

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: [Signature]	CANDIDATE ^{1.}	COMMITTEE ^{2.} <input checked="" type="checkbox"/>	LOBBYIST ^{3.}
Name of Filing Committee, Candidate or Lobbyist: Friends of Josh Shapiro				
Street Address: 40 Caren Moskowitz, Treasurer 528 Pine Tree Rd.				
City: Jenkintown		State: PA		Zip Code: 19046
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 <input type="checkbox"/> NO <input type="checkbox"/>
	6TH TUESDAY PRE-ELECTION ^{4.}	2ND FRIDAY PRE-ELECTION ^{5.}	30 DAY POST ELECTION ^{6.}	TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	ANNUAL REPORT <input checked="" type="checkbox"/> YEAR 2011		FILING METHOD () CHECK ONE <input type="checkbox"/>	PAPER <input type="checkbox"/>

Name of Office Sought by Candidate: State Representative / County Commissioner	District Number: 153	Office Code: 5TH	Party Code: DEM	County Code: 46
DATE OF ELECTION MO. DAY YEAR 11 8 2011		(SEE INSTRUCTIONS FOR CODES)		

Summary of Receipts and Expenditures from:	MO. DAY YEAR			To	MO. DAY YEAR		
		11	29		2011		12
A. Amount Brought Forward From Last Report	\$ 199,798.99						
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 6.97						
C. Total Funds Available (Sum of Lines A and B)	\$ 199,805.96						
D. Total Expenditures (From Schedule III)	\$ 43,091.34						
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 156,714.62						
F. Value of In-Kind Contributions Received (From Schedule II)	\$ - 0 -						
G. Unpaid Debts and Obligations (From Schedule IV)	\$ - 0 -						

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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, by paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 27 day of January, 2011.

Signature: **[Signature]**
My commission expires 5 22 2013 MO. DAY YR.

Signature of Person Submitting Report: **[Signature]**
Printed Name: **Caren G. Moskowitz**
Area Code: 215 Daytime Telephone Number: 887-9223

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 report and 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 27 day of January, 2011.

Signature: **[Signature]**
My commission expires 5 22 2013 MO. DAY YR.

Signature of Candidate: **[Signature]**
Printed Name: **Josh Shapiro**
Area Code: 215 Daytime Telephone Number: 886-7376

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Josh Shapiro</i>	Reporting Period From <i>11/29/11</i> To <i>12/31/11</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <i>- 0 -</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <i>- 0 -</i>
All Other Contributions (Part B)	\$ <i>- 0 -</i>
TOTAL for the Reporting Period	(2) \$ <i>- 0 -</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <i>- 0 -</i>
All Other Contributions (Part D)	\$ <i>- 0 -</i>
TOTAL for the Reporting Period	(3) \$ <i>- 0 -</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ <i>6.97</i>

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ <i>6.97</i>
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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 <i>Friends of Josh Shapiro</i>	Reporting Period From <i>11/29/11</i> To <i>12/31/11</i>
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				DATE	AMOUNT
Full Name of Contributing Committee	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					
Full Name of Contributing Committee	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					
Full Name of Contributing Committee	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					
Full Name of Contributing Committee	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					
Full Name of Contributing Committee	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					
Full Name of Contributing Committee	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					
Full Name of Contributing Committee	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					
Full Name of Contributing Committee	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					
Full Name of Contributing Committee	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					
Full Name of Contributing Committee	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					

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

PAGE TOTAL	\$ <i>0-</i>
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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 <i>Friends of Josh Shapiro</i>	Reporting Period From <i>11/29/11</i> To <i>12/31/11</i>
---	---

	DATE			AMOUNT
	MO.	DAY	YEAR	\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$

PAGE TOTAL
\$ *-0-*

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

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 <i>Friends of Josh Shapiro</i>	Reporting Period From <i>11/29/11</i> To <i>12/31/11</i>
---	---

	DATE			AMOUNT
	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$

PAGE TOTAL
\$ *10-*

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

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 <i>Friends of Josh Shapiro</i>	Reporting Period From <i>11/29/11</i> To <i>12/31/11</i>
---	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

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

PAGE TOTAL \$ <i>101</i>

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 <i>Friends of Josh Shapiro</i>	Reporting Period From <i>11/29/11</i> To <i>12/31/11</i>
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Full Name <i>TD Bank</i>						
Mailing Address <i>P O BOX 1377</i>						
City <i>Lewistown</i>	State <i>ME</i>	Zip Code (Plus 4) <i>04243 -</i>	MO. <i>12</i>	DAY <i>31</i>	YEAR <i>11</i>	Amount \$ 3.50

Receipt Description
interest

Full Name <i>TD BANK</i>						
Mailing Address <i>PO BOX 1377</i>						
City <i>Lewiston</i>	State <i>ME</i>	Zip Code (Plus 4) <i>04243 -</i>	MO. <i>11</i>	DAY <i>30</i>	YEAR <i>11</i>	Amount \$ 3.47

