

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: <u>2003274</u> | Report Filed By: <u>[Signature]</u> | CANDIDATE ^{1.} <input type="checkbox"/> | COMMITTEE ^{2.} <input checked="" type="checkbox"/> | LOBBYIST ^{3.} <input type="checkbox"/> |
| Name of Filing Committee, Candidate or Lobbyist: <u>Friends of Josh Shapiro</u> | | | | |
| Street Address: <u>90 Caren Moskowitz Treasurer</u> <u>528 Pine Tree Rd.</u> | | | | |
| City: <u>Jenkintown</u> | | State: <u>PA</u> | Zip Code: <u>19046</u> | |
| TYPE OF REPORT (place X to the right of report type) | 1. 6TH TUESDAY PRE-PRIMARY <input type="checkbox"/> | 2. 2ND FRIDAY PRE-PRIMARY <input type="checkbox"/> | 3. 30 DAY POST-PRIMARY <input type="checkbox"/> | 4. AMENDMENT REPORT YES <input type="checkbox"/> NO <input type="checkbox"/> |
| | 4. 6TH TUESDAY PRE-ELECTION <input type="checkbox"/> | 5. 2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/> | 6. 30 DAY POST-ELECTION <input type="checkbox"/> | 7. TERMINATION REPORT YES <input type="checkbox"/> NO <input type="checkbox"/> |
| | 7. ANNUAL REPORT <input type="checkbox"/> | YEAR: <u>[Blank]</u> | FILING METHOD: <input checked="" type="checkbox"/> PAPER <input type="checkbox"/> DISKETTE | |
| Name of Office Sought by Candidate: <u>State Representative / County Commissioner</u> | | DATE OF ELECTION MO. DAY YEAR <u>11 8 2011</u> | | District Number: <u>153</u> Office Code: <u>6117</u> Party Code: <u>Dem</u> County Code: <u>46</u> |
| Summary of Receipts and Expenditures from: | | MO. DAY YEAR <u>6 7 2011</u> | To | MO. DAY YEAR <u>10 24 2011</u> |
| A. Amount Brought Forward From Last Report | | \$ <u>933,288.56</u> | | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | | \$ <u>41,162.13</u> | | |
| C. Total Funds Available (Sum of Lines A and B) | | \$ <u>974,450.69</u> | | |
| D. Total Expenditures (From Schedule III) | | \$ <u>281,806.12</u> | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | | \$ <u>592,644.57</u> | | |
| F. Value of In-Kind Contributions Received (From Schedule II) | | \$ <u>-0-</u> | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | | \$ <u>-0-</u> | | |

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 ✓

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

Sworn to and subscribed before me this 26 day of October 20 11

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

Caren A Moskowitz
Signature of Person Submitting Report
Caren G. Moskowitz
Printed Name
215 887-9227
Area Code Daytime Telephone Number

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 26 day of October 20 11

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

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

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| | |
|-------------------------------------------------------------------------|-----------------------------------------------------------|
| Name of Filing Committee or Candidate <i>Friends of Josh Shapiro</i> | Reporting Period From <i>6/7/11</i> To <i>10/24/11</i> |
|-------------------------------------------------------------------------|-----------------------------------------------------------|

| 1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR | | |
|----------------------------------------------------------------------------|------------------------------------|------------------|
| | TOTAL for the Reporting Period (1) | \$ <i>133.00</i> |

| 2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B) | | |
|---------------------------------------------------------------|------------------------------------|-------------------|
| Contributions Received from Political Committees (Part A) | \$ | <i>-0-</i> |
| All Other Contributions (Part B) | \$ | <i>1775.00</i> |
| | TOTAL for the Reporting Period (2) | \$ <i>1775.00</i> |

| 3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D) | | |
|-----------------------------------------------------------|------------------------------------|---------------------|
| Contributions Received from Political Committees (Part C) | \$ | <i>34,000.00</i> |
| All Other Contributions (Part D) | \$ | <i>4300.00</i> |
| | TOTAL for the Reporting Period (3) | \$ <i>38,300.00</i> |

| 4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E) | | |
|-----------------------------------------------------------------------------------|------------------------------------|------------------|
| | TOTAL for the Reporting Period (4) | \$ <i>954.13</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>41,162.13</i> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|

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.

