CAMPAIGN FINANCE REPORT

PAGE 1 OF (COVER PAGE)

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

Filer Identificati				lay be typed or p	rinted in	blue or	black ink	.)	
Number:	20032	4	Report Filed By:	CANDIDAT	1. E	COMN	HTTEE		BYIST
Name of Filing Com	nmittee, Candidate or Lobbyis	ti Aha in he			Now H	The state of	entine aller	A PERSON N	A Company
Street Address: 4	ocaren mosko	JIWAII C	reasu	rer-				 ,	
City:	528 Pine Tree	Rd.							
City	Jenkintown			State: PA		Zip Cod	9046		·
TYPE OF	6TH TUESDAY 1.	-2ND FRIDA	y		a .			_	
REPORT	PRE-PRIMARY	PRE-PRIMA		30 DAY POST PRIMARY	X	AMENDA REPORT		/ES	NO
(place X to	FRE-ELECTION	2ND FRIDAT	As San Charles and Assault	30 DAY POST ELECTION	6.	TERMIN		ÆS.	
the right of report type	ANNUAL 7.	YEAR	Terra director	FILING METHOD		REPORT?	Maria Carrier Cont.	Market Market	NO
Name of Office Sou	REPORT			(LCHECK-ON	Εų	PAPE	Markeysia Telebrooks	DISK	ETIE,
	e Represento	+1110		DATE OF ELE	CTION YEAR	District Number	Office Code	Party Code	County Code
$\int \partial u \partial u$	Nepresento	CITUR				153	ケル	DEM	46
	<u> </u>			0 1/2	011				FOR CODES)
Summary of R	Receipts		R	MO: DAY-	YEAR	Fi	OR OFFIC	E-USE O	NEY
and Expenditu	res from:	3 201	То	6 6 20	7//				
A. Amount Brough	nt Forward From Last Rep	ort	\$ 8	30,276.0				m. 1	
B. Total Monetary	Contributions and Receipt	ts (From Sched	ule I) \$	3980 61		S	S	299	\mathbb{R}
C. Total Funds Ava	ailable (Sum of Lines A a	nd B)	a	34, 256.61		Ž	교유	91 ND	
D. Total Expenditu	res (From Schedule III)		\$	968.0		(A)			<u> </u>
E. Ending Cash Bal	lance (Subtract Line D fro	m Line C)	9	33,988,50	-1.2	\bigcirc	ilin -	or i	
F. Value of In-Kin	nd Contributions Received	(From Schedul	e II) \$	= 0:3	<u>υ</u>			> '	ROENE
	nd Obligations (From Sche		s	-0-		V Seg	ii か	÷ [
								<u> </u>	
PARTA CALCANS	s a Committee report tr	AF Pasurer sign he	FIDAVIT SE	TION	and and special states with			1250 Court from a	and grown and an area
i swear (or effirm) th	et this report, including the a	tteched schedule		mputer diskette,					
Sworn to and subscri		NOTARIAL SEAL	_	2	,		, 12.101110	/	ilei irde,
	- JUNE	Motory Public	7. 7./	Javen J	1 m	a.b.	KIN A	6	
	ABMIGTON	TWP., MONTGON	BRY COPNTY OC 19, 2012	Sign	ature of P		mitting Re		
_ du	Signature		 > -	aren	6. M	705/	COWI	YZ	
My commission expi		12		215	Pri	nted Name	7-0-	ر د	
	MO. DAÝ	YR.	J -	Area Code		Day	time Telep	phone Numb	er
PART III LIF this is	s a report of a Candidat	's Authorized	Committee	Candidate - E. (all the second of	The state of the state of	Company of the con-	ipi sandini (graz bjina) vice	
I swear (or affirm) the (P.L. 1333, No. 320) as	or to rue next of my knowled	ge and belief thi	s political con	nmittee has not viol	ated any p	provisions	of the Ac	t of June	3. 1937
Sworn to and subscri		NOTAMAL SE			> -				. ,
10th day of	JUNE	ROBIN A BEA	<u>።</u>	Kany	S S1	'			Į
	ABHIGTO	N TWP. MONTGO	MERY COUNT	YTACU	Signature	of Cand	date		
	Signature	SCHOOL STORES	Dec 18-2012	7024	Prin Prin	LO ited Name			
My commission expir	res 12 19 MO. DAY	12	_	<u> </u>		78	673	76	-
	IIIO. DAY	YR.		Area Code		Dayt	ime Telepi	hone Numbe	

