

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report should be clear and legible. It should be typed)

Filer Identification Number	2003274	Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Josh Shapiro							
Street Address		46 Caren Moskowitz, Treasurer 528 Pine Tree Road							
City	Jenkintown	State	PA	Zip Code	19046				

Type of Report (Place x to the right of report type)

6 th Tuesday Pre-Primary	6 th Tuesday Pre-Election	2 nd Friday Pre-Primary	2 nd Friday Pre-Election	30 Day post Primary	30 Day Post Election	Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Date Of Election (MM/DD/YYYY)		11/06/2012		Year	2012		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	11/27/12	12/31/12	
A. Amount Brought Forward From Last Report	\$	281,378.61	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">OFFICE OF CAMPAIGN FINANCE 213 JUN 29 P 3:53</p>
B. Total Monetary Contributions and Receipts (From Schedule II)	\$	55,566.97	
C. Total Funds Available (Sum of Lines A and B)	\$	336,745.58	
D. Total Expenditures (From Schedule III)	\$	3703.64	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	333,341.94	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	-0-	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	-0-	

Affidavit Section

Part I- If this is a committee report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete. Sworn to and subscribed before me this 28 day of January, 2013.

Dianna DiIlio, Notary Public
Norrstown Boro, Montgomery County
My Commission Expires March 16, 2016
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Signature: Dianna DiIlio

Signature of Person Submitting Report: Caren A Moskowitz
Printed Name: Caren G. Moskowitz

My Commission expires 3 Mo. 16 Day 2016 YR.

Area Code: 215 Daytime Telephone Number: 887-9223

Part II- If this is a report of a Candidate's Authorized Committee, candidate 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.

Dianna DiIlio, Notary Public
Norrstown Boro, Montgomery County
My Commission Expires March 16, 2016
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Sworn to and subscribed before me this 28 day of January, 2013.

Signature: Dianna DiIlio

Signature of Candidate: Josh Shapiro
Printed Name: JOSH SHAPIRO

My Commission expires 3 Mo. 16 Day 2016 YR.

Area Code: 215 Daytime Telephone Number: 886-7376

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	2003274 Friends of Josh Shapiro	
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	- 0 -
2. Contributions Over \$250.00 (From A and Part B)		
Contributions Received from Political Committees (Part A)	\$	275.00
All Other Contributions (Part B)	\$	900.00
Total for the reporting period (2)	\$	\$ 1275.00
3. Contributions Over \$250.00 (From C and Part D)		
Contributions Received from Political Committees (Part C)	\$	41,000.00
All Other Contributions (Part D)	\$	13,000.00
Total for the reporting period (3)	\$	\$ 54,000.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (from Part E)		
Total for the reporting period (4)	\$	\$ 191.97
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)		

55,366.97

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use Part A to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number					Amount	
2003274 Friends of Josh Shapiro						
Full Name of Contributing Committee		Building Systems Integrators Political Action Committee			Date [MM/DD/YYYY]	\$ 125.00
Mailing Address		141 Friends Lane			Date [MM/DD/YYYY]	\$
City	Newtown	State	PA	Zip Code	18940	Date [MM/DD/YYYY]
Full Name of Contributing Committee		Reinforced Ironworkers Riggers & Machinery Movers Local Union #405 Political Action Fund			Date [MM/DD/YYYY]	\$ 250.00
Mailing Address		2433 Reed Street			Date [MM/DD/YYYY]	\$
City	Philadelphia	State	PA	Zip Code	19146	Date [MM/DD/YYYY]
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
Mailing Address					Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
Mailing Address					Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
Mailing Address					Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
Mailing Address					Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]

375.00

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 over \$250.00 in the reporting period.

Filer Identification Number:	2003274 Friends of Josh Shapiro
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Full Name of Contributing Committee	Students First PAC	Date [MM/DD/YYYY]	\$	25,000.00
Mailing Address	PO Box 416	Date [MM/DD/YYYY]	\$	
City	Wynnewood	State	PA	Zip Code 19096
Full Name of Contributing Committee	laborers District Council PAC	Date [MM/DD/YYYY]	\$	10,000.00
Mailing Address	665 N. Broad St, 3rd Floor	Date [MM/DD/YYYY]	\$	
City	Philadelphia	State	PA	Zip Code 19123
Full Name of Contributing Committee	IBEW PAC Voluntary Fund	Date [MM/DD/YYYY]	\$	1000.00
Mailing Address	900 Seventh St., NW	Date [MM/DD/YYYY]	\$	5000.00
City	Washington	State	DC	Zip Code 20001
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$	
Mailing Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$	
Mailing Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$	
Mailing Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code

41,000

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number		2003274 Friends of Josh Shapiro			
Name of contributor		Cleary & Joseph LLP		Date [MM/DD/YYYY]	\$
Mailing Address		One Liberty Place, 51st Fl. 1650 Market St.		12/11/2012	1000.00
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Philadelphia	PA	19103			
Employer Name		Occupation			
Employer Mailing Address/ Principal Place of Business					
Name of contributor		Joel P. Trigiani LLP		Date [MM/DD/YYYY]	\$
Mailing Address		One Liberty Place, 51st Fl. 1650 Market St.		12/10/2012	1000.00
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Philadelphia	PA	19103			
Employer Name		Occupation			
Employer Mailing Address/ Principal Place of Business					
Name of contributor		Reed Smith LLP		Date [MM/DD/YYYY]	\$
Mailing Address		20 Starwix St., Ste 1200		12/26/2012	10,000.00
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Pittsburgh	PA	15222			
Employer Name		Occupation			
Employer Mailing Address/ Principal Place of Business					
Name of contributor		Dilworth Paxson LLP		Date [MM/DD/YYYY]	\$
Mailing Address		1500 Market St, Ste 3500 E		12/28/2012	1000.00
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Philadelphia	PA	19102			
Employer Name		Occupation			
Employer Mailing Address/ Principal Place of Business					