| | |
|-------------------------------------------------------------------------|-----------------------------------------------------------|
| Name of Filing Committee or Candidate <i>Friends of Josh Shapiro</i> | Reporting Period From <i>6/7/11</i> To <i>10/24/11</i> |
|-------------------------------------------------------------------------|-----------------------------------------------------------|

| | | | | DATE | | | AMOUNT |
|-------------------------------------|-------|-------------------|--|------|-----|------|--------|
| | | | | MO. | DAY | YEAR | |
| Full Name of Contributing Committee | | | | | | | \$ |
| Mailing Address | | | | | | | \$ |
| City | State | Zip Code (Plus 4) | | | | | \$ |
| | | - | | | | | |
| Full Name of Contributing Committee | | | | | | | \$ |
| Mailing Address | | | | | | | \$ |
| City | State | Zip Code (Plus 4) | | | | | \$ |
| | | - | | | | | |
| Full Name of Contributing Committee | | | | | | | \$ |
| Mailing Address | | | | | | | \$ |
| City | State | Zip Code (Plus 4) | | | | | \$ |
| | | - | | | | | |
| Full Name of Contributing Committee | | | | | | | \$ |
| Mailing Address | | | | | | | \$ |
| City | State | Zip Code (Plus 4) | | | | | \$ |
| | | - | | | | | |
| Full Name of Contributing Committee | | | | | | | \$ |
| Mailing Address | | | | | | | \$ |
| City | State | Zip Code (Plus 4) | | | | | \$ |
| | | - | | | | | |
| Full Name of Contributing Committee | | | | | | | \$ |
| Mailing Address | | | | | | | \$ |
| City | State | Zip Code (Plus 4) | | | | | \$ |
| | | - | | | | | |
| Full Name of Contributing Committee | | | | | | | \$ |
| Mailing Address | | | | | | | \$ |
| City | State | Zip Code (Plus 4) | | | | | \$ |
| | | - | | | | | |
| Full Name of Contributing Committee | | | | | | | \$ |
| Mailing Address | | | | | | | \$ |
| City | State | Zip Code (Plus 4) | | | | | \$ |
| | | - | | | | | |
| Full Name of Contributing Committee | | | | | | | \$ |
| Mailing Address | | | | | | | \$ |
| City | State | Zip Code (Plus 4) | | | | | \$ |
| | | - | | | | | |

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

| | |
|------------|--------------|
| PAGE TOTAL | \$ <i>-0</i> |
|------------|--------------|

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 | | | | Reporting Period | | | | |
|---------------------------------------|--|--|--|-------------------------|-----|------|------------|--|
| Friends of Josh Shapiro | | | | From 6/5/11 To 10/24/11 | | | | |
| | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | MO. | DAY | YEAR | | |
| Matthew Liebman | | | | 6 | 23 | 11 | \$ 250.06 | |
| Mailing Address | | | | MO. | DAY | YEAR | | |
| 225 S 18th St, Unit 1112 | | | | | | | \$ | |
| City | | | | MO. | DAY | YEAR | | |
| Philadelphia PA 19103 - | | | | | | | \$ | |
| Full Name of Contributor | | | | MO. | DAY | YEAR | | |
| Susan Liebman | | | | 6 | 17 | 11 | \$ 250.00 | |
| Mailing Address | | | | MO. | DAY | YEAR | | |
| 959 Leopard Road | | | | | | | \$ | |
| City | | | | MO. | DAY | YEAR | | |
| Rydal PA 19046 - | | | | | | | \$ | |
| Full Name of Contributor | | | | MO. | DAY | YEAR | | |
| Laura Ann Feldman | | | | 9 | 9 | 11 | \$ 250.00 | |
| Mailing Address | | | | MO. | DAY | YEAR | | |
| 6706 Springbank St. | | | | | | | \$ | |
| City | | | | MO. | DAY | YEAR | | |
| Philadelphia PA 19119 - | | | | | | | \$ | |
| Full Name of Contributor | | | | MO. | DAY | YEAR | | |
| Ronald A. Koulea | | | | 9 | 9 | 11 | \$ 250.00 | |
| Mailing Address | | | | MO. | DAY | YEAR | | |
| 121 S Broad St, 13th Fl | | | | | | | \$ | |
| City | | | | MO. | DAY | YEAR | | |
| Philadelphia PA 19107 - | | | | | | | \$ | |
| Full Name of Contributor | | | | MO. | DAY | YEAR | | |
| Joseph Massino Jr. | | | | 8 | 24 | 11 | \$ 100.00 | |
| Mailing Address | | | | MO. | DAY | YEAR | | |
| 490 N. Tyson Ave. | | | | | | | \$ | |
| City | | | | MO. | DAY | YEAR | | |
| Glenside PA 19038 - | | | | | | | \$ | |
| Full Name of Contributor | | | | MO. | DAY | YEAR | | |
| Eileen Weingram | | | | 9 | 13 | 11 | \$ 200.00 | |
| Mailing Address | | | | MO. | DAY | YEAR | | |
| 3718 Levy Lane | | | | | | | \$ | |
| City | | | | MO. | DAY | YEAR | | |
| Huntingdon Valley PA 19006 - | | | | | | | \$ | |
| Full Name of Contributor | | | | MO. | DAY | YEAR | | |
| John McDaniel | | | | 10 | 6 | 11 | \$ 250.00 | |
| Mailing Address | | | | MO. | DAY | YEAR | | |
| 7657 Wyncote Ave. | | | | | | | \$ | |
| City | | | | MO. | DAY | YEAR | | |
| Philadelphia PA 19151 - | | | | | | | \$ | |
| Full Name of Contributor | | | | MO. | DAY | YEAR | | |
| Ken Lawrence Insurance | | | | 9 | 25 | 11 | \$ 125.00 | |
| Mailing Address | | | | MO. | DAY | YEAR | | |
| 351 Knoll Road | | | | | | | \$ | |
| City | | | | MO. | DAY | YEAR | | |
| Plymouth Meeting PA 19162 - | | | | | | | \$ | |
| | | | | | | | PAGE TOTAL | |
| | | | | | | | \$ 1675.00 | |

