

Commonwealth of Pennsylvania  
**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: <b>2003274</b>  | Report Filed By: <b>CANDIDATE</b> | <sup>1.</sup> | <b>COMMITTEE</b>        | <sup>2.</sup>             | <b>LOBBYIST</b>                | <sup>3.</sup>                       |                     |                                     |          |
| Name of Filing Committee, Candidate or Lobbyist:<br><b>Friends of Josh Shapiro</b> |                                   |               |                         |                           |                                |                                     |                     |                                     |          |
| Street Address:<br><b>90 Caren Moskowitz, Treasurer 528 Pine Tree Road</b>         |                                   |               |                         |                           |                                |                                     |                     |                                     |          |
| City:<br><b>Jenkintown</b>   |                                   |               | State:<br><b>PA</b>     | Zip Code:<br><b>19046</b> |                                |                                     |                     |                                     |          |
| TYPE OF REPORT<br><br>(place X to the right of report type)                        | 6TH TUESDAY PRE-PRIMARY           | 1.            | 2ND FRIDAY PRE-PRIMARY  | 2.                        | 30 DAY POST PRIMARY            | <input checked="" type="checkbox"/> | AMENDMENT REPORT?   | YES                                 | NO       |
|  | 6TH TUESDAY PRE-ELECTION          | 4.            | 2ND FRIDAY PRE-ELECTION | 5.                        | 30 DAY POST ELECTION           | 6.                                  | TERMINATION REPORT? | YES                                 | NO       |
|  | ANNUAL REPORT                     | 7.            | YEAR                    |                           | FILING METHOD<br>( ) CHECK ONE |                                     | PAPER               | <input checked="" type="checkbox"/> | DISKETTE |

|                                     |                  |          |             |                 |             |            |             |
|-------------------------------------|------------------|----------|-------------|-----------------|-------------|------------|-------------|
| Name of Office Sought by Candidate: | DATE OF ELECTION |          |             | District Number | Office Code | Party Code | County Code |
|                                     | MO.              | DAY      | YEAR        |                 |             |            |             |
|                                     | <b>11</b>        | <b>6</b> | <b>2012</b> |                 |             | <b>DEM</b> | <b>46</b>   |
| (SEE INSTRUCTIONS FOR CODES)        |                  |          |             |                 |             |            |             |

|  |          |           |             |    |                   |           |             |                                 |
|--|----------|-----------|-------------|----|-------------------|-----------|-------------|---------------------------------|
| Summary of Receipts and Expenditures from:                     | MO.      | DAY       | YEAR        | TO | MO.               | DAY       | YEAR        | FOR OFFICE USE ONLY             |
|  | <b>4</b> | <b>10</b> | <b>2012</b> |    | <b>5</b>          | <b>14</b> | <b>2012</b> |                                 |
| A. Amount Brought Forward From Last Report                     |          |           |             | \$ | <b>148,290.21</b> |           |             | 2012 MAY 22 A.P. 07<br>RECEIVED |
| B. Total Monetary Contributions and Receipts (From Schedule I) |          |           |             | \$ | <b>10,403.38</b>  |           |             |                                 |
| C. Total Funds Available (Sum of Lines A and B)                |          |           |             | \$ | <b>158,693.59</b> |           |             |                                 |
| D. Total Expenditures (From Schedule III)                      |          |           |             | \$ | <b>11,734.33</b>  |           |             |                                 |
| E. Ending Cash Balance (Subtract Line D from Line C)           |          |           |             | \$ | <b>146,959.27</b> |           |             |                                 |
| F. Value of In-Kind Contributions Received (From Schedule II)  |          |           |             | \$ | <b>-0-</b>        |           |             |                                 |
| G. Unpaid Debts and Obligations (From Schedule IV)             |          |           |             | \$ | <b>-0-</b>        |           |             |                                 |

**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 22 day of May, 2012

**COMMONWEALTH OF PENNSYLVANIA**  
 Notarial Seal  
 Dianna DiIullo, Notary Public  
 Norristown Boro, Montgomery County  
 My Commission Expires March 16, 2016

Signature: Caren G. Moskowitz  
 Printed Name: Caren G. Moskowitz  
 Area Code: 215 Daytime Telephone Number: 987-9223

**PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.**

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this 22 day of May, 2012

**COMMONWEALTH OF PENNSYLVANIA**  
 Notarial Seal  
 Dianna DiIullo, Notary Public  
 Norristown Boro, Montgomery County  
 My Commission Expires March 16, 2016

Signature: Josh Shapiro  
 Printed Name: Josh Shapiro  
 Area Code: 215 Daytime Telephone Number: 8867376

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<br><i>Friends of Josh Shapiro</i> | Reporting Period:<br>From <i>4/10/12</i> To <i>5/14/12</i> |
|---|--|

| Full Name of Contributing Committee | DATE |     |      | AMOUNT |
|-------------------------------------|------|-----|------|--------|
|                                     | MO.  | DAY | YEAR |        |
| Mailing Address                     | MO.  | DAY | YEAR | \$     |
| City                                | MO.  | DAY | YEAR | \$     |
| State                               |      |     |      | \$     |
| Zip Code (Plus 4)                   |      |     |      | \$     |
| Mailing Address                     | MO.  | DAY | YEAR | \$     |
| City                                | MO.  | DAY | YEAR | \$     |
| State                               |      |     |      | \$     |
| Zip Code (Plus 4)                   |      |     |      | \$     |
| Mailing Address                     | MO.  | DAY | YEAR | \$     |
| City                                | MO.  | DAY | YEAR | \$     |
| State                               |      |     |      | \$     |
| Zip Code (Plus 4)                   |      |     |      | \$     |
| Mailing Address                     | MO.  | DAY | YEAR | \$     |
| City                                | MO.  | DAY | YEAR | \$     |
| State                               |      |     |      | \$     |
| Zip Code (Plus 4)                   |      |     |      | \$     |
| Mailing Address                     | MO.  | DAY | YEAR | \$     |
| City                                | MO.  | DAY | YEAR | \$     |
| State                               |      |     |      | \$     |
| Zip Code (Plus 4)                   |      |     |      | \$     |
| Mailing Address                     | MO.  | DAY | YEAR | \$     |
| City                                | MO.  | DAY | YEAR | \$     |
| State                               |      |     |      | \$     |
| Zip Code (Plus 4)                   |      |     |      | \$     |
| Mailing Address                     | MO.  | DAY | YEAR | \$     |
| City                                | MO.  | DAY | YEAR | \$     |
| State                               |      |     |      | \$     |
| Zip Code (Plus 4)                   |      |     |      | \$     |
| Mailing Address                     | MO.  | DAY | YEAR | \$     |
| City                                | MO.  | DAY | YEAR | \$     |
| State                               |      |     |      | \$     |
| Zip Code (Plus 4)                   |      |     |      | \$     |
| Mailing Address                     | MO.  | DAY | YEAR | \$     |
| City                                | MO.  | DAY | YEAR | \$     |
| 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<br><u>Friends of Josh Skapino</u> | Reporting Period<br>From <u>4/10/12</u> To <u>5/14/12</u> |
|---|---|

| Full Name of Contributor                        | DATE                                     |     |      | AMOUNT    |
|---|--|-----|------|-----------|
|   | MO.                                      | DAY | YEAR |           |
| <u>Stephen Teich</u>                            | 4  | 19  | 12   | \$ 250.00 |
| Mailing Address<br><u>1633 Tuckerstown Road</u> | MO.                                      | DAY | YEAR | \$        |
| City<br><u>Dresher</u>                          | MO.                                      | DAY | YEAR | \$        |
| State<br><u>PA</u>                              | Zip Code (Plus 4)<br><u>19025 - 1306</u> |     |      | \$        |
| <u>Charles Gottlieb</u>                         | 4  | 19  | 12   | \$ 150.00 |
| Mailing Address<br><u>40 Overbrook Parkway</u>  | MO.                                      | DAY | YEAR | \$        |
| City<br><u>Wynnewood</u>                        | MO.                                      | DAY | YEAR | \$        |
| State<br><u>PA</u>                              | Zip Code (Plus 4)<br><u>19096 - 3512</u> |     |      | \$        |
| <u>Murray Vffberg</u>                           | 4  | 19  | 12   | \$ 150.00 |
| Mailing Address<br><u>644 Charles Avenue</u>    | MO.                                      | DAY | YEAR | \$        |
| City<br><u>Kingston</u>                         | MO.                                      | DAY | YEAR | \$        |
| State<br><u>PA</u>                              | Zip Code (Plus 4)<br><u>18704</u>        |     |      | \$        |
| Full Name of Contributor                        | MO.                                      | DAY | YEAR | \$        |
| Mailing Address                                 | MO.                                      | DAY | YEAR | \$        |
| City  | MO.                                      | DAY | YEAR | \$        |
| State   | Zip Code (Plus 4)<br>-                   |     |      | \$        |
| Full Name of Contributor                        | MO.                                      | DAY | YEAR | \$        |
| Mailing Address                                 | MO.                                      | DAY | YEAR | \$        |
| City  | MO.                                      | DAY | YEAR | \$        |
| State   | Zip Code (Plus 4)<br>-                   |     |      | \$        |
| Full Name of Contributor                        | MO.                                      | DAY | YEAR | \$        |
| Mailing Address                                 | MO.                                      | DAY | YEAR | \$        |
| City  | MO.                                      | DAY | YEAR | \$        |
| State   | Zip Code (Plus 4)<br>-                   |     |      | \$        |
| Full Name of Contributor                        | MO.                                      | DAY | YEAR | \$        |
| Mailing Address                                 | MO.                                      | DAY | YEAR | \$        |
| City  | MO.                                      | DAY | YEAR | \$        |
| State   | Zip Code (Plus 4)<br>-                   |     |      | \$        |

