

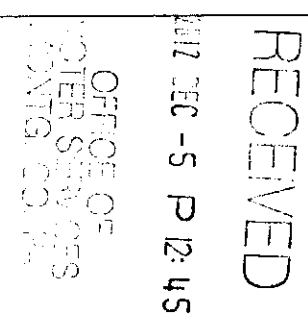
Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	2003274	Report Filed By (Mark X)	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		c/o 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 checked="" type="checkbox"/>	<input 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
	10/23/2012	11/26/2012	
A. Amount Brought Forward From Last Report	\$	282,256.66	
B. Total Monetary Contributions and Receipts (From Schedule II)	\$	10,646.73	
C. Total Funds Available (Sum of Lines A and B)	\$	292,803.39	
D. Total Expenditures (From Schedule III)	\$	11,424.78	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	281,378.61	
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. If this is a candidate report, candidate sign here.

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

5 day of December 2012
 Signature: Dianna Dillio
 Notary Seal: Dianna Dillio, Notary Public, Norristown Boro, Montgomery County, My Commission Expires March 16, 2016
 My Commission expires 3 16 2016 Mo. Day YR.

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

Part II- If this is a report of a Candidates 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
 5 day of December 2012
 Signature: Dianna D. Dillio
 Notary Seal: Dianna Dillio, Notary Public, Norristown Boro, Montgomery County, My Commission Expires March 16, 2016
 My Commission expires 3 16 2016 Mo. Day YR.

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

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	Friends of Josh Shapiro	2003274
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) <i>Under</i>		
Contributions Received from Political Committees (Part A)	\$	-0-
All Other Contributions (Part B)	\$	10,500.00 -0-
Total for the reporting period (2)	\$	10,500.00 -0-
3. Contributions Over \$250.00 (From C and Part D)		
Contributions Received from Political Committees (Part C)	\$	400 10,500-
All Other Contributions (Part D)	\$	-0-
Total for the reporting period (3)	\$	10,500.00
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (from Part E)		
Total for the reporting period (4)	\$	46.73
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)		\$ 10,546.73

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.	<i>Friends of Josh Slapino</i>	<i>2003274</i>
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						Amount	
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]	\$	
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]	\$	

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:	Friends of Josh Shapiro	2003274
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Name of contributor		Date [MM/DD/YYYY]	\$			
Mailing Address		Date [MM/DD/YYYY]	\$			
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Name of contributor		Date [MM/DD/YYYY]	\$			
Mailing Address		Date [MM/DD/YYYY]	\$			
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Name of contributor		Date [MM/DD/YYYY]	\$			
Mailing Address		Date [MM/DD/YYYY]	\$			
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Name of contributor		Date [MM/DD/YYYY]	\$			
Mailing Address		Date [MM/DD/YYYY]	\$			
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Name of contributor		Date [MM/DD/YYYY]	\$			
Mailing Address		Date [MM/DD/YYYY]	\$			
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Name of contributor		Date [MM/DD/YYYY]	\$			
Mailing Address		Date [MM/DD/YYYY]	\$			
City		State	Zip Code	Date [MM/DD/YYYY]	\$	

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:	Friends of Josh Shapiro	2003274
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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] \$
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] \$

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:	Friends of Josh Shapiro	2003274
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Name of contributor				Date [MM/DD/YYYY]		\$
Andrew Cartoway				10/25/2012		10,600.00
Mailing Address				Date [MM/DD/YYYY]		\$
100 Maple Hill Road						
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Gladwyne	PA	19035				
Employer Name			Occupation			
Kessler, TDPaz, Meltzer & Check			attorney			
Employer Mailing Address / Principal Place of Business						
280 King of Prussia Rd. Radnor, PA 19087						
Name of contributor				Date [MM/DD/YYYY]		\$
Robert Cantor				10/31/12		500.00
Mailing Address				Date [MM/DD/YYYY]		\$
532 Red Oak Drive						
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Elkins Park	PA	19027				
Employer Name			Occupation			
Insinger Machine Co.			CEO			
Employer Mailing Address / Principal Place of Business						
6245 State Road, Philadelphia, PA 19135						
Name of contributor				Date [MM/DD/YYYY]		\$
Mailing Address				Date [MM/DD/YYYY]		\$
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business						
Name of contributor				Date [MM/DD/YYYY]		\$
Mailing Address				Date [MM/DD/YYYY]		\$
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business						

\$10,500-

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.