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

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>6/7/11</i> To <i>10/24/11</i> |
|-------------------------------------------------------------------------|-----------------------------------------------------------|

| | | | DATE | AMOUNT |
|--------------------------|-----|-----|------|-----------|
| Full Name of Contributor | MO. | DAY | YEAR | |
| <i>Mary Pat Tomei</i> | 10 | 20 | 11 | \$ 100.00 |
| Mailing Address | MO. | DAY | YEAR | \$ |
| <i>172 Holstein Rd.</i> | | | | \$ |
| City | MO. | DAY | YEAR | \$ |
| <i>King of Prussia</i> | | | | \$ |
| State | MO. | DAY | YEAR | \$ |
| <i>PA</i> | | | | \$ |
| Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| <i>19046 -</i> | | | | \$ |
| Full Name of Contributor | MO. | DAY | YEAR | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | MO. | DAY | YEAR | \$ |
| Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributor | MO. | DAY | YEAR | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | MO. | DAY | YEAR | \$ |
| Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributor | MO. | DAY | YEAR | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | MO. | DAY | YEAR | \$ |
| Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributor | MO. | DAY | YEAR | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | MO. | DAY | YEAR | \$ |
| Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributor | MO. | DAY | YEAR | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | MO. | DAY | YEAR | \$ |
| Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributor | MO. | DAY | YEAR | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | MO. | DAY | YEAR | \$ |
| Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributor | MO. | DAY | YEAR | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | MO. | DAY | YEAR | \$ |
| Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |

PAGE TOTAL
\$ 100.00

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

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.

| | |
|-------------------------------------------------------------------------|-----------------------------------------------------------|
| Name of Filing Committee or Candidate <u>Friends of Josh Shapiro</u> | Reporting Period From <u>6/7/11</u> To <u>10/24/11</u> |
|-------------------------------------------------------------------------|-----------------------------------------------------------|

| Full Name of Contributing Committee | DATE | | | AMOUNT |
|-------------------------------------------------------------------------------|-----------|-----------|-----------|-------------------|
| | MO | DAY | YEAR | |
| <u>SRW & A PAC</u> | <u>6</u> | <u>21</u> | <u>11</u> | \$ <u>500.00</u> |
| Mailing Address <u>200 S. Broad St, Ste 850</u> | MO | DAY | YEAR | \$ |
| City <u>Philadelphia</u> State <u>PA</u> Zip Code (Plus 4) <u>19102 -3823</u> | MO | DAY | YEAR | \$ |
| <u>Friends of Matt Smith</u> | <u>8</u> | <u>15</u> | <u>11</u> | \$ <u>5000.00</u> |
| Mailing Address <u>PO Box 13445</u> | <u>9</u> | <u>26</u> | <u>11</u> | \$ <u>2500.00</u> |
| City <u>Pittsburgh</u> State <u>PA</u> Zip Code (Plus 4) <u>15243 -</u> | MO | DAY | YEAR | \$ |
| <u>LAWPAC</u> | <u>9</u> | <u>9</u> | <u>11</u> | \$ <u>1000.00</u> |
| Mailing Address <u>800 North Third Street</u> | MO | DAY | YEAR | \$ |
| City <u>Harrisburg</u> State <u>PA</u> Zip Code (Plus 4) <u>17102 -</u> | MO | DAY | YEAR | \$ |
| <u>PA Future</u> | <u>9</u> | <u>19</u> | <u>11</u> | \$ <u>5000.00</u> |
| Mailing Address <u>PO BOX 58635</u> | MO | DAY | YEAR | \$ |
| City <u>Philadelphia</u> State <u>PA</u> Zip Code (Plus 4) <u>19102 -</u> | MO | DAY | YEAR | \$ |
| <u>Comcast Corporation PAC - USA</u> | <u>9</u> | <u>15</u> | <u>11</u> | \$ <u>3000.00</u> |
| Mailing Address <u>400 Comcast Center 1701 Market JFK Blvd.</u> | MO | DAY | YEAR | \$ |
| City <u>Philadelphia</u> State <u>PA</u> Zip Code (Plus 4) <u>19103 -</u> | MO | DAY | YEAR | \$ |
| <u>GSP Consulting Comp PAC</u> | <u>9</u> | <u>16</u> | <u>11</u> | \$ <u>500.00</u> |
| Mailing Address <u>Landmark's Bldg, Ste 500, 100 W Station Square Dr.</u> | MO | DAY | YEAR | \$ |
| City <u>Pittsburgh</u> State <u>PA</u> Zip Code (Plus 4) <u>15219 -</u> | MO | DAY | YEAR | \$ |
| <u>Progressive Agenda PAC</u> | <u>10</u> | <u>6</u> | <u>11</u> | \$ <u>500.00</u> |
| Mailing Address <u>2048 Rowan St</u> | MO | DAY | YEAR | \$ |
| City <u>Philadelphia</u> State <u>PA</u> Zip Code (Plus 4) <u>19140 -</u> | MO | DAY | YEAR | \$ |
| <u>Exelon PAC</u> | <u>10</u> | <u>7</u> | <u>11</u> | \$ <u>1000.00</u> |
| Mailing Address <u>PO Box 805379</u> | MO | DAY | YEAR | \$ |
| City <u>Chicago</u> State <u>IL</u> Zip Code (Plus 4) <u>60680 -5379</u> | MO | DAY | YEAR | \$ |

