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Commonwealth of Pennsylvania - Campaign Finance Report

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

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Number	3274	Report (Mark)	Filed By ()	Candid	ate	Committee	e standard and a standard and a standard a s Standard a standard a st	X	Lobbyist	
Name of Filing Committee, Car Lobbyist	ndidate or	Frie	nd507	f Jos	h Shap	110		I		
Street Address		90 Cary	n Mos	Kowit	z, Treasi	Vrer	528 Pi	NO Tr	ree Koad	1
City JEN	Kintown	· · · · · · · · · · · · · · · · · · ·		State	1A	Zip Code	1904	¹ 6		
Type of Report (Place x to the r	ight of report ty	/pe)								
6 th Tuesday Pre-Primary Election	2 nd Fridəy Pre-Primary	2 nd Frida Pre- Election	Prin	Day post nary	30 Day Post Election	Annual	Special 2 nd Pre-Electio		Special 30 D Post-Electio	-
Date Of Election (MM/DD/YYYY)	11/06/2012	Year 201	2		Amendment Report		Terminatio Report	in		
Summary of Receipts and Expenditures	From Date	·	Date	2		For	Office Use O	nly		
A. Amount Brought Forward Fi			81,378				· · · · ·		·	
B. Total Monetary Contribution (From Schedule II)	ns and Receipts	\$	55, 566							
C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures			36,748							
(From Schedule III)			3703.4	64						
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 3	33,34	1.94			- Ogi	÷ 55	s m	
F. Value of In-Kind Contribution (From Schedule II)		\$	-0-	•						
G. Unpaid Debts and Obligation (From Schedule IV)	ns	\$	-0-		r 			່ ບ 		
Part 1- If this is a committee report				Affidavit Se				ū	J	
I swear (or affirm) that this report, i subscribed before me this 250 agy of Tay Vary	ncluding the aNec Dianna Dill Norristowa Boro My Sognanission E MBER, PENNISYLVANI	intsi Selatidi ilo, Notary Montgome Xpires Mah	ules on pape Public ary County 21 16, 2016	er, is to the	best of my know	ledge and belief t Mosko re of Person Subg	wetz	d complet	e. Sworn to and	ł
Signature My Commission expires Mo,	16 2016 Day YR.	-] '	I		R15	Printed Nam				
									-1	
Part II- If this is a report of a Candida I swear (or affirm) that to the best	CONTRONT	TH OF PE	INNER AN	WASign her	re.	any provisions of t				

SCHEDULE I Contributions and Receipts

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Detailed Summary Page

Filer Identification Number	/	
2003274 Friends of	f	Josh Shapind
1. Unitemized Contributions and Devalues (\$50.00		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	Ś
	_/	- 0-
2. Contributions Over \$250.00 (From A and Part B)		
Contributions Received from Political Committees (Part A)		s 1
All Other Contributions (Part)		375.00
		\$ 900.00
Total for the reporting period (2	2)	
3. Contributions Over \$250.00 (From C and Part D)	_[+ 1275.00
Contributions Received from Political Committees (Part C)		
All Other Contributions (Part D)		41,000.00
	\$	13,000.00
Total for the reporting period (3) 5	
		P 54,000.00
4. Other Receipts-Refunds; Interested Earned, Returned Checks, ETC: (from Part E)		
Total for the reporting period (4) \$	10.07
Total Monetary Contributions and Receipts during this reporting period (add and		¢ 191.97
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