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

|                                |
|--------------------------------|
| PAGE TOTAL<br><b>\$ 550.00</b> |
|--------------------------------|

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<br><i>Friends of Josh Shapiro</i> | Reporting Period<br>From <i>4/10/12</i> To <i>5/14/12</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)        |      |     |      | \$     |

|            |
|------------|
| PAGE TOTAL |
| \$         |

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

PART D  
**ALL OTHER CONTRIBUTIONS**

**OVER \$250.00**

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

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

|   |   |
|---|---|
| Name of Filing Committee or Candidate<br><u>Friends of Josh Shapiro</u> | Reporting Period<br>From <u>4/10/12</u> To <u>5/14/12</u> |
|---|---|

| Full Name of Contributor   | DATE                           |           |           | AMOUNT            |
|--|--------------------------------|-----------|-----------|-------------------|
|  | MO.                            | DAY       | YEAR      |                   |
| <u>William Petrucci</u>  | <u>4</u>                       | <u>19</u> | <u>12</u> | \$ <u>300.00</u>  |
| Mailing Address<br><u>1570 Dauman Drive</u>  | MO.                            | DAY       | YEAR      | \$                |
| City<br><u>Maple Glen</u>  | MO.                            | DAY       | YEAR      | \$                |
| State<br><u>PA</u>   | MO.                            | DAY       | YEAR      | \$                |
| Zip Code (Plus 4)<br><u>19002 -</u>  | MO.                            | DAY       | YEAR      | \$                |
| Employer Name<br><u>Abington Medical Specialists Cardiology</u>  | Occupation<br><u>physician</u> |           |           |                   |
| Employer Mailing Address/Principal Place of Business<br><u>1235 Old York Rd. Levy Medical Bldg, Ste 222 Abington, PA 19001</u>   |                                |           |           |                   |
| <u>Emanuel Kostacos</u>  | <u>4</u>                       | <u>19</u> | <u>12</u> | \$ <u>750.00</u>  |
| Mailing Address<br><u>405 Newbold Road</u>   | MO.                            | DAY       | YEAR      | \$                |
| City<br><u>Jenkintown</u>  | MO.                            | DAY       | YEAR      | \$                |
| State<br><u>PA</u>   | MO.                            | DAY       | YEAR      | \$                |
| Zip Code (Plus 4)<br><u>19046 -</u>  | MO.                            | DAY       | YEAR      | \$                |
| Employer Name<br><u>Abington Medical Specialists Cardiology</u>  | Occupation<br><u>physician</u> |           |           |                   |
| Employer Mailing Address/Principal Place of Business<br><u>1235 Old York Rd, Levy Medical Bldg, Ste. 222, Abington, PA 19001</u> |                                |           |           |                   |
| <u>Scott Shapiro</u>   | <u>4</u>                       | <u>19</u> | <u>12</u> | \$ <u>1000.00</u> |
| Mailing Address<br><u>1555 Bardsey Drive</u>   | MO.                            | DAY       | YEAR      | \$                |
| City<br><u>Lower Gwynedd</u>   | MO.                            | DAY       | YEAR      | \$                |
| State<br><u>PA</u>   | MO.                            | DAY       | YEAR      | \$                |
| Zip Code (Plus 4)<br><u>19002 -</u>  | MO.                            | DAY       | YEAR      | \$                |
| Employer Name<br><u>Abington Medical Specialists Cardiology</u>  | Occupation<br><u>physician</u> |           |           |                   |
| Employer Mailing Address/Principal Place of Business<br><u>1235 Old York Rd Levy Medical Bldg Ste 222 Abington PA 19001</u>      |                                |           |           |                   |
| <u>Marc C. Cohen</u>   | <u>4</u>                       | <u>19</u> | <u>12</u> | \$ <u>1000.00</u> |
| Mailing Address<br><u>1445 Huntingdon Road</u>   | MO.                            | DAY       | YEAR      | \$                |
| City<br><u>Abington</u>  | MO.                            | DAY       | YEAR      | \$                |
| State<br><u>PA</u>   | MO.                            | DAY       | YEAR      | \$                |
| Zip Code (Plus 4)<br><u>19001 -</u>  | MO.                            | DAY       | YEAR      | \$                |
| Employer Name<br><u>Abington Medical Specialists Cardiology</u>  | Occupation<br><u>physician</u> |           |           |                   |
| Employer Mailing Address/Principal Place of Business<br><u>1235 Old York Rd Levy Medical Bldg Ste 222 Abington, PA 19001</u>     |                                |           |           |                   |
| <u>Adam M. Cohen</u>   | <u>4</u>                       | <u>19</u> | <u>12</u> | \$ <u>1000.00</u> |
| Mailing Address<br><u>49 Oakwood Drive</u>   | MO.                            | DAY       | YEAR      | \$                |
| City<br><u>Dresher</u>   | MO.                            | DAY       | YEAR      | \$                |
| State<br><u>PA</u>   | MO.                            | DAY       | YEAR      | \$                |
| Zip Code (Plus 4)<br><u>19025 -</u>  | MO.                            | DAY       | YEAR      | \$                |
| Employer Name<br><u>Abington Medical Specialists Cardiology</u>  | Occupation<br><u>physician</u> |           |           |                   |
| Employer Mailing Address/Principal Place of Business<br><u>1235 Old York Rd Levy Medical Bldg Ste 222 Abington PA 19001</u>      |                                |           |           |                   |

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

PAGE TOTAL  
\$ 4050.00

# 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<br><i>Friends of Josh Shapiro</i> | Reporting Period<br>From <i>4/10/12</i> To <i>5/14/12</i> |
|---|---|