PAGE TOTAL
\$ 19,000.00

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

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 <i>Friends of Josh Shapiro</i> | Reporting Period From <i>6/7/11</i> To <i>10/24/11</i> |
|-------------------------------------------------------------------------|-----------------------------------------------------------|

| Full Name of Contributing Committee | DATE | | | AMOUNT |
|----------------------------------------------------------------|------|-----|------|------------|
| | MO | DAY | YEAR | |
| <i>Citizens to Elect Dwight Evans for State Representative</i> | 10 | 13 | 11 | \$ 5000.00 |
| Mailing Address <i>PO Box 19097</i> | MO | DAY | YEAR | \$ |
| City <i>Philadelphia</i> | MO | DAY | YEAR | \$ |
| State <i>PA</i> | MO | DAY | YEAR | \$ |
| Zip Code (Plus 4) <i>19138-0097</i> | MO | DAY | YEAR | \$ |
| <i>Dwan Morris LLP Govt Committee State & Local Fund</i> | 10 | 17 | 11 | \$ 5000.00 |
| Mailing Address <i>30 S 17th Street</i> | MO | DAY | YEAR | \$ |
| City <i>Philadelphia</i> | MO | DAY | YEAR | \$ |
| State <i>PA</i> | MO | DAY | YEAR | \$ |
| Zip Code (Plus 4) <i>19107 -</i> | MO | DAY | YEAR | \$ |
| <i>PSRA</i> | 10 | 24 | 11 | \$ 5000.00 |
| Mailing Address <i>400 North Third St, P.O. Box 1724</i> | MO | DAY | YEAR | \$ |
| City <i>Harrisburg</i> | MO | DAY | YEAR | \$ |
| State <i>PA</i> | MO | DAY | YEAR | \$ |
| Zip Code (Plus 4) <i>17105 - 1724</i> | MO | DAY | YEAR | \$ |
| Full Name of Contributing Committee | MO | DAY | YEAR | \$ |
| Mailing Address | MO | DAY | YEAR | \$ |
| City | MO | DAY | YEAR | \$ |
| State | MO | DAY | YEAR | \$ |
| Zip Code (Plus 4) | MO | DAY | YEAR | \$ |
| Full Name of Contributing Committee | MO | DAY | YEAR | \$ |
| Mailing Address | MO | DAY | YEAR | \$ |
| City | MO | DAY | YEAR | \$ |
| State | MO | DAY | YEAR | \$ |
| Zip Code (Plus 4) | MO | DAY | YEAR | \$ |
| Full Name of Contributing Committee | MO | DAY | YEAR | \$ |
| Mailing Address | MO | DAY | YEAR | \$ |
| City | MO | DAY | YEAR | \$ |
| State | MO | DAY | YEAR | \$ |
| Zip Code (Plus 4) | MO | DAY | YEAR | \$ |
| Full Name of Contributing Committee | MO | DAY | YEAR | \$ |
| Mailing Address | MO | DAY | YEAR | \$ |
| City | MO | DAY | YEAR | \$ |
| State | MO | DAY | YEAR | \$ |
| Zip Code (Plus 4) | MO | DAY | YEAR | \$ |
| Full Name of Contributing Committee | MO | DAY | YEAR | \$ |
| Mailing Address | MO | DAY | YEAR | \$ |
| City | MO | DAY | YEAR | \$ |
| State | MO | DAY | YEAR | \$ |
| Zip Code (Plus 4) | MO | DAY | YEAR | \$ |

