Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE 1 OF COVER PAGE

	(NOTE: This repor	t must be clear and	d legible. It n	nay be	typed o	r print	ed in	blue or	black ii	nk.)			
Filer Identification Number:	Z 00:	3274	Report Filed By:		CANDIE	ATE	1.	сомм	ITTEE	2.	LOBI	BYIST	3.
Name of Filing Comm	nittee, Candidate or Lo	obbyist:					·	-		. L		l.	
TTIPINGS Street Address:	or Josh 3	Treasurer			······································								
	, MOSKOW, IZ,	Treasurer	528	Pin	Trap	Roa	d						
city: Jenkinh	twn				State:			Zip Cod	1e: 3046	, -			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. 2ND FRIDA			DAY ST PRIMA	RY	X	AMENDA REPORT?		YES		NO	-
(place X to	6TH TUESDAY PRE-ELECTION	4. 2ND FRIDA PRE-ELECT			DAY		6.	TERMINA REPORTA		YES		NO	
the right of report type)	ANNUAL REPORT	7. YEAR		FILIN	NG METH	ONE	>	PAPE	A	X	DISK	ETTE	
Name of Office Sough	nt by Candidate:			D	ATE OF	ELECT	ION	District	Offic		Party	Cou	
ŧ.				М	D. DAY	YE	AR	Number	Code	1.	Code ここんよ	4	
				1	16	201	12		ISEE IN		M3C	FOR CC	
						L		F	OR OF				
Summary of Re	eceipts 🛌		EAR	МС	D. DAY	YE	_				3		`
and Expenditur	es from:	4 10 20	/ ン To	9	14	20/6	2				3	وبماسه	
A. Amount Brought	Forward From La	st Report	\$ /	48	290.	21		·		-		ROBY D	
B. Total Monetary	Contributions and F	Receipts (From Sch		,	10 3					,	\J		
C. Total Funds Ava	ilable (Sum of Line	es A and B)	\$			_		!		1	√)	1	
D. Total Expenditur			/		,693	*					>		
			, \$ J		<u>34 3</u>						Ç.	مس	
E. Ending Cash Bala				46,	959.	<u>27</u>			. J				
F. Value of In-Kind	. Value of In-Kind Contributions Received (From Schedule II) \$ -0-)			
G. Unpaid Debts an	d Obligations (From	Schedule IV)	ş		0-			/					i
			AFFIDAVIT S	ECTIO	N								
AFFIDAVIT SECTION PART 1 = 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,													
	4		2		1	,							,
MMONWEALTH OF PEN ZNotariali Seabi			12	. 4	r Emerical de	/-	12%	L 2	ر يو	1			ı
Dianna Diffilo, Notary	Public	20_	12	7	L LE AL (Signatu	ure of	Porson Su	henissia.	<u> </u>			[
iorristown Boro, Montgoro y Commission Sypties Mai	ery County	Oèlin	l	C	1000	6	. 11	10 47 1	50 11	Repor	>		
r, pennsylvanja associati	ON OF NOTARIES						Pr	inted Nam	e				-
My commission expires $\frac{16}{MO}$ $\frac{2016}{DAY}$ $\frac{315}{MO}$ $\frac{37-93-35}{MO}$													
Area Code Daytime Telephone Number													
PART II - If this is	a report of a Ca	ndidate's Authorize	d Committe	e, cand	didate sh	all sign	n here	and the second	e e e e e e e e e e e e e e e e e e e	ne disentan Parteman	agra S	LT 16.0	
I swear (or affirm) that (P.L. 1333, No. 320) as	t to the best of my i	cnowledge and ballef t	his political c	ommitte	e has not	violet	ed sny	provision	s of the	Act o	f June	3, 1937	-1
Sworn to and subscri					<u>.</u> .	_							
22 day of	Mas	20	12		1771°	\ll							
COMMONOS EALTH	DE DENNESTI VADULA	``		\leftarrow		\mathcal{A}	ign) tu	Cani	didate				
Notaria	Signature		 }		702	stt	<u>></u> ਔ	AMILO	>				_
Dianna DiIllio, My Northstown Boro, M My Commission Expl	Notary Public Shtgomery County	16 701C	2		Area Code		Pri	inted Nam	267	37L	<u> </u>		
MEMBER, PENNSYLVANIA A			-	·	0000			OB)	time Te	периол	e Numb	er	

Department of State

Bureau of Commissions, Elections and Legislation

10 North Office Building

Harrisburg, PA 17120-0029

(717) 787-5280

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.