| Full Name of Contributor  | DATE                           |           |           | AMOUNT            |
|---|--------------------------------|-----------|-----------|-------------------|
|   | MO.                            | DAY       | YEAR      |                   |
| <i>Patrick Aquilina</i>   | <i>4</i>                       | <i>19</i> | <i>12</i> | \$ <i>1000.00</i> |
| Mailing Address<br><i>1131 Arabian Rd.</i>  | MO.                            | DAY       | YEAR      | \$                |
| City<br><i>Warrington</i>   | MO.                            | DAY       | YEAR      | \$                |
| State<br><i>PA</i>  | MO.                            | DAY       | YEAR      | \$                |
| Zip Code (Plus 4)<br><i>18976-2727</i>  | MO.                            | DAY       | YEAR      | \$                |
| Employer Name<br><i>Abington Medical Associates Cardiology</i>  | Occupation<br><i>physician</i> |           |           |                   |
| Employer Mailing Address/Principal Place of Business<br><i>1235 Old York Rd. Levy Medical Bldg Ste 222 Abington, PA 19001</i> |                                |           |           |                   |
| <i>Bruce Klugherz</i>   | <i>4</i>                       | <i>19</i> | <i>12</i> | \$ <i>500.00</i>  |
| Mailing Address<br><i>1200 Red Barn Rd.</i>   | MO.                            | DAY       | YEAR      | \$                |
| City<br><i>Lower Gwynedd</i>  | MO.                            | DAY       | YEAR      | \$                |
| State<br><i>PA</i>  | MO.                            | DAY       | YEAR      | \$                |
| Zip Code (Plus 4)<br><i>19002-1278</i>  | MO.                            | DAY       | YEAR      | \$                |
| Employer Name<br><i>Abington Medical Associates Cardiology</i>  | Occupation<br><i>physician</i> |           |           |                   |
| Employer Mailing Address/Principal Place of Business<br><i>1235 Old York Rd. Levy Medical Bldg Ste 222 Abington, PA 19001</i> |                                |           |           |                   |
| <i>Richard A Goldstein</i>  | <i>4</i>                       | <i>19</i> | <i>12</i> | \$ <i>500.00</i>  |
| Mailing Address<br><i>1157 Timbergate Drive</i>   | MO.                            | DAY       | YEAR      | \$                |
| City<br><i>Rydal</i>  | MO.                            | DAY       | YEAR      | \$                |
| State<br><i>PA</i>  | MO.                            | DAY       | YEAR      | \$                |
| Zip Code (Plus 4)<br><i>19046-</i>  | MO.                            | DAY       | YEAR      | \$                |
| Employer Name<br><i>Abington Medical Associates Cardiology</i>  | Occupation<br><i>physician</i> |           |           |                   |
| Employer Mailing Address/Principal Place of Business<br><i>1235 Old York Rd. Levy Medical Bldg Ste 222 Abington PA 19001</i>  |                                |           |           |                   |
| <i>Richard Bozge</i>  | <i>4</i>                       | <i>19</i> | <i>12</i> | \$ <i>500.00</i>  |
