

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 <input type="checkbox"/>	
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)	1ST TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3. <input checked="" type="checkbox"/>	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	4TH 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	7.	YEAR		FILING METHOD () CHECK-ONE		PAPER <input type="checkbox"/> DISKETTE <input type="checkbox"/>

Name of Office Sought by Candidate: State Representative				DATE OF ELECTION		District Number	Office Code	Party Code	County Code
MO. DAY YEAR		MO. DAY YEAR		5 17 2011		153	5TH	DEM	46
(SEE INSTRUCTIONS FOR CODES)									

Summary of Receipts and Expenditures from:	MO. DAY YEAR	To	MO. DAY YEAR
	5 3 2011		6 6 2011
A. Amount Brought Forward From Last Report	\$ 839,276.00		
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 3980.60		
C. Total Funds Available (Sum of Lines A and B)	\$ 834,856.60		
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-		
G. Unpaid Debts and Obligations (From Schedule IV)	\$ -0-		

FOR OFFICE-USE ONLY

RECEIVED
2011 JUN 16 A 8:40
OFFICE OF
VOTER SERVICES
MONTG. CO. PA

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

Sworn to and subscribed before me this 10th day of JUNE 2011

NOTARIAL SEAL
ROBIN A BEALL
Notary Public
ABINGTON TWP., MONTGOMERY COUNTY
My Commission Expires Dec 19, 2012

Signature: Caren G. Moskowitz
Printed Name: Caren G. Moskowitz

My commission expires 12 MO. 19 DAY 12 YR.

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 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 10th day of JUNE 2011

NOTARIAL SEAL
ROBIN A BEALL
Notary Public
ABINGTON TWP., MONTGOMERY COUNTY
My Commission Expires Dec 19, 2012

Signature: JOSH SHAPIRO
Printed Name: JOSH SHAPIRO

My commission expires 12 MO. 19 DAY 12 YR.

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>5/3/11</i> To <i>6/6/11</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <i>30.00</i>

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

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <i>2500.00</i>
All Other Contributions (Part D)	\$ <i>1000.00</i>
TOTAL for the Reporting Period (3)	\$ <i>3500.00</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ <i>200.60</i>

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.)	\$ <i>3980.60</i>
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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>5/3/11</i> To <i>6/6/11</i>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>APSCUF/CAP-PA</i>	<i>5</i>	<i>19</i>	<i>11</i>	<i>\$ 250.00</i>
Mailing Address <i>319 N. Front St.</i>	MO.	DAY	YEAR	\$
City <i>Harrisburg</i> State <i>PA</i> Zip Code (Plus 4) <i>17101</i>	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$

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 <i>Friends of Josh Shapiro</i>	Reporting Period From <i>5/31/11</i> To <i>6/6/11</i>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
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)				\$

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

PAGE TOTAL
\$ -0-

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 Friends of Josh Shapiro	Reporting Period From 5/3/11 To 6/6/11
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
PSEA PACE Mailing Address: 400 N. Third St., PO Box 1724 City: Harrisburg State: PA Zip Code (Plus 4): 17105-1724	5	19	11	\$ 500.00
Pennsylvania Bankers Public Affairs Cnte. Mailing Address: PO Box 345 City: Harrisburg State: PA Zip Code (Plus 4): 17108 -	5	12	11	\$ 500.00
Exelon PAC Mailing Address: PO Box 805379 City: Chicago State: IL Zip Code (Plus 4): 60680-5379	5	16	11	\$ 500.00
Pennsylvania Psychological PAC Mailing Address: 416 Forster St. City: Harrisburg State: PA Zip Code (Plus 4): 17102-1714	5	9	11	\$ 500.00
PAA PAC Mailing Address: 1925 N. Front St, PO Box 2955 City: Harrisburg State: PA Zip Code (Plus 4): 17105-	5	9	11	\$ 500.00
Full Name of Contributing Committee: _____ Mailing Address: _____ City: _____ State: _____ Zip Code (Plus 4): _____	MO.	DAY	YEAR	\$
Full Name of Contributing Committee: _____ Mailing Address: _____ City: _____ State: _____ Zip Code (Plus 4): _____	MO.	DAY	YEAR	\$
Full Name of Contributing Committee: _____ Mailing Address: _____ City: _____ State: _____ Zip Code (Plus 4): _____	MO.	DAY	YEAR	\$
Full Name of Contributing Committee: _____ Mailing Address: _____ City: _____ State: _____ Zip Code (Plus 4): _____	MO.	DAY	YEAR	\$