Friends of Josh	i Shapi	10		From	1/10/13	то <u>5/14/12</u>
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Pius 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)	мо.	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 City			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) 	MO.	DAY	YEAR	\$
Full Name of Contributing Committee Meiling Address	W		MO,	DAY	YEAR	\$
City	1.6	7	MO.	DAY	YEAR	\$
	State	Zip Code (Plus 4) —	MO.	- DAY	YEAR	\$
Full Name of Contributing Committee Mailing Address			MO.	DAY	YEAR	\$
City	State	Zin Code (Div. 4)	MO.	DAY	YEAR	\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Enter Grand Total of Part A on S	chedule I,	Detailed Summa	y Page,	Section	n 2.	\$ -O -

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			1	Reporting	Period		11.
Friends of Josh		From _	4/10/1	ユ_	To 5/14/12		
				DATE			AMOUNT
Full Name of Contributor			MO.	DAY.	YEAR	•	
Stephen Teich Mailing Address			1 4	····	12	\$	250.00
1633 Tuckerstown	Ra	ad	MO.	DAY	YEAR	\$	•
	State A	Zip Code (Plus 4)	MD.	DAY	YEAR		···
Dieskur	PA	19025 - 1306				\$	
Full Name of Contributor			MO.	DAY	YEAR	\$	
Charles Gottlieb			H MO.	19 DAY	/ Q YEAR	_	150.00
40 Overbrook Parkwa Wynnewood	111		10.	DAI	TEAN	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	 	
Wynnewood	P.A	19096 - 3512				\$	
Full Name of Contributor			МО	DAY	YEAR		£ 25
Mailing Address			4	19	100	\$	100.00
Full Name of Contributor Murray Mailing Address 644 Charles Avenu City King Ston	10		MO.	. DAY	YEAR	\$	
City // City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	╀─	
King Ston	12	18 704				\$	
Full Name of Contributor	<u>'</u>		MO.	DAY	YEAR	1	
Meiling Address						\$	
monthly Address			MO.	DAY	YEAR	s	
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	<u> </u>	
		_	1,101	7,7,1	1,520	\$	
Full Name of Contributor			MO.	DAY	YEAR		
Mailing Address						1 \$	
Morring Address			MO.	- DAY	YEAR	\$	
Сіту	State	Zip Code (Plus 4)	MO.	DAY	. VCID	Ľ	
		-	Mu.	DAY	YEAR	\$	
Full Name of Contributor			MO.	DAY	YEAR		
Malling Address						\$	
Morning Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	VEAR	L.	
		_	MO.	DAT	YEAR	\$	
Full Name of Contributor			MO.	DAY	YEAR	<u> </u>	
Mailing Address						\$	
morning Address			. MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	VEAD	<u> </u>	
		_	1910.	1	YEAR	\$	
Full Name of Contributor			MO.	DAY	YEAR	-	
Mailing Address						\$	
moning Addices			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	** **	1-649	VELD	L <u> </u>	
		<u> </u>	MO,	DAY	YEAR	\$	
					'		E TOTAL
Enter Grand Total of Part B on Sched	lule I	Detailed Summary	Page	Santia	, ,	1	
DSEB-502 (7-99)	17		ı aye,	Section	۱ 4۰	\$	550,00
MARKET JOS 177397							

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		<i>f</i>	R	eporting /	Period	· clula
Friends of Josh	ح,	napiro		From	<i>- אטון</i> א	i to 5/14/12
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	.
						\$
Čity	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	
<u> </u>		_				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			Ma.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR "	\$
		-	. MO.	DAY	VEAD	4
Full Name of Contributing Committee			. IVIU.	DAT	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	 	544	16545	7
,		_	MQ.	DAY	YEAR	\$
Full Name of Contributing Committee			МО	DAY	YEAR	\$
Mailing Address			-			3
Manning Addition			.MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	
		<u> </u>				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MD	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MQ.	DAY	YEAR	_
						\$
Meiling 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	A
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
	<u> </u>					PAGE TOTAL
Enter Grand Total of Part C on Sched	امانة	Detailed Summer	, Dona	Santin	, ,	\$
Enter Grand Fotal OF Fall C Off Sched	uit I,	Peranen Summar	, raye,	SECTION	, J.	*

ALL OTHER CONTRIBUTIONS

PAGE UF 14

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.)