| Mailing Address<br><i>14 Millers Lane</i>   | MO.                            | DAY       | YEAR      | \$                |
| City<br><i>Newtown</i>  | MO.                            | DAY       | YEAR      | \$                |
| State<br><i>PA</i>  | MO.                            | DAY       | YEAR      | \$                |
| Zip Code (Plus 4)<br><i>18940</i>   | MO.                            | DAY       | YEAR      | \$                |
| Employer Name<br><i>Abington Medical Associates Cardiology</i>  | Occupation<br><i>physician</i> |           |           |                   |
| Employer Mailing Address/Principal Place of Business<br><i>1235 Old York Rd. Levy Medical Bldg Ste 222 Abington PA 19001</i>  |                                |           |           |                   |
| <i>Bruce C. Berger</i>  | <i>4</i>                       | <i>19</i> | <i>12</i> | \$ <i>500.00</i>  |
| Mailing Address<br><i>1763 Oak Hill Drive</i>   | MO.                            | DAY       | YEAR      | \$                |
| City<br><i>Huntingdon Valley</i>  | MO.                            | DAY       | YEAR      | \$                |
| State<br><i>PA</i>  | MO.                            | DAY       | YEAR      | \$                |
| Zip Code (Plus 4)<br><i>19006-</i>  | MO.                            | DAY       | YEAR      | \$                |
| Employer Name<br><i>Abington Medical Associates Cardiology</i>  | Occupation<br><i>physician</i> |           |           |                   |
| Employer Mailing Address/Principal Place of Business<br><i>1235 Old York Rd. Levy Medical Bldg Ste 222 Abington PA 19001</i>  |                                |           |           |                   |

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

PAGE TOTAL  
\$ *3000.00*

**CONTRIBUTIONS AND RECEIPTS**

## Detailed Summary Page

|  |   |
|--|---|
| Name of Filing Committee or Candidate<br>Friends of Josh Shapiro | Reporting Period<br>From 4/10/12 To 5/14/12 |
|--|---|

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

|  |               |
|--|---------------|
| <b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b> |               |
| Contributions Received from Political Committees (Part A)            | \$ -0-        |
| All Other Contributions (Part B)                                     | \$ 550.00     |
| TOTAL for the Reporting Period                                       | (2) \$ 550.00 |

|  |                |
|--|----------------|
| <b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b> |                |
| Contributions Received from Political Committees (Part C)      | \$ -0-         |
| All Other Contributions (Part D)                               | \$ 9050.00     |
| TOTAL for the Reporting Period                                 | (3) \$ 9050.00 |

|  |               |
|--|---------------|
| <b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b> |               |
| TOTAL for the Reporting Period   | (4) \$ 753.38 |

|   |              |
|---|--------------|
| 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.) | \$ 10,403.38 |
|---|--------------|