13,000

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	Friends of Josh Shapiro (2003274)
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Full Name	XXXXXXXXXX						
Mailing Address	XXXXXXXXXX						
City	XXXXXXXXXX	State	XX	Zip Code	XXXXXX	Date [MM/DD/YYYY]	\$ XXXX
Receipt Description	XXXXXXXXXX						
Full Name	TD Bank						
Mailing Address	PO Box 1377						
City	Lewistown	State	ME	Zip Code	04243	Date [MM/DD/YYYY]	\$ 45.23
Receipt Description	Interest						
Full Name	TD Bank						
Mailing Address	PO Box 1377						
City	Lewistown	State	ME	Zip Code	04243	Date [MM/DD/YYYY]	\$ 46.74
Receipt Description	Interest						
Full Name							
Mailing Address							
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
Mailing Address							
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
Mailing Address							
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

~~XXXXXX~~
9191

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

Filer Identification Number	2003274 Friends of Josh Shapiro
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ -0-

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ -0-

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART F)		
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)		\$ -0-
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	2003274 Friends of Josh Shapiro
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Full Name of the Contributor				Date: [MM/DD/YYYY]	\$
Mailing Address				Date: [MM/DD/YYYY]	\$
City	State	Zip Code		Date: [MM/DD/YYYY]	\$
Description of Contribution					
Full Name of the Contributor				Date: [MM/DD/YYYY]	\$
Mailing Address				Date: [MM/DD/YYYY]	\$
City	State	Zip Code		Date: [MM/DD/YYYY]	\$
Description of Contribution					
Full Name of the Contributor				Date: [MM/DD/YYYY]	\$
Mailing Address				Date: [MM/DD/YYYY]	\$
City	State	Zip Code		Date: [MM/DD/YYYY]	\$
Description of Contribution					
Full Name of the Contributor				Date: [MM/DD/YYYY]	\$
Mailing Address				Date: [MM/DD/YYYY]	\$
City	State	Zip Code		Date: [MM/DD/YYYY]	\$
Description of Contribution					
Full Name of the Contributor				Date: [MM/DD/YYYY]	\$
Mailing Address				Date: [MM/DD/YYYY]	\$
City	State	Zip Code		Date: [MM/DD/YYYY]	\$
Description of Contribution					

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	2003274 Friends of Josh Shapiro
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Full Name of the Contributor				Date: [MM/DD/YYYY]		S
Mailing Address				Date: [MM/DD/YYYY]		S
City	State	Zip Code		Date: [MM/DD/YYYY]		S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of the Contributor				Date: [MM/DD/YYYY]		S
Mailing Address				Date: [MM/DD/YYYY]		S
City	State	Zip Code		Date: [MM/DD/YYYY]		S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of the Contributor				Date: [MM/DD/YYYY]		S
Mailing Address				Date: [MM/DD/YYYY]		S
City	State	Zip Code		Date: [MM/DD/YYYY]		S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of the Contributor				Date: [MM/DD/YYYY]		S
Mailing Address				Date: [MM/DD/YYYY]		S
City	State	Zip Code		Date: [MM/DD/YYYY]		S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		

SCHEDULE III
Statement of Expenditures

File Identification Number: Friends of Josh Shapiro 2003274

To Whom Paid	CCD Debit	Date [MM/DD/YYYY]	11/30/2012	\$	190.77
Mailing Address	PO BOX 407066	Description of Expenditure	on-line giving fees		
City	Ft. Lauderdale	State	FL	Zip Code	33340
To Whom Paid	Josh Shapiro	Date [MM/DD/YYYY]	12/15/2012	\$	3331.27
Mailing Address	1550 Cloverly Lane	Description of Expenditure	travel-hotel expense		
City	Rydal	State	PA	Zip Code	19046
To Whom Paid	AT&T Mobility	Date [MM/DD/YYYY]	12/06/2012	\$	154.44
Mailing Address	PO Box 6463	Description of Expenditure	phone		
City	Carol Stream	State	IL	Zip Code	60197
To Whom Paid		Date [MM/DD/YYYY]		\$	
Mailing Address		Description of Expenditure			
City		State		Zip Code	
To Whom Paid		Date [MM/DD/YYYY]		\$	
Mailing Address		Description of Expenditure			
City		State		Zip Code	
To Whom Paid		Date [MM/DD/YYYY]		\$	
Mailing Address		Description of Expenditure			
City		State		Zip Code	
To Whom Paid		Date [MM/DD/YYYY]		\$	
Mailing Address		Description of Expenditure			
City		State		Zip Code	
To Whom Paid	CCD Debit	Date [MM/DD/YYYY]	12/03/2012	\$	27.16
Mailing Address	PO BOX 407066	Description of Expenditure	on-line giving fees		
City	Ft. Lauderdale	State	FL	Zip Code	33340

3703.64