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\$

\$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				
	2003274	Friends of Je	the Shappon	
			me en up li c	
Full Name of Contributing	Bu Idina Such			Amount
Committee	Toring syst	ems_Integrator	S Date [MM/DD/YYYY]	
<u> </u>	Political	ensIntegrator Action Commi	Hep 12/11/2012	125,00
Mailing Address		nds Lane	Date [MM/DD/YYYY]	\$
	171 1-1-14	nas Lane		
City	State	7 Zin Code	Date [MM/DD/YYYY]	
Newtown	P	A Zip Code 189	HO Date [[VIIVI/DD/TTTT]	\$
Full Name of Contributing	Re George -	ronworkers K wers Local Union# Abition Street Act		
Committee	Reinforced 1	ronworkers k	Date [MM/DD/YYYY]	=+ · · ·
	& Machinery Mo	wers Local Unjon#	405 12/11/2012	25006
Mailing Address		Politic	a/ Date [MM/DD/YYYY]	
	2433 NAGO	Street "		-
City DI I I I	State	A Zip Code : 1	Date [MM/DD/WW/]	s
Philadelph	IG State	4 1914	the Date [INIV/DD/ITT]	- ?
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			Deter Date (op borne)	
Committee			Date [MM/DD/YYYY]	\$
Mailing Address				
			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
				-
Full Name of Contributing			Date [MM/DD/YYYY]	
Committee				\$
Mailing Address				
manning Audress			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
the state of the s				
Full Name of Contributing			Date [MM/DD/YYYY]	\$
Committee				
Mailing Address			Date [MM/DD/YYYY]	\$
~··· • •	State	Zip Code	Date [MM/DD/YYYY]	\$

PART B All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contribution with an aggregate value from

\$50.01 TO \$250 in the reporting period.

(Exclude contribution from political committee reported in Part A.)

Filer Identification Number 2603274 Friends of Josh	Shapiro
Nameloficontributor Michael Horsey	Date:[MM/DD/WYY]] \$\$ 150,06
Mailing Address 1438 Thorn berry Poad	Date:[MM/DD/XXXX]@
Nameloticontributor	
Evelyn Smalls	12/11/2012 125.00
Mailing Address 190 Dayles ford Blud Dayles ford Lake	
Berwyn State PA ZipCode 19312	Date [MM/DD///Y//]
Name of contributor LPS/IE Burrell Mailing Mail	Date:[MM/DD//MM/12 55 12/11/2012 150.06
Mailing Address 18 W. Pomona St, City State 14 ZipiCode	
Philadelphia PA 19144	
Name of contributors George Burnell Mailing Address	Date [MM/00/MM/18 5] 12/11/20/2 200.00
440 \$ Broad St, Unit 150	i i i i i i i i i i i i i i i i i i i
City Philadelphia State PA ZipiCode 19146	Date [MM/DD/YYYY] \$
Mailingraddress	12/11/2012 125.00
3 Sterling Court	Date:[MM/DD/AWY]# \$\$
City Blackwood State NJ Zip Code 08012	
Jusan Swanson	100.00
	20ate3[MIM/(DD//////)]
Erolenheim States RA Zipicodes 19038	Date:[MM/DD/AWYY]#

PART C

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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.

FulliNameof	
	-
contributing committee Students FINST PAC 12/05/12 25,000.00	- >
Mailing/Address PO BOX 416	-
Scitv Wynrrewood State RA Zip Code 19096 Date [MM/DD/MM/18 55	
Contributing committee Laborers District Council PAC 12/11/2012 10,000.00	
Mailing Address 665 N. Broad St, 3rd Floor	-
City Philade Iphia State PA Zip Code 19123 Date [MM/DD/WWY] 55	
Contributing committees BEWPAC Voluctoral Fund	
Mailing Address Addres	
City Washington State DC Zip Code ZOOI	-
ContributingCommittee	
Mailing/Address	
City State Zip Code Date [MM/DD//YYY] & S	1
Example of the second s	
Malling/Address	
City State Zip Code Date MM/DD/WYY S	
Eul/Name of August Augu	
Mailing/Address	
Gity State Zip/Codes Date:[MM/DD///////	

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 Staping Date [MM/DD/WYM] Name of contributor Chary & Josen LLP 1000,00 12/11/2012 One Liberty Place, 51st Fl. 1650 Market St. Date [MM/DD/YYYY] # \$ Mailing/Address Zip:Code States Date [MM/DD//Y///] #15 Philadelphia 19103 Occupation Employer Name Employer Mailing Address / ด้าสองสมองจากเรื่องจากเรื่อง Name of contributor Date [MM//DD//////] Joel P. Trigpni LLP One Liberty Place, 57st FI. 1000.00 10/2012 Mailing Address Average Date MM/DD/YYYY 1650 Market St. Date [MM/DD/WW/] Zip Code City Philade/phia 19103 Employer/Name Occupation Employer Mailing Address // Date [MM/DD/WWW] Name of contributor Reed Smith LLP 10,000.00 12/26/2012 20 Stanwix St., Ste 1200 Date [MM/DD/YYYY] 2014 Mailing Address and a second Pittsburgh Zip Code Date:[MM/DD/AAW] City: 15222 Occupation Employer Name Employer Mailing Address // Address // Principal Place of Business Spates[MM//DD/////// Name of contributor Diluorth Parson LLP 1000.00 12/28/2012 1500 Market St, Ste 350E Mailing/Address Date [MM/DD////// Ś Date [MM/DD/MM/] City Philadelphia 19/02 揽 Employer/Name Occupation Employer Mailing Address //