PAGE TOTAL
\$ 15,000.00

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

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 | | | | Reporting Period | | | |
|------------------------------------------------------|-------|-------------------|--|--------------------------|--------|------|------------|
| Friends of Josh Shapiro | | | | From 6/7/11 To 10/24/11 | | | |
| | | | | DATE | AMOUNT | | |
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ 300.00 |
| Susan Nancy Davis | | | | 6 | 9 | 11 | |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| 237 W. Montgomery #3K | | | | | | | |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Haverford | PA | 19041 - | | | | | |
| Employer Name | | | | Occupation | | | |
| N/A | | | | Retired | | | |
| Employer Mailing Address/Principal Place of Business | | | | | | | |
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ 500.00 |
| John K. Binswanger | | | | 8 | 22 | 11 | |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| Two Logan Square | | | | | | | |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Philadelphia | PA | 19103 - 2759 | | | | | |
| Employer Name | | | | Occupation | | | |
| Binswanger | | | | Real Estate / Chairman | | | |
| Employer Mailing Address/Principal Place of Business | | | | | | | |
| SAME | | | | | | | |
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ 1000.00 |
| David L. Cowan | | | | 9 | 15 | 11 | |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| 7309 Huron Ln | | | | | | | |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Philadelphia | PA | 19119 - 2817 | | | | | |
| Employer Name | | | | Occupation | | | |
| Comcast Corporation | | | | Executive Vice President | | | |
| Employer Mailing Address/Principal Place of Business | | | | | | | |
| One Comcast Center Philadelphia, PA 19103 | | | | | | | |
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ 500.00 |
| Neil Oxman | | | | 9 | 13 | 11 | |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| 122 Rockland Rd. | | | | | | | |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Merion Station | PA | 19066 - | | | | | |
| Employer Name | | | | Occupation | | | |
| Campaign Group | | | | Consultant | | | |
| Employer Mailing Address/Principal Place of Business | | | | | | | |
| 1600 Locust Street, Philadelphia PA 19103 | | | | | | | |
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ 1000.00 |
| Shulick Law Offices | | | | 9 | 19 | 11 | |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| Two Logan Square, Suite 1900 | | | | | | | |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Philadelphia | PA | 19103 - | | | | | |
| 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

\$ 3300.00

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 <i>Friends of Josh Shapiro</i> | Reporting Period From <i>6/2/11</i> To <i>10/24/11</i> |
|-------------------------------------------------------------------------|-----------------------------------------------------------|

| | | | | DATE | AMOUNT |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------|-----------|-------------------|--------|
| Full Name of Contributor | MO. | DAY | YEAR | | |
| <i>Sean M. Reilly</i> | <i>10</i> | <i>11</i> | <i>11</i> | \$ <i>1000.00</i> | |
| Mailing Address <i>826 Kerper St.</i> | MO. | DAY | YEAR | \$ | |
| City <i>Philadelphia</i> | MO. | DAY | YEAR | \$ | |
| State <i>PA</i> | Zip Code (Plus 4) <i>19111 -</i> | | | \$ | |
| Employer Name <i>Roscommon International</i> | Occupation <i>CEO and President</i> | | | | |
| Employer Mailing Address/Principal Place of Business <i>Two Bala Plaza, Suite 300, Bala Cynwyd PA 19005</i> | | | | | |
| Full Name of Contributor | MO. | DAY | YEAR | \$ | |
| Mailing Address | MO. | DAY | YEAR | \$ | |
| City | MO. | DAY | YEAR | \$ | |
| State | Zip Code (Plus 4) | | | \$ | |
| Employer Name | Occupation | | | | |
| Employer Mailing Address/Principal Place of Business | | | | | |
| Full Name of Contributor | MO. | DAY | YEAR | \$ | |
| Mailing Address | MO. | DAY | YEAR | \$ | |
| City | MO. | DAY | YEAR | \$ | |
| State | Zip Code (Plus 4) | | | \$ | |
| Employer Name | Occupation | | | | |
| Employer Mailing Address/Principal Place of Business | | | | | |
| Full Name of Contributor | MO. | DAY | YEAR | \$ | |
| Mailing Address | MO. | DAY | YEAR | \$ | |
| City | MO. | DAY | YEAR | \$ | |
| State | Zip Code (Plus 4) | | | \$ | |
| Employer Name | Occupation | | | | |
| Employer Mailing Address/Principal Place of Business | | | | | |
| Full Name of Contributor | MO. | DAY | YEAR | \$ | |
| Mailing Address | MO. | DAY | YEAR | \$ | |
| City | MO. | DAY | YEAR | \$ | |
| State | Zip Code (Plus 4) | | | \$ | |
| 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>6/7/11</i> To <i>10/24/11</i> |
|-------------------------------------------------------------------------|-----------------------------------------------------------|

| | | | | | | |
|---------------------------------------------|--------------------|------------------------------------|----------------|------------------|-------------------|----------------------------|
| 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>6</i> | DAY <i>30</i> | YEAR <i>11</i> | Amount \$ 194.20 |
| Receipt Description <i>bank interest</i> | | | | | | |

| | | | | | | |
|---------------------------------------------|--------------------|-----------------------------------|----------------|------------------|-------------------|----------------------------|
| 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>7</i> | DAY <i>29</i> | YEAR <i>11</i> | Amount \$ 200.75 |
| Receipt Description <i>bank interest</i> | | | | | | |

