Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE 1 OF 13

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Filer Identification Number:	20032	74	Report Filed By:	CANDIDATE	, co	OMMITTEE X	LOBBYIST		
Name of Filing Comm	ittee, Candidate or Lobb	Shapir) - - -	~~					
Street Address: C/O	Caren MOSI	ing Rd.	74430	State:		p Code:			
city: Jen!	Kintown			PA		19046 MENDMENT			
TYPE OF REPORT	STH TUESDAY PRE-PRIMARY	PRE-PRIM	ARY	POST PRIMARY	RE	PORT7			
(place X to	PRE-ELECTION	2ND FRII PRE-ELEC	2A3	POST ELECTION	RE	PORT? YE	DISKETTE		
the right of report type)	REPORT	2011		() CHECK ONE	TION Dis	strict Office	Party County		
Name of Office Soug	nt by Candidate: pserAative/Cu	and Com	missione,		EAR	mber Code 5TH	DEM 46		
Thate heps	osernas ive ju	01119				ISEE INSTA	E USE ONLY		
Summary of F and Expenditu	Receipts res from:	MO. DAY 11 29 2	YEAR TO	12 31 20			ens Prod		
A. Amount Brough	nt Forward From Las	t Report	\$	199,79899		:			
B. Total Monetary	Contributions and R	eceipts (From S		6.9	_		$\overline{\omega}$		
C. Total Funds Av	vailable (Sum of Line	s A and B)	\$	199,80,5.9					
D. Total Expenditures (From Schedule III)				\$ 43.091.39					
	alance (Subtract Line			156,714.6	7		15-31		
F. Value of In-K	ind Contributions Red	ceived (From Sci		-0-		,			
G. Unpaid Debts	and Obligations (Fron	n Schedule IV)	\$						
PART I - If this	is a Committee rep	ort, treasurer si	AFFIDAVIT on here. If the		eport, cand	idate sign here.	odes and belief true		
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 schedusched schedusched schedusched schedusched schedu									
PART II - If thi	that to the best of my	knowledge and be	inition politic	ittee, candidate snall	iolated any	provisions of the	Act of June 3, 1937		
IF.L. 1333, 140. 520	caribad before me this	MARK J. KOE	NIG Notary Pul	ر المسال olic	Signatu	of Candidate			
_ m) h (La Signature	7		- Joseph	SHAR	nted Name	77 (
My commission	MO.	DAY Y	7013 J	Area Code	<u>-</u>	886 - 7 Daytime Te	Hephone Number		

SCHEDULE I

PAGE 2 OF

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Friends of Josh Slupifo	Reporting Peri From <u>11/2</u>	od 9 /11	то 12/31/11
7110/63 01 3021			
. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	RIBUT	3R
TOTAL for the Reporting Period			-0-
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	B)		
Contributions Received from Political Committees (Part A)		\$	-0-
All Other Contributions (Part B)		\$	<u> </u>
TOTAL for the Reporting Perio	d (2)	\$	-0-
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D) Contributions Received from Political Committees (Part C)		\$	~0 ~
		 \$	A =
All Other Contributions (Part D)			~ 0
	od (3)	<u> </u>	70-
All Other Contributions (Part D) TOTAL for the Reporting Period		\$	OM PART E)
All Other Contributions (Part D)	CHECKS, ET	\$	0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -
All Other Contributions (Part D) TOTAL for the Reporting Period 4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED	CHECKS, ET	\$	

PAGE	(OF	

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.

ame of Filing Committee or Candidate			Rep	orting Pe	eriod /	1- L. L.
Friends of Josh	Shapire	Ď	F	rom _ <i>11</i>	129/11	To 12/3/1/
1114703 01 003.1				DATE		AMOUNT
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AGE	OF
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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 Contributor	me of Filing Committee or Candidate	Cha.	z. ~>>	F	rom _//	129/11	1 To 12/31/11
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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.