File Identification Number	Friends of Josh Shapiro	2003274
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Full Name	TD Bank								
Mailing Address	PO Box 1377								
City	Lewistown	State	ME	Zip Code	04243	Date [MM/DD/YYYY]	10/31/2012	\$	46.73
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									
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									

\$46.73

SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	Friends of Josh Shapiro	2003274
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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:	Friends of Josh Shapiro	2003274
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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]	\$	
Employer Name		Occupation				
Employer Mailing Address / Principal Place of Business		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]	\$	
Employer Name		Occupation				
Employer Mailing Address / Principal Place of Business		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]	\$	
Employer Name		Occupation				
Employer Mailing Address / Principal Place of Business		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]	\$	
Employer Name		Occupation				
Employer Mailing Address / Principal Place of Business		Description of Contribution				

SCHEDULE III
Statement of Expenditures

Filer Identification Number: Friends of Josh Shapiro 2003274

To Whom Paid		Committee to Elect Rob McCord			Date: [MM/DD/YYYY]	\$	1,000.00
Mailing Address		24 N. Bryn Mawr Avenue			Description of Expenditure Contribution		
City	Bryn Mawr	State	PA	Zip Code	19010		
To Whom Paid		CCD Debit			Date: [MM/DD/YYYY]	\$	25.00
Mailing Address		PO Box 407066			Description of Expenditure		
City	Fort Lauderdale	State	FL	Zip Code	33340	on-line giving fees	
To Whom Paid		Josh Shapiro			Date: [MM/DD/YYYY]	\$	200.34
Mailing Address		1550 Cloverly Lane			Description of Expenditure		
City	Rydal	State	PA	Zip Code	19046	parking & meals ^{meals}	
To Whom Paid		Rebecca Custer			Date: [MM/DD/YYYY]	\$	45.00
Mailing Address		238 S. 22nd St, #1R			Description of Expenditure		
City	Philadelphia	State	PA	Zip Code	19103	reimburse for postage	
To Whom Paid		Montgomery County Democratic			Date: [MM/DD/YYYY]	\$	10,000.00
Mailing Address		21 E. High Street			Description of Expenditure		
City	Norristown	State	PA	Zip Code	19401	Committee Contribution	
To Whom Paid		Rebecca Custer			Date: [MM/DD/YYYY]	\$	157.44
Mailing Address		238 S. 22nd St. #1R			Description of Expenditure		
City	Philadelphia	State	PA	Zip Code	19103	reimburse for phone	
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			

\$ 11,424.78

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.

Filer Identification Number:	Friends of Josh Shapiro
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Name of Creditor		DATE DEBT INCURRED [MM/DD/YYYY]		Outstanding Balance of Debt
Mailing Address				\$
City	State	Zip Code		
Description of Debt				
Name of Creditor		DATE DEBT INCURRED [MM/DD/YYYY]		Outstanding Balance of Debt
Mailing Address				\$
City	State	Zip Code		
Description of Debt				
Name of Creditor		DATE DEBT INCURRED [MM/DD/YYYY]		Outstanding Balance of Debt
Mailing Address				\$
City	State	Zip Code		
Description of Debt				
Name of Creditor		DATE DEBT INCURRED [MM/DD/YYYY]		Outstanding Balance of Debt
Mailing Address				\$
City	State	Zip Code		
Description of Debt				
Name of Creditor		DATE DEBT INCURRED [MM/DD/YYYY]		Outstanding Balance of Debt
Mailing Address				\$
City	State	Zip Code		
Description of Debt				
Name of Creditor		DATE DEBT INCURRED [MM/DD/YYYY]		Outstanding Balance of Debt
Mailing Address				\$
City	State	Zip Code		
Description of Debt				