Department of State ● Bureau of Commissions, Elections and Legislation 210 North Office Building ● Harrisburg, PA 17120-0029 ● (717) 787-5280

SCHEDULE I

PAGE 2 OF

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page				
Name of Filing Committee or Candidate Friends of Josh Shapino	Reporting Per From <u>5</u> /	J = - i	то <u>6/6/11</u>	
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	TRIBUTO	Realisation (1915)	o de Cape
TOTAL for the Reporting Period	(1)	\$ 3	C.00	
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B	3)	TENERS OF THE	en generalis en	ani and and a second
Contributions Received from Political Committees (Part A)		\$ 2	150.00	is at safe as
All Other Contributions (Part B)		\$	-0 -	
TOTAL for the Reporting Period	(2)	\$ 2	50.00	
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)				
Contributions Received from Political Committees (Part C)	A STATE STATE OF THE STATE OF T	\$ 26	500 OO	A September 1995
All Other Contributions (Part D)		*	00.00	
TOTAL for the Reporting Period	(3)	*	500.00	
A OTHER RECEIPTS - REGINDS INTEREST EARNED BETTIENDS OF	ans to state and the state of the	ery obtendance		Tw jos
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHE TOTAL for the Reporting Period	=CKS,=ETC (4)		**************************************	
TOTAL TOT the Reporting Period	(4)	\$ 2	00.60	
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 Page 1, Report Cover Page, Item B.)		\$ 3	980.60)

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 Candid	ate			Reportin	g Period	
Friends	of Jose	1 Shapro		From	5/3/	11 To 6/6/11
				DATE		AMOUNT
Full Name of Contributing Committee	OD		MO.	DAY	YEAR	24
APSCYF/CAP-			5_	19	11	\$ 250.00
319 N. From Harrisburg	4 St.		Мо.	- DAY	YEAR	\$
City	Syne	Zip Code (Plus 4) <u></u>	549		
Marrisburg	1824	17101	<u> </u>	DAY	YEAR	\$
ull Name of Contributing Committee			Mo.	- Company	1/5.5	
·			1970.	DAT	YEAR	
Mailing Address			MO.	DAY	YEAR	
				, <u>, , , , , , , , , , , , , , , , , , </u>	TEAN	[≟] \$
ity	State	Zip Code (Plus 4	Mo.	DAY	YEAR	
		-			BEAR	[†] \$
ull Name of Contributing Committee			MO	DAY	YEAR	
				, D.,,	TEAN	- \$
ailing Address			Mo.	DAY	YEAR	
				Ĭ		7 \$
ty	State	Zip Code (Plus 4	Mo.	DAY	YEAR	
				1] \$
II Name of Contributing Committee			MO.	DAY	YEAR	
-11: A -2						† \$
ailing Address			MO.	DAY	YEAR	
				1	1] \$
ty	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	
		-		<u></u>		\$
II Name of Contributing Committee			Mo.	DAY	YEAR	
iling Address					1] \$
ming Address			MO.	DAY	YEAR	
y	State	71-0-1-0				\$
•	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
I Name of Carlot III					-	\$
Name of Contributing Committee			MO.	DAY	YEAR-	\$
iling Address						Φ
			- мо.	DAY	YEAR	\$
у	State	Zip Code (Plus 4)				7
		_	MO.	DAY	YEAR	\$
Name of Contributing Committee	**************************************					Ψ
or contributing committee			MO.	DAY	YEAR	\$
iling Address			Mo.	DAY	YEAR	
					15AN	\$
у	State	Zip Code (Plus 4)	MO:	DAY	YEAR	
						\$
Name of Contributing Committee			MO.	DAY	YEAR	
						\$
ling Address			MO.	DAY	YEAR	*
	·					\$
y	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	
		-				\$
ton County Total A. T. C. C.						PAGE TOTAL
ter Grand Total of Part A o	n Schedule I,	Detailed Summ	ary Page,	Section	n 2.	\$ 250.00