| | | | | | | |
|--------------------------------------------------------|--------------------|------------------------------------|----------------|-----------------|-------------------|----------------------------|
| Full Name <i>Ernie Insurance Group</i> | | | | | | |
| Mailing Address <i>100 Ernie Insurance Place</i> | | | | | | |
| City <i>Ernie</i> | State <i>PA</i> | Zip Code (Plus 4) <i>16530-</i> | MO <i>8</i> | DAY <i>9</i> | YEAR <i>11</i> | Amount \$ 174.00 |
| Receipt Description <i>overpayment of insurance</i> | | | | | | |

| | | | | | | |
|---------------------------------------------|--------------------|-----------------------------------|----------------|------------------|-------------------|----------------------------|
| 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>8</i> | DAY <i>31</i> | YEAR <i>11</i> | Amount \$ 187.16 |
| Receipt Description <i>bank interest</i> | | | | | | |

| | | | | | | |
|---------------------------------------------|--------------------|-----------------------------------|----------------|-----------------|-------------------|---------------------------|
| 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>8</i> | DAY <i>8</i> | YEAR <i>11</i> | Amount \$ 45.35 |
| Receipt Description <i>bank interest</i> | | | | | | |

| | | | | | | |
|---------------------------------------------|--------------------|------------------------------------|----------------|------------------|-------------------|----------------------------|
| 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>9</i> | DAY <i>30</i> | YEAR <i>11</i> | Amount \$ 152.67 |
| Receipt Description <i>bank interest</i> | | | | | | |

PAGE TOTAL
\$ 954.13

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

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 Josh Shapiro</i> | Reporting Period From <i>6/17/11</i> To <i>10/24/11</i> |
|-------------------------------------------------------------------------|------------------------------------------------------------|

| | |
|------------------------------------------------------------------------------------------------|---------------------|
| 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 (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.) | \$ <i>- 0 -</i> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|

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>6/7/11</i> To <i>10/24/11</i> |
|-------------------------------------------------------------------------|-----------------------------------------------------------|

| | | | | DATE | | | AMOUNT |
|------------------------------|-------|-------------------|--|------|-----|------|--------|
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Description of Contribution: | | | | | | | |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Description of Contribution: | | | | | | | |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Description of Contribution: | | | | | | | |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Description of Contribution: | | | | | | | |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Description of Contribution: | | | | | | | |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Description of Contribution: | | | | | | | |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| 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>6/7/11</u> To <u>10/24/11</u> |
|-------------------------------------------------------------------------|-----------------------------------------------------------|

| | | | | DATE | | | 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 | | | |
| Employer Mailing Address/Principal Place of Business | | | | Description of Contribution | | | |
| 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 | | | |
| Employer Mailing Address/Principal Place of Business | | | | Description of Contribution | | | |
| 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 | | | |
| Employer Mailing Address/Principal Place of Business | | | | Description of Contribution | | | |
| 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 | | | |
| Employer Mailing Address/Principal Place of Business | | | | Description of Contribution | | | |
| 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 | | | |
| 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 \$ <u>0</u> |
|---------------------------|

STATEMENT OF EXPENDITURES

| | |
|-------------------------------------------------------------------------|-----------------------------------------------------------|
| Name of Filing Committee or Candidate Friends of Josh Shapiro | Reporting Period From 6/7/11 To 10/24/11 |
|-------------------------------------------------------------------------|-----------------------------------------------------------|

| | | | | |
|------------------------------------------|--------------------|-----------|----------------------------------------|--------------------------------------------|
| To Whom Paid AT&T Mobility | MO | DAY | YEAR | Amount |
| Mailing Address PO Box 6463 | 6 | 14 | 11 | \$ 219.64 |
| City Carol Stream | State IL | | Zip Code (Plus 4) 60197-6463 | Description of Expenditure phone |

| | | | | |
|--------------------------------------------------------|--------------------|-----------|----------------------------------------|-----------------------------------------------|
| To Whom Paid PA Assoc. of Jury Commissioners | MO | DAY | YEAR | Amount |
| Mailing Address PO Box 311 | 6 | 14 | 11 | \$ 25.00 |
| City Norristown | State PA | | Zip Code (Plus 4) 19404-0311 | Description of Expenditure donation |

| | | | | |
|------------------------------------------------|--------------------|-----------|------------------------------------|-------------------------------------------------|
| To Whom Paid Harland Checks | MO | DAY | YEAR | Amount |
| Mailing Address 10931 Laureate Drive | 6 | 13 | 11 | \$ 40.96 |
| City San Antonio | State TX | | Zip Code (Plus 4) 78249- | Description of Expenditure for checks |

| | | | | |
|------------------------------------------------------------------------|--------------------|-----------|------------------------------------|---------------------------------------------------|
| To Whom Paid Joe Reagan for Nat'l F.O.P. Recording Secretary | MO | DAY | YEAR | Amount |
| Mailing Address 1336 Spring Garden St. | 6 | 14 | 11 | \$ 100.00 |
| City Philadelphia | State PA | | Zip Code (Plus 4) 19123- | Description of Expenditure contribution |