	Reporting Period
Friends of Josh Shapiro	From 4/10/12 To 5/14/12
120	DATE AMOUNT
Full Name of Contributor William Patrocci	4 19 12 \$ 300 0 O
Mailing Address	MG DAY YEAR S
1570 Davman Drive City State Zip Code (Plus 4)	MG. DAY YEAR
Maple Glen State Zip Code (Plus 4)	\$
Abington Medical Specialists (a-dio1084)	fly SICIAN
Employer Mailing Address/Principal Place of Business 1235 Old York R.O. Levy Machical Bldg, Ste	232 Abington, RA 4001
Full Name of Contributor	MAC DAY YEAR &
	19 12 750 00 MG DAY YEAR &
405 Newbold Road	
Jenkintown State Zip Code (Plus 4)	MC. DAY YEAR \$
Employer Name Hbirgton Medical Specialists Cardiology Employer Malling Address/Principal Place of Business 1235 Old York Rd, Levy Medical Bblg, Ste. 2	Physicia ~
Employer Malling Address/Principal Place of Business 1235 Old York Rd, Levy Medical Bolg, Ste. 2	122, Abington, PA 19001
Full Name of Contributor	MO. DAY YEAR
Scott Shafino Mailing Address	4 19 12 \$ 1000.00
1555 Bardsey Drive	\$
Louier Guynedd BA 19002-	S S
Employer Name Abington Movical Specialists Cardiologia Employer Mailing Address/Principal Place of Business	PM 51C1G
Employer Mailing Address/Principal Place of Business 1235 Old York RN Levy Medical Bldg Ste 2	22 Abington PA 19001
Full Name of Contributor	MAN I TRANSPORT
Marc C. When Mailing Address	4 19 13 \$ 1000.00
1445 Huntingdon Road City // State Zip Code (Plus 4)	\$
About 19001-	S S
Abington Medical Specialists Cardiology	physician
Employer Mailing Address/Principal Place of Business 1235 Old York Rd Lavy Modical Bldg Sted	222 Abinston, RA 1900/
Adum 19, When	4 19 12 \$ 1000.00
Mailing Address 49 Oa Kwood Drive	MO DAY YEAR S
Director State Zip Code (Plus 4) 19025	MO DAY YEAR \$
Abington Medical Specialists Cardiology	physician
Employer Mailing Address/Principal Place of Business 1235 Old Vork Kd Lauy Medical Bldg Ste.	222 Abinton PA 19001

PAGE 7 UF 14

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 4/10/12 To 5/14/B
	DATE AMOUNT
Full Name of Contributor	MO DAY TEAR \$ 1000.00
Patrick A GUIINA. Mailing Address	MO DAY YEAR \$
1131 Arabian Kd.	
City 7	MO DAY YEAR \$
	Occupation
Employer Name Abing ton Medical Associates Cardiology Employer Mailing Address/Principal Place of Business A Bind Block D Employer Mailing Address/Principal Place of Business A Bind Block D	physician
1235 ON YORK RU Levy Medical Blogs	Ste 200 Abington, BA 1900
	4 19 12 \$ 500.00
Full Name of Contributor Druce X 10gher Z Mailing Address C 1 6 5 7	MG. DAY YEAR \$
1200 Ked Karn Ka	MQ. DAY YEAR
Lower Guyne 10 PA 1900 2-1278	\$
11/19to Modical Associates Cardology	Druf SICIA ~
Employer Unailing Address/Principal Place of Business	222 Abrillo CA 10661
Employer (Mailing Address/Principal Place of Business 1235 Old York Rd. Levy Medical Bbg. 5th	
Full Name of Contributor A GOIdSterm	MC DAY YEAR \$500.00
Mailing Address	MC DAY YEAR \$
City Pudal Timber gare Drive State Zip Code (Plus 4) PA 190410-	MC DAY YEAR S
Employer Name	Occupation
Abington Madical ASSOCIATES Cardiology	physicia-
1235 ON YORK RN. LYVY Medical Blog Sto	.232 Abington RA 19001
Full Name of Contributor RICNUM & BOMGE	4 19 12 \$ 000.00
Mailing Address	MO CAY YEAR S
14 1/1/1955 Land	MAQ DAY YEAR
Newtown PA 18940	\$
Abuaton Medical Associates Cardiology	Phy SICIa-
Employer Mailing Address/Principal Place of Business 1235 Old York Rd. Levy Medical Blog	Ste 200 Abigon PA 19001
Full Name of Contributor Druce C. Berger	4 19 12 \$ 500 00
Mailing Address 1763 6aK Hill Drive	S S S
Huntingon Valley PA 19006-	MG DAY YEAR \$
Employer Name Abis you Medical Associations Cardiology	Occupation Physician
Employer Mailing Address/Principal Place of Business	16 1 01
1235 Old Vo-KRd levy Medical Bldg	Sty 222 Abington & 19