PAGE OF 12

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	50	- 6 Sho	<u> </u>	Reporting	<i>-</i> 11 1	1. 1. 1
Friends of		on mapil	70	From	5 3	11 TO 6/6/11
ull Name of Contributor				DATE		AMOUNT
			MO:	DAY	YEAR	\$
failing Address			MO.	DAY	YEAR	
ity	Conta					\$
,	State	Zip Code (Plus 4)	MO.	DAY	YEAR.	
uil Name of Contributor			140	4500		\$
			MO.	DAY	YEAR	\$
ailing Address			MO.	DAY	YEAR	
ty				}] \$
•,	State	Zip Code (Plus 4)	MO.	DAY	YEAR -	5
III Name of Contributor						\$
			MO	DAY	YEAR	\$
ailing Address			- то.	DAY	YEAR	
ty						† \$
••	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Il Name of Contributor						\$
Windle C. Commission			MO.	DAY	YEAR -	\$
ailing Address			MO.	DAY	YEAR	
						† \$
y	State	Zip Code (Plus 4)	мо.	DAY	YEAR	
I Name of Contributor						\$
Name of Contributor			MO.	DAY	YEAR	\$
iling Address			МО	DAY	YEAR	
						\$
y	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
I Name of Contributor			MO.	DAY	YEAR	\$
iling Address			MO.	DAY	YEAR	
						\$
y	State	Zip Code (Plus 4)	МО.	DAY	YEAR	
Name of Contributor		_			<u></u>	\$
Name of Contributor			MO.	DAY	YEAR	\$
ling Address			MO.	DAY	YEAR	
	. <u> </u>					\$
	State	Zip Code (Plus 4)	- MO.	DAY	YEAR	
Name of Contributor	1	-				\$
Hame of Contributor			MO.	DAY	YEAR	\$
ling Address			MO.	DAY	YEAR	<u> </u>
				∠ ⇔ 1	CAR	\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_				\$
						PAGE TOTAL
ter Grand Total of Part B on Scho						

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 over \$250.00 in the reporting period.

Name of Filing Committee or Candidate				Reportin	a Pariad	
Friends of Josh	Sho	apiro			5 3/	11 TO 6/6/11
Full Name of Contributing Committee				DATE		AMOUNT
Mailing Address			ව Mo:	101	YEAR	\$ 500.00
400 N 4/11-d St., R	000	カラマサ	MO.	DAY	YEAR	
Harrisburg			МО	DAY	YEAR	Ça
	17/1	21p Code (Plus 4)				\$
Full Name of Contributing Committee Ponsylvania Banker- Mailing Address	5 Publ	lic Affairs Conti	e 5	1 2	YEAR	\$ 500.00
PO BOX 345			МО	DAY	YEAR	\$
ity	g'a'e	Zip Code (Plus 4)	MO.	DAY	YEAR	*
Harrisburg	1924	17108 -			- 1286	\$
Ull Name of Contributing Committee			Mo.	DAY		\$ 500,00
PO BOX 805379			MC.	J(g DAY	YEAR	
ity ,	State	Zip Code (Plus 4)	Mo.			\$
Chicago	116	60680 -5379	. WIO.	DAY	YEAR"	\$
Pansy Vana Psychola	16 ,00	NPAC	MO.	DAY	YEAR	0 1000
ailing Address	21100	(())-	5 Mo.	DAY	YEAR	\$ 500.00
416 Forster S					1525	\$
Harnsburg	SYA	7102-1714	MO.	DAY	YEAR	\$
II Name of Contribution Committee			MO.	DAY	YEAR .	\$ 10h 06
	00	Pax 2055	5 Mo.	DAY	YEAR	\$ 500.00
1925 N. Front St,	PO	100 JUS 1			, Cont	\$
Harrisbura	State	Zip Code (Plus 4) 1710つ -	MO.	DAY	YEAR	\$
Name of Contributing Committee	1 **		MO:	DAY	YEAR	
iling Address						\$
			MO.	DAY	YEAR	\$
Y	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
Name of Contributing Committee	1		MO-	DAY	YEAR	
lling Address						\$
			мо.	DAY	YEAR	\$
y	State	Zip Code (Plus 4)	мо.	- DAY	YEAR	\$
Name of Contributing Committee		-	NO.	DAY	. vexe	7
ing Address					O' EAD	\$
ring right pag		-	MO.	DAY	YEAR	\$
/	State	Zip Code (Plus 4)	- MO. ∵	DAÝ	YEAR	
		<u> </u>				\$
tor Grand Total of Bart C as Cata		Data is a C	_	_		PAGE TOTAL
ter Grand Total of Part C on Sched	uie i,	Detailed Summary	Page,	Section	າ 3.	\$ 2500.00