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<br><u>Friends of Josh Shapiro</u> | Reporting Period<br>From <u>4/10/12</u> To <u>5/14/12</u> |
|---|---|

|  |                    |                                   |                 |                  |                   |                          |
|--|--------------------|-----------------------------------|-----------------|------------------|-------------------|--------------------------|
| Full Name<br><u>TD BANK</u>            |                    |                                   |                 |                  |                   |                          |
| Mailing Address<br><u>PO BOX 1377</u>  |                    |                                   |                 |                  |                   |                          |
| City<br><u>Lewistown</u>               | State<br><u>ME</u> | Zip Code (Plus 4)<br><u>04243</u> | MO.<br><u>4</u> | DAY<br><u>30</u> | YEAR<br><u>12</u> | Amount<br><u>\$ 3.38</u> |
| Receipt Description<br><u>interest</u> |                    |                                   |                 |                  |                   |                          |

|   |                    |                                    |     |     |      |                            |
|---|--------------------|------------------------------------|-----|-----|------|----------------------------|
| Full Name<br><u>Hutney Construction Corp.</u>         |                    |                                    |     |     |      |                            |
| Mailing Address<br><u>1150 Old York Rd., Ste. 21</u>  |                    |                                    |     |     |      |                            |
| City<br><u>Abington</u>                               | State<br><u>PA</u> | Zip Code (Plus 4)<br><u>19001-</u> | MO. | DAY | YEAR | Amount<br><u>\$ 750.00</u> |
| Receipt Description<br><u>security deposit refund</u> |                    |                                    |     |     |      |                            |

|                     |       |                   |     |     |      |                     |
|---------------------|-------|-------------------|-----|-----|------|---------------------|
| Full Name           |       |                   |     |     |      |                     |
| Mailing Address     |       |                   |     |     |      |                     |
| City                | State | Zip Code (Plus 4) | MO. | DAY | YEAR | Amount<br><u>\$</u> |
| Receipt Description |       |                   |     |     |      |                     |

|                     |       |                   |     |     |      |                     |
|---------------------|-------|-------------------|-----|-----|------|---------------------|
| Full Name           |       |                   |     |     |      |                     |
| Mailing Address     |       |                   |     |     |      |                     |
| City                | State | Zip Code (Plus 4) | MO. | DAY | YEAR | Amount<br><u>\$</u> |
| Receipt Description |       |                   |     |     |      |                     |

|                     |       |                   |     |     |      |                     |
|---------------------|-------|-------------------|-----|-----|------|---------------------|
| Full Name           |       |                   |     |     |      |                     |
| Mailing Address     |       |                   |     |     |      |                     |
| City                | State | Zip Code (Plus 4) | MO. | DAY | YEAR | Amount<br><u>\$</u> |
| Receipt Description |       |                   |     |     |      |                     |

|                     |       |                   |     |     |      |                     |
|---------------------|-------|-------------------|-----|-----|------|---------------------|
| Full Name           |       |                   |     |     |      |                     |
| Mailing Address     |       |                   |     |     |      |                     |
| City                | State | Zip Code (Plus 4) | MO. | DAY | YEAR | Amount<br><u>\$</u> |
| Receipt Description |       |                   |     |     |      |                     |

PAGE TOTAL  
\$ 753.38

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<br><i>Friends of Josh Shapiro</i> | Reporting Period<br>From <i>4/10/12</i> To <i>5/14/12</i> |
|---|---|

|  |     |                 |
|--|-----|-----------------|
| <b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b> |     |                 |
| TOTAL for the Reporting Period   | (1) | \$ <i>- 0 -</i> |

|   |     |                 |
|---|-----|-----------------|
| <b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b> |     |                 |
| TOTAL for the Reporting Period  | (2) | \$ <i>- 0 -</i> |

|   |     |                 |
|---|-----|-----------------|
| <b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b> |     |                 |
| 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<br><i>Friends of Josh Shapiro</i> | Reporting Period<br>From <i>4/10/12</i> To <i>5/14/12</i> |
|---|---|