| | | | | |
|------------------------------------------------|--------------------|-----------|------------------------------------|------------------------------------------------|
| To Whom Paid Ernie Insurance | MO | DAY | YEAR | Amount |
| Mailing Address 100 Ernie Ins. Place | 6 | 27 | 11 | \$ 649.00 |
| City Ernie | State PA | | Zip Code (Plus 4) 16350- | Description of Expenditure insurance |

| | | | | |
|------------------------------------------|--------------------|-----------|----------------------------------------|--------------------------------------------|
| To Whom Paid AT&T Mobility | MO | DAY | YEAR | Amount |
| Mailing Address PO Box 6463 | 6 | 27 | 11 | \$ 219.64 |
| City Carol Stream | State IL | | Zip Code (Plus 4) 60197-6463 | Description of Expenditure phone |

| | | | | |
|-----------------------------------------------------|--------------------|----------|-----------------------------------|----------------------------------------------------|
| To Whom Paid NGP Van Inc. | MO | DAY | YEAR | Amount |
| Mailing Address 1101 15th St, NW, Ste 500 | 8 | 4 | 11 | \$ 75.00 |
| City Washington | State DC | | Zip Code (Plus 4) 20005 | Description of Expenditure Database fees |

| | | | | |
|----------------------------------------|--------------------|----------|------------------------------------|-----------------------------------------------------|
| To Whom Paid USPS | MO | DAY | YEAR | Amount |
| Mailing Address Pastreich Rd | 8 | 4 | 11 | \$ 62.00 |
| City Abington | State PA | | Zip Code (Plus 4) 19001- | Description of Expenditure PO Box Renewal |

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

PAGE TOTAL
\$ 1391.24

SCHEDULE III

STATEMENT OF EXPENDITURES

| | |
|-------------------------------------------------------------------------|-----------------------------------------------------------|
| Name of Filing Committee or Candidate <i>Friends of Josh Shapiro</i> | Reporting Period From <i>6/2/11</i> To <i>10/24/11</i> |
|-------------------------------------------------------------------------|-----------------------------------------------------------|

| | | | | |
|----------------------------------------------|-----------------------------------------------------------|-----------------------------------|-------------------|---------------------------|
| To Whom Paid <i>Josh Shapiro</i> | MO <i>8</i> | DAY <i>9</i> | YEAR <i>11</i> | Amount \$ <i>88.45</i> |
| Mailing Address <i>1550 Cloverly Lane</i> | Description of Expenditure <i>reimburse phone bill</i> | | | |
| City <i>Rydal</i> | State <i>PA</i> | Zip Code (Plus 4) <i>19046</i> | | |

| | | | | |
|----------------------------------------------------------|----------------------------------------------------------|-----------------------------------|-------------------|---------------------------|
| To Whom Paid <i>NGP merchant Card Processing Fees</i> | MO <i>6</i> | DAY <i>7</i> | YEAR <i>11</i> | Amount \$ <i>37.73</i> |
| Mailing Address <i>PO BOX 407066</i> | Description of Expenditure <i>on-line giving fees</i> | | | |
| City <i>Ft. Lauderdale</i> | State <i>FL</i> | Zip Code (Plus 4) <i>33340</i> | | |

| | | | | |
|---------------------------------------------------------|----------------------------------------------------------|-------------------------------------|-------------------|---------------------------|
| To Whom Paid <i>NGP merchant Card Processing Fee</i> | MO <i>7</i> | DAY <i>5</i> | YEAR <i>11</i> | Amount \$ <i>25.16</i> |
| Mailing Address <i>PO Box 407066</i> | Description of Expenditure <i>on-line giving fees</i> | | | |
| City <i>Ft. Lauderdale</i> | State <i>FL</i> | Zip Code (Plus 4) <i>33340 -</i> | | |

| | | | | |
|---------------------------------------|--------------------------------------------|----------------------------------------|-------------------|---------------------------|
| To Whom Paid <i>AT&T</i> | MO <i>8</i> | DAY <i>15</i> | YEAR <i>11</i> | Amount \$ <i>13.88</i> |
| Mailing Address <i>PO BOX 6463</i> | Description of Expenditure <i>phone</i> | | | |
| City <i>Carol Stream</i> | State <i>IL</i> | Zip Code (Plus 4) <i>60197 6463</i> | | |

| | | | | |
|---------------------------------------------------------|----------------------------------------------------------|-------------------------------------|-------------------|---------------------------|
| To Whom Paid <i>NGP merchant Card Processing Fee</i> | MO <i>8</i> | DAY <i>3</i> | YEAR <i>11</i> | Amount \$ <i>25.16</i> |
| Mailing Address <i>PO Box 407066</i> | Description of Expenditure <i>on-line giving fees</i> | | | |
| City <i>Ft. Lauderdale</i> | State <i>FL</i> | Zip Code (Plus 4) <i>33340 -</i> | | |