PAGE TOTAL
\$ 2500.00

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

**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 Friends of Josh Shapiro	Reporting Period From 5/3/11 To 6/6/11
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Charles P. Pizzi	5	5	11	\$ 1000.00
Mailing Address 8601 Thomas Mill Terrace	MO.	DAY	YEAR	\$
City Philadelphia State Zip Code (Plus 4) 19128-1139	MO.	DAY	YEAR	\$
Employer Name TastyKatie	Occupation CEO/President			
Employer Mailing Address/Principal Place of Business 2801 West Hunting Park Avenue, Philadelphia PA 19154				

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

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

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

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing 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 Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 1000.00

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 <i>Friends of Josh Shapiro</i>	Reporting Period From <i>5/3/11</i> To <i>6/6/11</i>
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Full Name <i>TD Bank</i>						
Mailing Address <i>PO Box 1377</i>						
City <i>Lewistown</i>	State <i>ME</i>	Zip Code (Plus 4) <i>04243</i>	MO. <i>5</i>	DAY <i>31</i>	YEAR <i>11</i>	Amount <i>\$ 200.60</i>
Receipt Description <i>Interest</i>						

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						

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						

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

PAGE TOTAL
\$ 200.60

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 Soch Shapiro</i>	Reporting Period From <i>5/3/11</i> To <i>6/6/11</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>5/3/11</i> To <i>6/6/11</i>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
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 \$ <i>0</i>

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 <u>5/3/11</u> To <u>6/16/11</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
Employer of Contributor				\$
Employer Mailing Address/Principal Place of Business		Occupation		
Employer Mailing Address/Principal Place of Business		Description of Contribution		
Full Name of Contributor				\$
Mailing Address				\$
City				\$
Employer of Contributor				\$
Employer Mailing Address/Principal Place of Business		Occupation		
Employer Mailing Address/Principal Place of Business		Description of Contribution		
Full Name of Contributor				\$
Mailing Address				\$
City				\$
Employer of Contributor				\$
Employer Mailing Address/Principal Place of Business		Occupation		
Employer Mailing Address/Principal Place of Business		Description of Contribution		
Full Name of Contributor				\$
Mailing Address				\$
City				\$
Employer of Contributor				\$
Employer Mailing Address/Principal Place of Business		Occupation		
Employer Mailing Address/Principal Place of Business		Description of Contribution		
Full Name of Contributor				\$
Mailing Address				\$
City				\$
Employer of Contributor				\$
Employer Mailing Address/Principal Place of Business		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
\$ 0

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Josh Shapiro	Reporting Period From 5/3/11 To 6/6/11
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To Whom Paid	MO.	DAY	YEAR	Amount
Gina Nicole Angel Foundation Mailing Address: 1461 Golden Drive City: Dresher State: PA Zip Code (Plus 4): 19025-	5	18	11	\$ 100.00
Description of Expenditure: Contribution				
Citizens & Police Together Mailing Address: P O Box 516 City: Abington State: PA Zip Code (Plus 4): 19001-	5	18	11	\$ 500.00
Description of Expenditure: Contribution				
Merchant Card Processing - NBP Fees Mailing Address: P O Box 407066 City: Ft. Lauderdale State: FL Zip Code (Plus 4): 33340	5	3	11	\$ 96.85
Description of Expenditure: On-line giving fees				
Josh Shapiro Mailing Address: 1550 Cloverly City: Rydal State: PA Zip Code (Plus 4): 19046-	5	31	11	\$ 210.94
Description of Expenditure: Reimburse for phone				
Merchant Card Processing - NBP Fees Mailing Address: P.O. BOX 407066 City: Ft. Lauderdale State: FL Zip Code (Plus 4): 33340-	5	3	11	\$ 60.25
Description of Expenditure: On-line giving fees				
Mailing Address: City: State: Zip Code (Plus 4):	MO.	DAY	YEAR	Amount
Description of Expenditure:				
Mailing Address: City: State: Zip Code (Plus 4):	MO.	DAY	YEAR	Amount
Description of Expenditure:				
Mailing Address: City: State: Zip Code (Plus 4):	MO.	DAY	YEAR	Amount
Description of Expenditure:				

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

PAGE TOTAL
\$ 968.04

**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>5/3/11</i> To <i>6/6/11</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)		
Description of Debt					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. PAGE TOTAL
\$ -0-