Friends of Josh	Shap	100			ive p	/ To 12/31/11
				DATE	YEAR	AMOUNT
ull Name of Contributing Committee			MO.	DAY	TEAD	\$
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		The Control (Division A)		DAY	YEAR	
City	State	Zip Code (Plus 4)	MO.	DAT	150	\$
			MO.	DAY	YEAR	\$
ull Name of Contributing Committee				DAY	YEAR	
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				DAY	YEAR	13
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Enter Grand Total of Part C on	Schedule I.	Detailed Summa	ry Page	e, Sectio	on 3.	\$ -0-

PART D ALL OTHER CONTRIBUTIONS

PAGE _____OF ____

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of e this part to itemize all other contributions with all aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

(Exclude Condition or Candidate			Rep	orting Pe	eriod	
ome of Filing Committee or Candidate	()		F	rom <u>//</u>	129/11	To 12/31/11
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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.

me of Filing Committee or Candidate			Repor	ting Per	iod	To 12/3/11
Friends of Josh :	shapi.	10	Fro	m <u>///</u>	29/11	10 107 37.1
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SCHEDULE II

PAGE ____ OF ____

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	Reporting Peri	od /		1-2 /
Friends of Josh Shapiro	From <u>///</u>	29/11	<u></u>	12/31/11
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$	50.00 OR L	ESS PE	R CON	TRIBUTOR
TOTAL for the Reporting Period	d (1)	\$	-0-	_
2 IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25	50.00 (FRON	PART	F)	
TOTAL for the Reporting Period	d (2)	\$	-0	
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	OM PART G			
TOTAL for the Reporting Period	d (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 \$250.00

Friends of J	Josh Shape	M)	F	rom/	1/29/	/11 To 12/3/11
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SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate		_	Ke	eporting i	Period /	1 To 12/3//1
Friends of Josh SM	apro	<u>~0</u>			107/11	
			***	DATE	YEAR	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	on .		
Employer Mailing Address/Principal Place of Business			Description	on of Con	tribution	
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Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	1		Occupation			
Employer Mailing Address/Principal Place of Business			Descripti	on of Can	tribution	
Full Name of Contributor	-		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	<u>.l</u>		Occupation	on		<u></u>
Employer Mailing Address/Principal Place of Business			Descripti	on of Con	tribution	
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	on		
Employer Mailing Address/Principal Place of Business			Descripti	ion af Con	tribution	
Full Name of Contributor			МО.	DAY	YEAR	\$
Mailing Address			MO.		YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Employer of Contributor			Occupation			
Employer Mailing Address/Principal Place of Business			Descripti	ion of Con	itribution	
						PAGE TOTAL
Enter Grand Total of Part G on Scheel Summary Page, Section 3.	dule II,	In-Kind Contribu	itions De	etailed		\$ -0-

DSEB-502 (7-99)

AGE	OF	

SCHEDULE III

STATEMENT OF EXPENDITURES

Condidate]R	eporting Period	
Name of Filing Committee or Candidate				From 11/29/11	To 12 31 11
Friends of Josh Shapifo					
To Whom Paid			MO.	DAY YEAR	Amount \$60-
NGP Van			Descripti	30 //	\$60
Mailing Address 1101 15th St. NW Suite	50-è)		line giving f	Ters
City	State	Zip Code (Plus 4) 2000 5-		_ 5	
	DC	2000 5 -		DAY YEAR	Amount
ITo Whom Paid			MO. 1∂-	9 11	\$ 582.99
Josh Shapiro Mailing Address				ion of Expenditure	ne expenses
1550 Cloverly Lane	State	Zip Code (Plus 4)	1 210	NOOT SE PILOS	.C - 1, p. 4 . 5 . 5
Rydal	PA	19046 -			
To Whom Paid			MO.	DAY: YEAR	Amount \$ 784.18
Josh Shapino Mailing Address			Descript	ion of Expenditure	
1550 Cloverly Land	T 64	Zin Code (Stue A)	re	imburse fo	or travel
Rydal	PA	Zip Code (Plus 4) 19046 -		expense	્રિક
To Whom Paid	<u> </u>		MO.	DAY YEAR	Amount \$ 54 3. 97
Josh Shapird	,		1 ユ Descript	tion of Expenditure	\$ 04 3. 7
Mailing Address 1550 Cloverly Laxe City				eimb urse	for travel
Rydal Rydal	State	Zip Code (Plus 4) 19046 -		expens	Sl ≤
To Whom Paid			MO.		Amount \$ 181.75
Mailing Address			Descrip	tion of Evnenditure	
Mailing Address 9142 Cadwalader tve	nue	-	Tei	mburse fo	- travel
EIKINS Park	State	Zip Code (Plus 4) 19027-		expense	
To Whom Paid		· ·	Mo.	DAY YEAR	Amount \$ / 43.7 D
ATOT Mailing Address_		<u> </u>	Decesio	tion of Evnenditure	
Mailing Address PO BOX 6463	To:	Zip Code (Plus 4)	 	hore	
Carol Stream	State	60197646			
			MO	DAY YEAR	Amount
South 84 st Pennsylvania Firs	57 Sc	burbs Broyect	Descrip	2) 1)	\$ 250.00
Mailing Address PO BOX 1246		Ŭ		ntributio	20
Lansdowne	State	Zip Code (Plus 4) 19050 -			
To Whom Paid Shapiro Richards	¥		MO.	DAY YEAR.	\$ 40,000.00
Mailing Address PO Box 241				otion of Expenditure	
Abinator	State	Zip Code (Plus 4)			· ———
	1 1	,			PAGE TOTAL
Enter Grand Total of Expenditures on P.	age 1,	Report Cover i	Page, I	tem D.	\$ 42,546.59