| | | | | |
|---------------------------------------|--------------------------------------------|-----------------------------------------|-------------------|---------------------------|
| To Whom Paid <i>AT&T</i> | MO <i>9</i> | DAY <i>14</i> | YEAR <i>11</i> | Amount \$ <i>55.87</i> |
| Mailing Address <i>PO BOX 6463</i> | Description of Expenditure <i>phone</i> | | | |
| City <i>Carol Stream</i> | State <i>IL</i> | Zip Code (Plus 4) <i>60197 -6463</i> | | |

| | | | | |
|-----------------------------------------|---------------------------------------------------|-------------------------------------|-------------------|-------------------------------|
| To Whom Paid <i>Shapiro Richards</i> | MO <i>9</i> | DAY <i>23</i> | YEAR <i>11</i> | Amount \$ <i>30,000.00</i> |
| Mailing Address <i>P.O. BOX 241</i> | Description of Expenditure <i>contribution</i> | | | |
| City <i>Abington</i> | State <i>PA</i> | Zip Code (Plus 4) <i>19001 -</i> | | |

| | | | | |
|---------------------------------------------------------|----------------------------------------------------------|-----------------------------------|-------------------|---------------------------|
| To Whom Paid <i>NGP merchant Card Processing Fee</i> | MO <i>9</i> | DAY <i>6</i> | YEAR <i>11</i> | Amount \$ <i>25.16</i> |
| Mailing Address <i>PO BOX 407066</i> | Description of Expenditure <i>On-line giving fees</i> | | | |
| City <i>Ft. Lauderdale</i> | State <i>FL</i> | Zip Code (Plus 4) <i>33340</i> | | |

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

PAGE TOTAL
\$ *30,271.41*

STATEMENT OF EXPENDITURES

| | |
|-------------------------------------------------------------------------|-------------------------------------------------------------|
| Name of Filing Committee or Candidate <i>Friends of Josh Shapiro</i> | Reporting Period From <i>6/7/2011</i> To <i>10/24/11</i> |
|-------------------------------------------------------------------------|-------------------------------------------------------------|

| | | | | |
|---------------------------------------|--------------------|--------------------------------------------|-------------------|----------------------------|
| To Whom Paid <i>AT&T</i> | MO <i>10</i> | DAY <i>11</i> | YEAR <i>11</i> | Amount \$ 143.47 |
| Mailing Address <i>PO Box 6463</i> | | Description of Expenditure <i>PHONE</i> | | |
| City <i>Carol Stream</i> | State <i>IL</i> | Zip Code (Plus 4) <i>60197 7463</i> | | |

| | | | | |
|-----------------------------------------|--------------------|---------------------------------------------------|-------------------|--------------------------------|
| To Whom Paid <i>Shapiro/Richards</i> | MO <i>10</i> | DAY <i>16</i> | YEAR <i>11</i> | Amount \$ 250,000.00 |
| Mailing Address <i>P.O. Box 241</i> | | Description of Expenditure <i>CONTRIBUTION</i> | | |
| City <i>Abington</i> | State <i>PA</i> | Zip Code (Plus 4) <i>19001 -</i> | | |

| | | | | |
|-----------------|-------|-------------------------------|------|---------------------|
| To Whom Paid | MO | DAY | YEAR | Amount \$ |
| Mailing Address | | Description of Expenditure | | |
| City | State | Zip Code (Plus 4) <i>-</i> | | |

| | | | | |
|-----------------|-------|-------------------------------|------|---------------------|
| To Whom Paid | MO | DAY | YEAR | Amount \$ |
| Mailing Address | | Description of Expenditure | | |
| City | State | Zip Code (Plus 4) <i>-</i> | | |

| | | | | |
|-----------------|-------|-------------------------------|------|---------------------|
| To Whom Paid | MO | DAY | YEAR | Amount \$ |
| Mailing Address | | Description of Expenditure | | |
| City | State | Zip Code (Plus 4) <i>-</i> | | |

| | | | | |
|-----------------|-------|-------------------------------|------|---------------------|
| To Whom Paid | MO | DAY | YEAR | Amount \$ |
| Mailing Address | | Description of Expenditure | | |
| City | State | Zip Code (Plus 4) <i>-</i> | | |

| | | | | |
|-----------------|-------|-------------------------------|------|---------------------|
| To Whom Paid | MO | DAY | YEAR | Amount \$ |
| Mailing Address | | Description of Expenditure | | |
| City | State | Zip Code (Plus 4) <i>-</i> | | |

| | | | | |
|-----------------|-------|-------------------------------|------|---------------------|
| To Whom Paid | MO | DAY | YEAR | Amount \$ |
| Mailing Address | | Description of Expenditure | | |
| City | State | Zip Code (Plus 4) <i>-</i> | | |

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. **PAGE TOTAL**
\$ 250,143.47

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>6/7/11</i> To <i>10/24/11</i> |
|-------------------------------------------------------------------------|-----------------------------------------------------------|

| | | | | | | |
|---------------------|--|--|--------------------|--|-----------------------------------|--|
| 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 | | | | | | |
| 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 \$ <i>0</i> |
|---------------------------|