PAGE 6 OF 12

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	
Friends of Josh Shapiro	From <u>5/3</u>	
	DATE	AMOUNT
Full Name of Contributor P. PIZZI Mailing Address M. J.	MO. DAY YEAR	\$ MOUNT
Mailing Address 8601 Thomas Mill Terrace	MO. DAY YEAR	1000.00
CITY Ti- O I I'm		\$
Philadelphia 19128-1139	MO. DAY YEAR	\$
Employer Name TOSTUKOKO	Occupation	
Tasty Kare Employer Mailing Address/Principal Place of Business	CED/Preside	(H
2801 West Hunting Park Avenue, Phil	ladelphia PF	19154
Full Name of Contributor	MO. DAY YEAR	
Mailing Address	MO DAY	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	
Employer Name		
Chiproy C. Idaile	Occupation	
Employer Mailing Address/Principal Place of Business		
Full Name of Contributor		
Tun Hame of Contributor	MO: DAY - TYEAR	\$
Mailing Address	MO. DAY YEAR	
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
	MO. DAY YEAR	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		
Full Name of Contributor		
ruii Nanie di Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	
Employer Name		\$
- mproyer reme	Occupation	
Employer Mailing Address/Principal Place of Business		
Full Name of Contributor	·····MO·······························	
Meiling Address	INO. SAT TEAN	\$
vicining Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	•
Employer Name	Occupation	\$
Employer Mailing Address/Principal Place of Business		
Enter Grand Total of Part D on Salestate I D 4 11 1 5		PAGE TOTAL
Enter Grand Total of Part D on Schedule I, Detailed Summary EB-502 (7-99)	Page, Section 3.	\$ 1000.00

DSEB-502 (7-99)

PART E OTHER RECEIPTS

PAGE TOF 12

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.

arile of Filing Committee or Candidat	e		Re	parting Period	1 1
Friends	ot Jo	ish Shap	100	From <u>5 3 </u>	1 To 6/6/1
			<u>-</u>		
11 Name TD Bank					
HING Address					
POBOX 13					
Puistown	State	Zip Code (Plus 4)	10.01	DAY	Amount
Lewistown Description Interest	1,16	- 09,44	5	31 11	\$ 200 6 C
111terost					
II Name			-		
ailing Address					
ty	State	Zip Code (Plus 4)	MO.	DAY	Amount
eceipt Description					\$
II Name					
eiling Address					
					,
у	State	Zip Code (Plus 4)	MO.	DAY YEAR	Amount
ceipt Description		-			\$
l Name					
lling Address					
у	State	Zip Code (Plus 4)	MO.	DAY YEAR	Amount
eipt Description					\$
Name					
ling Address					
					
