NICOLE ANGEL FOUNDATION	5	18	2011	\$ 100.00
Mailing Address 1461 GOLDEN DRIVE				
City DRESHER				
State PA				
Zip Code (Plus 4) 19025				
Description of Expenditure CONTRIBUTION				
To Whom Paid CITIZENS & POLICE TOGETHER	5	18	2011	\$ 500.00
Mailing Address PO BOX 516				
City ABINGTON				
State PA				
Zip Code (Plus 4) 19001				
Description of Expenditure CONTRIBUTION				
To Whom Paid MERCHANT CARD PROCESSING-NGP FEES	5	3	2011	\$ 96.85
Mailing Address PO BOX 407066				
City FT. LAUDERDALE				
State FL				
Zip Code (Plus 4) 33340				
Description of Expenditure ON-LINE GIVING FEES				
To Whom Paid JOSH SHAPIRO	5	31	2011	\$ 210.94
Mailing Address 1550 CLOVERLY				
City RYDAL				
State PA				
Zip Code (Plus 4) 19046				
Description of Expenditure REIMBURSE FOR PHONE				
To Whom Paid MERCHANT CARD PROCESSING - NGP FEES	5	3	2011	\$ 60.25
Mailing Address P.O. BOX 407066				
City FT. LAUDERDALE				
State FL				
Zip Code (Plus 4) 33340				
Description of Expenditure ON-LINE GIVING FEES				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 968.04