| Full Name of Contributor     | DATE |     |      | AMOUNT |
|------------------------------|------|-----|------|--------|
|                              | MO.  | DAY | YEAR |        |
| Mailing Address              | MO.  | DAY | YEAR | \$     |
| City                         | MO.  | DAY | YEAR | \$     |
| Description of Contribution: |      |     |      |        |
| Mailing Address              | MO.  | DAY | YEAR | \$     |
| City                         | MO.  | DAY | YEAR | \$     |
| Description of Contribution: |      |     |      |        |
| Mailing Address              | MO.  | DAY | YEAR | \$     |
| City                         | MO.  | DAY | YEAR | \$     |
| Description of Contribution: |      |     |      |        |
| Mailing Address              | MO.  | DAY | YEAR | \$     |
| City                         | MO.  | DAY | YEAR | \$     |
| Description of Contribution: |      |     |      |        |
| Mailing Address              | MO.  | DAY | YEAR | \$     |
| City                         | MO.  | DAY | YEAR | \$     |
| Description of Contribution: |      |     |      |        |
| Mailing Address              | MO.  | DAY | YEAR | \$     |
| City                         | MO.  | DAY | YEAR | \$     |
| Description of Contribution: |      |     |      |        |
| Mailing Address              | MO.  | DAY | YEAR | \$     |
| City                         | 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  
\$ 0

SCHEDULE II  
PART G  
**IN-KIND CONTRIBUTIONS RECEIVED**  
VALUE OVER \$250.00

|   |   |
|---|---|
| Name of Filing Committee or Candidate<br><i>Friends of Josh Shapiro</i> | Reporting Period<br>From <i>4/10/12</i> To <i>5/14/12</i> |
|---|---|

|  |       |                   |  | DATE                        |     |      | AMOUNT |
|--|-------|-------------------|--|-----------------------------|-----|------|--------|
|  |       |                   |  | MO.                         | DAY | YEAR | \$     |
| Full Name of Contributor                             |       |                   |  |                             |     |      | \$     |
| Mailing Address                                      |       |                   |  |                             |     |      | \$     |
| City   | State | Zip Code (Plus 4) |  |                             |     |      | \$     |
| Employer of Contributor                              |       |                   |  | Occupation                  |     |      |        |
| Employer Mailing Address/Principal Place of Business |       |                   |  | Description of Contribution |     |      |        |
| Full Name of Contributor                             |       |                   |  |                             |     |      | \$     |
| Mailing Address                                      |       |                   |  |                             |     |      | \$     |
| City   | State | Zip Code (Plus 4) |  |                             |     |      | \$     |
| Employer of Contributor                              |       |                   |  | Occupation                  |     |      |        |
| Employer Mailing Address/Principal Place of Business |       |                   |  | Description of Contribution |     |      |        |
| Full Name of Contributor                             |       |                   |  |                             |     |      | \$     |
| Mailing Address                                      |       |                   |  |                             |     |      | \$     |
| City   | State | Zip Code (Plus 4) |  |                             |     |      | \$     |
| Employer of Contributor                              |       |                   |  | Occupation                  |     |      |        |
| Employer Mailing Address/Principal Place of Business |       |                   |  | Description of Contribution |     |      |        |
| Full Name of Contributor                             |       |                   |  |                             |     |      | \$     |
| Mailing Address                                      |       |                   |  |                             |     |      | \$     |
| City   | State | Zip Code (Plus 4) |  |                             |     |      | \$     |
| Employer of Contributor                              |       |                   |  | Occupation                  |     |      |        |
| Employer Mailing Address/Principal Place of Business |       |                   |  | Description of Contribution |     |      |        |
| Full Name of Contributor                             |       |                   |  |                             |     |      | \$     |
| Mailing Address                                      |       |                   |  |                             |     |      | \$     |
| City   | State | Zip Code (Plus 4) |  |                             |     |      | \$     |
| 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<br>\$ <i>-0-</i> |
|-----------------------------|