	State	Zip Code (Plus 4)	Mo.	DAY YEAR	Amount
eipt Description					\$
				_	
Name				<u> </u>	
ing Address					
	State	Zip Code (Plus 4)	MO.	DAY YEAR	Amount
eipt Description		-			\$
* *					
					PAGE TOTAL
er Grand Total of Part E on	Schedule 1 1	Petailed Summa	ny Page C-	ation 4	* 200.60

SCHEDULE II

PAGE <u>0</u> OF 12

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	
From 5/	3/11 To 6/6/11
1 UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR L	ESS PER CONTRIBUTOR
TOTAL for the Reporting Period (1)	s -o -
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM	PARTER
TOTAL for the Reporting Period (2)	\$ -0-
3 IN-KIND-CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ -0 -
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, Report Cover Page, Item F.)	s -0-

PAGE 9 OF 12

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			R	eporting	Period			
Friends of	50	sh Shapimo			5/3	11	TO 6/6/	1
Full Name of Contributor				DATE			AMOUNT	
			MO.	DAY	YEAR	\$	A.I.I.OCIAT	
Mailing Address			MO.	and the second second				
			MIQ.	DAY	YEAR	= \$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR			
Description of Contribution:						\$		
The second secon					· · · · · · · · · · · · · · · · · · ·			
Full Name of Contributor	-		1					
			Mo.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	WE ARK			
			,		YEAR	\$		
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	ļ		
Description of Contribution:		-				† \$		
						J		
Full Name of Contributor								
			MO.	DAY	YEAR	\$	-	
Mailing Address			MO.	DAY	YEAR	ļ		
					TEAR	\$		
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR			
Description of Contribution:						\$		
sessification contribution:		-				1		
Full Name of Contributor								
			MO.	DAY	YEAR	\$		
Mailing Address			Mo.	DAY-	NEAD-III	<u> </u>		
				DAT	YEAR	\$		
City	State	Zip Code (Pius 4)	MO.	DAY	YEAR			
Pescription of Contribution:						\$		
escription of Contribution:								
ull Name of Contributor								
			MO.	DAY	YEAR	\$		
failing Address			MO.	DAY	YEAR			
		Ì		-22.	TEAR	\$		
ity	State	Zip Code (Plus 4)	мо.	DAY	YEAR			
escription of Contribution:	L					\$		
,								
III Name of Contributor			MO.	S-252 S1				
		ľ		DAY	YEAR "	\$		
ailing Address			MO.	DAY	YEAR			
ty						\$		
17	State	Zip Code (Plus 4)	мо	DAY	YEAR	<u> </u>		
escription of Contribution:						\$		
				······································				
nter Grand Total of Part F on Schedummary Page, Section 2.	ule II,	In-Kind Contribution	ns Deta	iled	j	PAGE T	DTAL	
					ŀ	\$	-0-	
					-			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Full Name of County				DATE		AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$
Mailing Address			MO.	DAY		3
City				1	YEAR	\$
,	State	Zip Code (Plus 4)	MO.	DÁY	YEAR	\$
Emplayer of Contributor		<u> </u>	Occupat	lion		<u> </u>
Employer Mailing Address/Principal Place						
Employer Marring Address/Principal Place	of Business		Descrip	tion of Co	ntribution	
Full Name of Contributor			MO.	I 042	-YEAR	
Mailing Address				- DA I	TEAR	\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	
Employer of Contributor						\$
			Occupat	ion		
mployer Mailing Address/Principal Place o	f Business		Descript	ion of Cor	tribution	
uil Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	
lity						\$
•	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
mployer of Contributor			Occupati	on	<u> </u>	
mployer Mailing Address/Principal Place of	Business			 		
			Descripti	on of Con	tribution	,
Il Name of Contributor			MO.	DAY	YEAR	
ailing Address						\$
			MO.	DAY	YEAR	\$
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
nployer of Cantributor		-	Occupation	<u> </u>		\$
			Occupation	,,,		
nployer Mailing Address/Principal Place of	Business		Description	on of Cont	ribution	
Il Name of Contributor			. Mo: I	- The Property of the		
			WIO.	DAY	YEAR	\$
oiling Address		-	MO.	DAY	YEAR-	s
(y	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	4
player of Contributor		-				\$
-Fig. 3. Communici			Occupatio	n		
ployer Mailing Address/Principal Place of	Business		Descriptio	n of Contr	ibution	
					•	