PART E Other Receipts

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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 c	of Josh	Shapiro	(2003274))
ŧFülliNäme	Carried Color	2			
Mailing Address	ANDE	State	Zip	Date [MM/DD/XXXX] as	
Receipt Description	CORDERCO CORDERCO		Code Carro	Canada a	
Füll Name	TD Bar				
Mailing Address	PO 75 Lewistour	State ME	Zip Code 04243		45.23
Receipt Description	Interest		annar an		
Full/Name	TD Bar PO BO	<u>nt</u> K 1377		,,,,,,,	
Gity Second Second	Lawistown	State MA	code Code	20are11MM/00/2000/12	46.74
Receipt Description	Interr	5)			
Mailing/Address					
City		State	1Zip Code	Date [MM/DD/MM] 25	
Receipt Description				······	
Mailing Address					
City		State	Zip Code	Date [MM/DD/AYYA]}	
Receipt Description (25)			<u>.</u>		
Mailing Accress				Constant of the second s	- ····
City		State	Zip . Code	Date MM/DD/AMMIns S	
Receipt Description				<u> </u>	-

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

File?/dentification!Number.	2003274 F	Friendsi	of Josh Shapiro)
	ONTRIBUTIONS RECEIVED Y	ALUEOF\$50:00 OR	ESSPER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	-0 -	
24 INEKINDIGONTIRIBUTIO	NSIRECEIVED=VALUEIOFIS50	011TO \$250:00/(FRG	OMIPARTE)	
TOTAL for the reporting period	(2)	\$	-0 -	
3 INFRINDICONTRIBUTIO	NIREGENEDEVALUETOWEN 52	SUCOURROWLARD		
TOTAL for the reporting period	(3)	\$	-0-	
	NOUTIONS DUDING THIS DEE			
TOTAL VALUE OF IN-KIND CONTF PERIOD (add and enter amount t on page 1, report cover page, ite	totals from boxes 1, 2, and 3;		-0-	

SCHEDULE II PART F In-Kind Contributions Received VALUE OF \$50.01 TO \$250

Filer, Identification)Number: 3	3274	Friends of	Josh Shu	piro
FulliNametol			Date [MM/DD/AWA]	n #\$\$7,
Mailing Address	·····			
Maning Address and			Date [MM/DD/MYM]	
City	State.	Zip Code:	Date [MM/DD/Y(YY)]	
Description of Contribution			۱ <u>.</u>	ःस्ट्रान्
EulliNameof	<u>94</u>		Date [MM/DD/YYYY]	2 × Sa
the Contributor				
MailingAddress			Date [MM/DD/M/Y]	
City	State	ZipiCode	Date [MM/DD/\YYY]	
Description of contribution				
FulliName of the second			Date [MM//DD//////	
the Contributor				
Mailing Address			Date [MM/DD/AAAA]	
City	State	ZipCode	Date [MM/DD/\\\\\]	
Description of Contribution				
FulliNamefol	*1		Date:[MM/DD/\YYYY]	****
the Contributor				
Mailing Address			Date:[MM/DD/\\\\\]	
City	State	Zip Code 🗤	Date:[MM//DD//YYY/]	
Description of Contribution	÷	2010,000,000,000,000,000,000,000,000,000	l	
FulliName of Assessment			Date:[MM/DD//////]	S
the Contributor				
Mäiling Address			*Date [MM/DD/MM/]	
City	State	ZipCodev	Date [MM/DD/MAY]	
Description of/Contribution	1-2500 (2860 (2860 / 1	Lauresco.suzerzinen (200		58.00% J