SCHEDULE I

PAGE 2 OF JU

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period,	
Egyand of Toch Shand	- 4/w/12 -	5/14/12
Friends of Josh Shapino	From 9/10/13 Te	° -
		

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS P	ER CONT	RIBU	TOR	graphic graphic design of the second second graphic design of the second
TOTAL for the Reporting Period	(1)	\$	50 00	

2. CONTRIBUTIONS \$50,01 TO \$250.00 (FROM PART A AND PART B)	 The second strategy of the second strategy of the second s
Contributions Received from Political Committees (Part A)	\$ -0-
All Other Contributions (Part B)	\$ 550 00
TOTAL for the Reporting Period (2)	\$ 550 00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	talian in the second of the se
Contributions Received from Political Committees (Part C)	\$ -0-
All Other Contributions (Part D)	\$ 9050.00
TOTAL for the Reporting Period (3)	\$ 90-50.00

4. OTHER RECEIPTS - REFUNDS, INTER	REST EARNED, RETURNED	CHECKS, ET	C. (FROI	M PART E)	10 10 10 10 10 10 10 10 10 10 10 10 10 1
то	TAL for the Reporting Pe	eriod (4)	\$	753 3	Š

	Ţ
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING	
THIS REPORTING PERIOD (Add and enter amount totals from	.
	 \$ 10,403 38
Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report	1 191700 39
Cover Page, Item B.)	

PAGE 8 OF 14

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				Reporting		c-/ 1
Friends of Josh	51	apiro		From	4/10/	12 To 5/14/12
				DATE		AMOUNT
Full Name of Contributor 1750Ka Balaratna)		MO.	DAY 19	YEAR	\$ 500.00
Maising Address 919 Woodcrest	Rd		mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	_
ADING YOU	100	19001-	Оссират	lion		<u></u> \$
Abington Marical ASSOCIA Employer Melling Address/Principal Place of Business	105	Cardiology		2 kys	1C191	<u> </u>
1235 Old Vo-K KN. Kel	y Me	Miral Bbg S	Ste 20	12 / Z		ton PA FICOI
Andrew Fireman	,	U	мо. Ц	1 Cy	YEAR / 2	\$ 500.00
Mailing Addrass PO POX 523			MO.	DAY	YEAR	\$
Gwynedd Valley	State	19437052	мо.	DAY	YEAR	\$
F1 N 1			Occupat	- 1		<u> </u>
19 DINGTON MANKAL ASSOCIATE Employed Additing Address Principal Place of Business 1235 Old York RN. Lein	m	edical Byla	SF	orys		bugton BA 19001
Full Narge of Contributory	1//	may Do	Mo:	DAY		1900
Kobert A. Watson III	_		U	19	YEAR /ス	\$ 1000.00
Mailing Address 120 Gift CITCLE			MO.	DAY	YEAR	\$
Ambler	5774	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
Employer Name ADINATON MEDICAL HESOCKA Employer Mailing Address/Principal Place of Business	105		Occupat	OM/	/C 14	<i>}</i> ~~
Employed Mailing Address/Principal Place of Business 1235 ON 10-K RN	1 11/1	Medical 1				Abrigton By 19001
Full Name of Contributor			Mo.	DAY	YEAR	
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)				\$
	State	Zip Code (rius 4)	MO.	DAY	YEAR	\$
Employer Name			Occupat	ion	·	L
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor					V5.5	
	•••		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Flus 4)	Mo.	DAY	YEAR	\$
Employer Name			Occupat] ian		
Employer Mailing Address/Principal Place of Business	-					
						Ì
Enter Grand Total of Part D on Sched	ule I.	Detailed Summer	v Page	Section	, 3	PAGE TOTAL
SER-502 (7-99)	_,_ ,,		, aye,	3601101	ı . .	\$ 2000.00