Receipt Description
interest

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	Amount \$

Receipt Description

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	Amount \$

Receipt Description

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	Amount \$

Receipt Description

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	Amount \$

Receipt Description

PAGE TOTAL
\$ 6.97

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

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 <i>Friends of Josh Shapiro</i>	Reporting Period From <i>11/29/11</i> To <i>12/31/11</i>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <i>- 0 -</i>

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period	(2) \$ <i>- 0 -</i>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period	(3) \$ <i>- 0 -</i>

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$ <i>- 0 -</i>
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**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <i>Friends of Josh Shapiro</i>	Reporting Period From <i>11/29/11</i> To <i>12/31/11</i>
---	---

	DATE			AMOUNT
	MO.	DAY	YEAR	\$
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Description of Contribution:				
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Description of Contribution:				
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Description of Contribution:				
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Description of Contribution:				
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Description of Contribution:				
Full Name of Contributor				\$
Mailing Address				\$
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*

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

Name of Filing Committee or Candidate <i>Friends of Josh Shapiro</i>	Reporting Period From <i>11/29/11</i> To <i>12/31/11</i>
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				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL \$ <i>0</i>

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Josh Shapiro	Reporting Period From 11/29/11 To 12/31/11
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	MO.	DAY	YEAR	Amount
To Whom Paid NGP Van	11	30	11	\$ 60-
Mailing Address 1101 15th St, NW Suite 500	Description of Expenditure on-line giving fees			
City Washington	State DC	Zip Code (Plus 4) 20005-		
To Whom Paid Josh Shapiro	12	9	11	\$ 582.99
Mailing Address 1550 Cloverly Lane	Description of Expenditure Reimburse phone expenses			
City Rydal	State PA	Zip Code (Plus 4) 19046 -		
To Whom Paid Josh Shapiro	12	10	11	\$ 784.18
Mailing Address 1550 Cloverly Lane	Description of Expenditure Reimburse for travel			
City Rydal	State PA	Zip Code (Plus 4) 19046 -		
To Whom Paid Josh Shapiro	12	14	11	\$ 543.97
Mailing Address 1550 Cloverly Lane	Description of Expenditure Reimburse for travel			
City Rydal	State PA	Zip Code (Plus 4) 19046 -		
To Whom Paid Lauren Lamburgo	12	14	11	\$ 181.75
Mailing Address 8142 Cadwalader Avenue	Description of Expenditure Reimburse for travel			
City Elkins Park	State PA	Zip Code (Plus 4) 19027-		
To Whom Paid AT&T	12	16	11	\$ 143.70
Mailing Address PO Box 6463	Description of Expenditure phone			
City Carol Stream	State IL	Zip Code (Plus 4) 601976463		
To Whom Paid South East Pennsylvania First Suburbs Project	12	21	11	\$ 250.00
Mailing Address P.O Box 1246	Description of Expenditure contribution			
City Lansdowne	State PA	Zip Code (Plus 4) 19050-		
To Whom Paid Shapiro Richards	12	28	11	\$ 40,000.00
Mailing Address PO Box 241	Description of Expenditure contribution			
City Abington	State PA	Zip Code (Plus 4) 19001 -		

PAGE TOTAL
\$ 42,546.59

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Josh Shapiro	Reporting Period From 11/29/11 To 12/31/11
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To Whom Paid	MO.	DAY	YEAR	Amount
PHL Ground Transportation	12	28	11	\$ 350.00
Mailing Address P.O. BOX 381	Description of Expenditure Transportation			
City Essington	State PA	Zip Code (Plus 4) 19029-		
NGP Merchant Card Processing	11	30	11	\$ 169.75
Mailing Address PO BOX 407066	Description of Expenditure on-line-giving fees			
City Ft. Lauderdale	State FL	Zip Code (Plus 4) 33340		
NGP Merchant Card Processing	12	5	11	\$ 25.00
Mailing Address PO BOX 407066	Description of Expenditure			
City Ft. Lauderdale	State FL	Zip Code (Plus 4) 33340		
To Whom Paid				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) -		
To Whom Paid				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) -		
To Whom Paid				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) -		
To Whom Paid				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) -		
To Whom Paid				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) -		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 544.75

SCHEDULE IV 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 <i>Friends of Josh Shapiro</i>	Reporting Period From <i>11/29/11</i> To <i>12/31/11</i>
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Name of Creditor					Outstanding Balance of Debt
Mailing Address					\$
DATE DEBT INCURRED		MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
			-		

Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address					\$
DATE DEBT INCURRED		MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
			-		

Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address					\$
DATE DEBT INCURRED		MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
			-		

Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address					\$
DATE DEBT INCURRED		MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
			-		

Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address					\$
DATE DEBT INCURRED		MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
			-		

Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address					\$
DATE DEBT INCURRED		MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
			-		

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL	\$ <i>— 2 —</i>
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