-0-

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

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FileridentificationNumber	2003274	Friends	of Josh Shapird
Hull Name of the Contributor			
Mailing Address			*Date:[MIM/DD/AVYY]#33
CIŢ	Stater	ZipiCode	
Employer Name	ALL SHE AND THE MAN AND THE ALL AND	a de la composición d	*Occupation***
Employer Mailing Address Place of Business	/Principal		Description of (Contribution
្រីញាក្រមាចឲ្យ។ អ្នកចំណើរលើចង			Date:[MM/DD///WW/Waters
Mailing Address			*Datei[MMI/DD/W/W]##### \$5
xCity	State .	*Zip)Code	Date:[MM/DD////Y/]#### \$
Employer/Name		• •	Occupation
Employer Mailing Address Place of Business	(Principals		Description** of Contribution
(FülliName)of			Date:[[MMI/DD/XXYY]]
the Contributor			
Mailing Address			{Date [MM/DD/MYY] ::: **
City) =	State?	Zip Code	Date [MM/DD/XYYY] 200
EmployerName		Electron design of some case (2004)	Occupation
Employer Mailing Address/ Place of Business	Principal		Description of Contribution
Gull Name of the Contributor			Bate [MM/DD/AVAA]
	<u>.</u>		
Mailing/Address			1Date:[MM/DD/WW/]
City	State	Zip'Code	Date:[MMV/DD///////
Employer Name			2Occupation 2
Employer Mailing Address/ Place of Business	Principal		Description a solution of solution and solut

SCHEDULE III Statement of Expenditures

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FileridentificationNumber:	
Friends of Josh Shapiro	2003274
)To:WhomPaid:	
CCD Debit	Date MM/DD/MW/H \$
MallipeAndress	11 30 2012 190.77 Description of Expenditure
PO 1207 407066	THEAR HINDOLANDING THEESE STATISTICS
City Ft Lauderdale State FL code 33340	0,0
Townom Paid	Batel(MM/DD/MYM)
Josh Shapiro	12/15/2012 3331.27 Description of Expenditure
1550 Cloverly Lane	AD-35119101/06/319210101012
city Rydal State PA code 19046	travel-hotel expense
Townom paiden ATOT Mobility	12/06/2017 154.44
MailingAddress	Description of Expenditure
PO Box 6463	
City Carol Stream State 1L Code 60197	phone
stowhom Paid	adates(MM/DD/MW)
MallingtAddress	SDescription on Expenditure
City States Zip Codetory	
TowbomPaidee	
Mailing/Address	PDescription of Expenditure
City State Zip Code	
ToiWhomPaid	Datel MM/DD/MWA
Mailing/Addresse	Description of Expenditure
Code	
ToWhom Paid	
Mailine/Address	Description of Expenditure
City State Code	A Repair The new
CCD Debit	Date [MM/DD/WWW
Mailing Address PO POX 407066	12/03/20/2 21.10 Description of Expenditure
City Ft - Lauder dule State FL Code 33340	PA PIA DIALLA
ru code 30000	on-line giving files

3703.64

SCHEDULE IV Statement of Unpaid Debts

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

Fileridentification Number:	2003274	Frien	ds of Josh	Shapiro
Namevoffezaditoza				OustandingBalancelofDebrass
Namerof/Creditor			DATE DEBT INGURRED	
City		State	Zipa Code	
Description of Debt				
Name of Creditor			DATE DEBTINGURRED	OutstandingBalanceof/Debt
Manng Address of the				
City		State	Zip: Code 244	
Description of Debt	·····	Creative States - 4	Concernations (Reg #24-1	
Name of Greditor				Outstanding Balance of Debt 201
Mailing Address			DATE DEBT INCURRED	藤 (2)
Gity		State	Zip	
Description of Debts			Zip Code	
Name of Greditor				200tstandingBalancefor/Debter 1
Mailing Address				
				-
City Description of Debt	····	State	Zip Code	
Name of Creditor			DATE DEBTIINGURRED	OutstandingBalanceof/Debts
			ZIP	
CCCY		State	Zip Code	
Description of Debi			• • • • • • • • • • • • • • • • • • • •	
Nameo/Greditor				OustandingBalanceOrDebu
Mailing/Address			DATE DEBT INGURRED	
City		State	Zip	
Description of/Debt			Code	

-0-