PAGE OF 14

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.

DSEB-502 (7-99)

Name of Filing Committee or Candidate			B	eporting	Period/	то <u>5/14/</u> 2
Friends of 3	josh	Shapiro		From <u>1</u>	110/12	To <u>5/19/</u> 风
Full Name TD Bank						
Meiling Address POBCX 137	7					
GitV	State	Zip Code (Plus 4)	MO.	DAY.	YEAR	Amount
Receipt Description	1/18	Zip Code (Plus 4) 04243	4	30	B	\$ 3,38
interest						
Full Name Hytney Constructi Mailing Address	1000	Chrp.				
Mailing Address	0) <	2 71				
IGIN 1150 OID YORK I	State	Te. X) Zîp Code (Plus 4)	MO.	DAY	YEAR	Amount
Apingon	<u> fA</u>	19001-				\$ 750.00
Meiling Address 1150 Old York I City Abirthon Receipt Description! Security Gefo	131+	refund				
Full Name						
Mailing Address		 				

City	State	Zip Code (Plus 4) —	MD.	DAY	YEAR	Amount \$
Receipt Description						-
Full Name						
Mailing Address	~					
Mailing Mulicas						
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	Amount &
Receipt Description		-	<u> </u>		<u>i </u>	\$
Full Name						
, and Admie						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
Receipt Description		_	<u></u>			\$
			·			
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-	1710.	νΛ. <u>.</u>	TEMP	\$
Receipt Description						
						PAGE TOTAL
Enter Grand Total of Part E on Sci	hedule I,	Detailed Summary	/ Page,	Section	n 4.	\$ 753.38

SCHEDULE II

PAGE 10 OF 14

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 Per	/ /	diuliz
Friends of Josh Slapino	From <u>4/</u>	10/13	то <u>5/14/12</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$	\$50.00 OR L	ESS PI	ER CONTRIBUTOR
TOTAL for the Reporting Period	d (1)	\$	-0-
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$29	50.00 (FROM	I-PART	F)
TOTAL for the Reporting Period	d (2)	\$	-0-
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	OM PART G)	TO THE SECTION OF THE HEALTH SECTION OF THE
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-

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			R	eporting	Peripd	1 -/ /
Friends of Ja	From 4/10/12 To 5/14/12					
				DATE		AMOUNT
Full Name of Contributor	' - '		MO.	DAY	YEAR	\$
Mailing Address						7
			MO.	DAY	YEAR	 \$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		_				3
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	
					TEAN.	\$
Mailing Address			MO.	DAY .	YEAR	
City	1				ļ	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	s
Description of Contribution:				l	<u> </u>	
	····					
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address					ļ	3
, maxing yield ass			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR "	
				-		\$
Description of Contribution:						
Full Name of Contributor			l' Mai	544	1 0	
			MO.	DAY:	YEAR	\$
Mailing Address			·· MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:					L	
Full Name of Contributor			MQ.	DAY -	YEAR	4
Mailing Address						\$
•			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	,
		-				\$
Description of Contribution:						
Full Name of Contributor			l us	5434		
			MO.	DAY	YEAR	\$
Mailing Address		·	MO.	DAY	YEAR	<i>*</i>
City		7				\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:			.11			
Enter Grand Total of Part F on Sc	nedule II	In-Kind Contribut	iona Da			PAGE TOTAL
Summary Page, Section 2.	ioudie II,	m Kina Contribut	ions Det	alled		s -0

and the second of the second o

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Reporting Period				
Friends of Josh Slapino	From <u>9 10 / 2</u>	7 105/14/12			
	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/Principel Place of Business	Description of Contribution				
Fult 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. L.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				
		, E			
Full Name of Contributor	MO. TOAY 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 Contribut Summary Page, Section 3.	ions Detailed	s — ()			

DSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Frynds of Josh Skapino	Reporting Period / From 4/10/12 To 5/14/12
1110,000 01 00000 20011	From The 10 -/1/10
To Whom Paid	MO. DAY YEAR Amount
Mailing Address	MO. DAY YEAR AMOUNT 1 10 12 \$ 154.55 Description of Expenditure
Mailing Address City State Zip Code (Plus 4)	ghore
Carol Stream 12 60197	<i>'</i>
Friends of Steve McCartor	MO: DAY YEAR Amount 9 /3 /2 \$ 500.00 Description of Expenditure
Mailing Address PO BOX 467	Description of Expenditure COMP, box/100
Grandle State Zip Code (Plus 4)	
To Whom Paid CODD y (\ Mailing Address	MO. DAY YEAR Amount 19 12 \$ 1000 00 Description of Expenditure
· ·	Description of Expenditure (Un)////W/100
PO DOX 22614 State Zip Code (Plus 4) Philade Phia PA 19110 -	C.O.,777 (10/1)
Philadelphia PA 19110-	
To Whom Paid 505h Shufing Mailing Address	MO. DAY YEAR Amount 4 19 12 \$ 23 0 U Description of Expenditure
1950 Cloudely ICIN	Description of Expenditure
Rydal Spete Zip Code (Plus 4)	reimburse parking
7-10	MO. DAY YEAR Amount
Mailing Address Box 381	4 20 3 \$ 10,000,00
	Description of Expenditure (1) Ar 12/10
Abington State Zip Code (Plus 4)	
To Whom Paid CCD Debit	MO. DAY YEAR Amount 1 3 12 \$ 25.00 Description of Expenditure
PO BOX 407066	
Ft Lavar-dale F433340	on-line giving few
To Whom Pold Harland Clarecks	MO. DAY YEAR Amount
Mailing Address	Description of Expenditure
City State Zip Code (Plus 4)	Checks from bank
To Whom Paid	MO. DAY YEAR Amount
Mailing Address	S Description of Expenditure
City	Description of expending
State Zip Code (Plus 4)	
	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page	age, Item D. \$ 11,734.3又

PAGE 14 OF 14

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			Reporting	Period	1
Friends of Josh Sha	PINO	İ	From _	4/10/	12 10 5/14/12
				, ,	
Name of Creditor					Outstanding Balance of Debt
					\$
Mailing Address	DATE	MO.	DAY	YEAR	
City	INCURRED	1 20-4- 1	71- 0-4	(8)	
city		State	Zip Code	(PIUS 4)	● 大震器 表的的建筑器等等
Description of Debt		<u></u>			
Name of Creditor					Outstanding Balance of Debt
					\$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	<u> </u>		<u> </u>	
City		State	Zip Code	(Plus 4)	
Description of Debt	,		 -		
Name of Creditor					Outstanding Balance of Debt
					\$
Mailing Address	DATE	MO.	DAY	YEAR	
	DEBT INCURRED				
City		State	Zip Code	(Plus 4)	
Description of Debt	——————————————————————————————————————	\perp			
pescription of Debt					i
Name of Creditor					Outstanding Balance of Debt
					\$
Mailing Address	DATE	MO.	DAY	YEAR	
	DEBT INCURRED				
City		State	Zip Code	(Plus 4)	
Description of Debt				···-	
Name of Creditor					
					Outstanding Balance of Debt \$
Mailing Address	DATE	MO.	DAY	YEAR	Contract Section States and the
City	DEBT INCURRED				
cny		State	Zip Code	(Plus 4)	
Description of Debt	···-	<u></u>			
Name of Creditor					Outstanding Balance of Debt
					\$
Mailing Address	DATE	MO.	DAY	YEAR.	
City	DEBT INCURRED				
· · · · ·		State	Zip Code	(Plus 4)	
Description of Debt		1			
					DACE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Re	nort Cover	laga le	.m. C		PAGE TOTAL
	poir cover r	age, It	em G.		\$