PAGE	0	F

SCHEDULE III

STATEMENT OF EXPENDITURES

me of Filing Committee or Candidate			Reporting Per	iod
Friends of Josh Sha	PIPO		From <u>//</u>	9/11 To 12/31/11
		2000		Amount
Whom Paid PHL Ground Transporta	+m		12 28 11	\$ 550.00
iling Address		De	escription of Expendi	ture + +772
7.0. BOX 381	State Zip Co	de (Plus 4)	41 41 300	1 0 0
Essinaton	PA 1902	9-		Amount
NGP Merchant (and Prailing Address May 11070/10/10	OUSSIL		MG PAY // 3() // escription of Expend	
FO BOY 407066		D	escription of Expend	IVIN FORS
10/20/	State Zip Co	de (Plus 4)	- VII - III - J	j
Ft. Lauda dale			MC CAY	EAR Amount
NGP merchant Card	Processily		/2 5 /) \$ 25.00
PO BOX 407066			rescription of Expans	
itv i	State Zip Co	ode (Pius 4)	on-line	giving forz
Ft. Laude dale	10 333		90 DAY	Amount
			Description of Expens	S diture
Mailing Address		ode (Plus 4)		
City	State Zip C			
To Whom Paid			MG BAY	Amount \$
Mailing Address			Description of Expen	
City	State Zip C	ode (Plus 4)		
				Amount
To Whom Paid		ľ	ARG DIAY	\$
Mailing Address			Description of Exper	diture
City	State Zip	Code (Plus 4)		
		-	MAG. DAY	WEAR Amount
To Whom Paid				\$
Mailing Address			Description of Expe	manua e
City	State Zip	Code (Plus 4)		
To Whom Paid			MC CA	
			Description of Expe	\$ enditure
Mailing Address	····	0-4-10 A		
City	State Zip	Code (Plus 4)		
				PAGE TOTAL
Enter Grand Total of Expenditures	on Page 1, Repo	ort Cover P	age, Item D.	\$ 544.7

AGE	OF	

STATEMENT OF UNPAID DEBTS

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

	han an		From //	29/	11 To 12/31/11
Friends of Sosh S	(dp)1-0				
me of Creditor					Outstanding Balance of Debt \$
ailing Address	DATE DEBT	MO.	DAY	YEAR	e anno e escapa de la compansión de la compa
ty	INCURRED	State	Zip Code (Plus 4)	
escription of Debt		<u> </u>			
eme of Creditor					Outstanding Balance of Deb
ailing Address	DATE	MO	DAY	YEAR	
	DEBT	State	Zip Code	(Plus 4)	
ity					
escription of Debt		_			
ame of Creditor			_		Outstanding Balance of De
ailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
ity	INCORRED	State	Zip Code	(Plus 4)	
escription of Debt					The state of the s
ame of Creditor					Outstanding Balance of De
	12.7		J 5.0	YEAR	\$
Mailing Address	DATE DEBT INCURRED	MO	DAY		
Sity		State	Zip Code	(Plus 4)	
escription of Debt					
Name of Creditor					Outstanding Balance of De
Mailing Address	DATE DEBT	мо.	DAY	YEAR	
city	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of De
varie of Creditor					\$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code	(Plus 4) -	
5.0,		1 '			
Description of Debt		···········			PAGE TOTAL