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period	
Friends of Josh	Sha	NICO	From <u>5/3/1</u>	, ,
	2700	7770	110111 451	10 2/0//
To Whom Paid			Program is a second of the confidence of	
Gra NICOle Angel I	200	dation	MO. DAY YEAR	\$ 100.00
Mailing Address	<u></u>		Description of Expenditure	\$ 100.00
1461 Golden Drive			Contribute	
Dresher	State	,		
To Whom Paid	PA	19025-		
Mailing Aggress BOX 516	har		MO. DAY YEAR	\$ 500.00
Mailing Adaress	162		5 18 11 Description of Expenditure	\$ 500.00
PO BOX 516			contributio	\wedge
City N.A. Y.A.O.	State	Zip Code (Plus 4)	1 (2)1401100110	
Abington	184	1900 -		
Merchant Card Processing -1 Mailing Address MOX 407046 City	100	Cass	MO. DAY YEAR	Amount . Oc
Mailing Address	VGI	4660	MO DAY YEAR Description of Expenditure	\$ 96.95
1 10100x 407086				
City	Stote	Zip Code (Plus 4)	On-line giv	ing tees
Ft. Lauderdale	100	Zip Code (Plus 4) 33340		U
Ta William Books			MO. DAY YEAR	Amaunt
Sosh Shapino Mailing Address			Description of Expenditure	\$ 210.94
1550 Cloverly			Description of Expenditure	
City DA A 1 A	State	Zip Code (Plus 4)	Meimburse	to- grong
De Rydal	PA	Zip Code (Plus 4)		0
To Whom Paid		1-1-1-	MO. DAY YEAR	Amount
Merchant Card Processing	- NE	of Fees	5 3 11	\$ 60,25
			Description of Expenditure	
P.O. BOX 407066	State	Zip Code (Plus 4)	on-line	giving fees
Ft. Lauderdale	1.	33340 -		
To Whom Paid	, 0	330 10	MO. DAY YEAR	Amount
			TO STATE OF THE PARTY.	\$
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
	3.8.6			
To Whom Paid	<u>.l.</u>		MO. DAY YEAR	
			MO. DAY YEAR	Amount \$
Mailing Address			Description of Expenditure	4
City	l 6 1			
,	State	Zip Code (Plus 4)		
o Whom Paid	<u> </u>		The state of the s	
			MO. DAY YEAR	Amount \$
Mailing Address			Description of Expenditure	
ity	CAST	71		
•	State	Zip Code (Plus 4)		
		_		
Inter Grand Total of Evennelismen		• .		PAGE TOTAL
Enter Grand Total of Expenditures on Pag	ge 1, F	seport Cover Pa	age, Item D.	\$ 968.04
				140.01

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STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate		Reporting Period	1
triends	M Josh Slapino	From <u>5/3</u>	11 TO 6/6/11
Name of Creditor			
The Cr Breditor			Outstanding Balance of De
Mailing Address	DATE		\$
Dity	DEBT INCURRED	MO. DAY YEAR	
· · ·		State Zip Code (Plus 4)	
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			Outstanding Balance of Det \$
ailing Address	DATE DEBT	MO. DAY YEAR	
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ailing Address	DATE	** ***********************************	\$
	DEBT	MO. DAY YEAR	
У		State Zip Code (Plus 4)	
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iling Address			Outstanding Balance of Deb
Ting Address	DATE	MO. DAY YEAR	tree strong to the
у	INCURRED	State Zip Code (Plus 4)	
cription of Debt			
ne of Creditor			
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iling Address	DATE	MO. DAY YEAR	
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		State Zip Code (Plus 4)	
cription of Debt			
			PAGE TOTAL
ter Grand Total of Unpaid Del	bts on Page 1, Report Cover F	Page, Item G.	s -0-