SCHEDULE III  
STATEMENT OF EXPENDITURES

|   |   |
|---|---|
| Name of Filing Committee or Candidate<br><b>Friends of Josh Shapiro</b> | Reporting Period<br>From <b>4/10/12</b> To <b>5/14/12</b> |
|---|---|

|                                       |                    |  |                   |                            |
|---------------------------------------|--------------------|--|-------------------|----------------------------|
| To Whom Paid<br><b>ATOT</b>           | MO.<br><b>4</b>    | DAY<br><b>10</b>                           | YEAR<br><b>12</b> | Amount<br><b>\$ 154.55</b> |
| Mailing Address<br><b>PO Box 6463</b> |                    | Description of Expenditure<br><b>phone</b> |                   |                            |
| City<br><b>Carol Stream</b>           | State<br><b>IL</b> | Zip Code (Plus 4)<br><b>60197</b>          |                   |                            |

|  |                    |   |                   |                            |
|--|--------------------|---|-------------------|----------------------------|
| To Whom Paid<br><b>Friends of Steve McCarter</b> | MO.<br><b>4</b>    | DAY<br><b>13</b>                                  | YEAR<br><b>12</b> | Amount<br><b>\$ 500.00</b> |
| Mailing Address<br><b>PO Box 467</b>             |                    | Description of Expenditure<br><b>contribution</b> |                   |                            |
| City<br><b>Glenside</b>                          | State<br><b>PA</b> | Zip Code (Plus 4)<br><b>19028</b>                 |                   |                            |

|  |                    |   |                   |                             |
|--|--------------------|---|-------------------|-----------------------------|
| To Whom Paid<br><b>Bobby II</b>        | MO.<br><b>4</b>    | DAY<br><b>19</b>                                  | YEAR<br><b>12</b> | Amount<br><b>\$ 1000.00</b> |
| Mailing Address<br><b>PO Box 22614</b> |                    | Description of Expenditure<br><b>contribution</b> |                   |                             |
| City<br><b>Philadelphia</b>            | State<br><b>PA</b> | Zip Code (Plus 4)<br><b>19110 -</b>               |                   |                             |

|  |                    |  |                   |                           |
|--|--------------------|--|-------------------|---------------------------|
| To Whom Paid<br><b>Josh Shapiro</b>          | MO.<br><b>4</b>    | DAY<br><b>19</b>                                       | YEAR<br><b>12</b> | Amount<br><b>\$ 23.00</b> |
| Mailing Address<br><b>1950 Cloverly Lane</b> |                    | Description of Expenditure<br><b>reimburse parking</b> |                   |                           |
| City<br><b>Rydal</b>                         | State<br><b>PA</b> | Zip Code (Plus 4)<br><b>19046 -</b>                    |                   |                           |

|  |                    |   |                   |                               |
|--|--------------------|---|-------------------|-------------------------------|
| To Whom Paid<br><b>Friends of Madeleine Dean</b> | MO.<br><b>4</b>    | DAY<br><b>20</b>                                  | YEAR<br><b>12</b> | Amount<br><b>\$ 10,000.00</b> |
| Mailing Address<br><b>PO Box 381</b>             |                    | Description of Expenditure<br><b>contribution</b> |                   |                               |
| City<br><b>Abington</b>                          | State<br><b>PA</b> | Zip Code (Plus 4)<br><b>19001</b>                 |                   |                               |

|   |                    |   |                   |                           |
|---|--------------------|---|-------------------|---------------------------|
| To Whom Paid<br><b>CCD Debit</b>        | MO.<br><b>4</b>    | DAY<br><b>3</b>   | YEAR<br><b>12</b> | Amount<br><b>\$ 25.00</b> |
| Mailing Address<br><b>PO Box 407066</b> |                    | Description of Expenditure<br><b>on-line giving fee</b> |                   |                           |
| City<br><b>Ft Lauderdale</b>            | State<br><b>FL</b> | Zip Code (Plus 4)<br><b>33340</b>                       |                   |                           |

|                                       |                 |   |                   |                           |
|---------------------------------------|-----------------|---|-------------------|---------------------------|
| To Whom Paid<br><b>Harland checks</b> | MO.<br><b>4</b> | DAY<br><b>20</b>                                      | YEAR<br><b>12</b> | Amount<br><b>\$ 31.77</b> |
| Mailing Address                       |                 | Description of Expenditure<br><b>checks from bank</b> |                   |                           |
| City                                  | State           | Zip Code (Plus 4)<br><b>-</b>                         |                   |                           |

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

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

PAGE TOTAL  
**\$ 11,734.32**

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<br><u>Friends of Josh Shapiro</u> | Reporting Period<br>From <u>4/10/12</u> To <u>5/14/12</u> |
|---|---|

|                     |  |       |                   |      |                             |
|---------------------|--|-------|-------------------|------|-----------------------------|
| 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<br>\$ <u>0</u> |
|---|---------------------------|