

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: 2003274	Report Filed By:	Candidate ¹ <input type="checkbox"/>	Committee ² <input checked="" type="checkbox"/>	Lobbyist ³ <input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist: Friends of Josh Shapiro				
Street Address: 528 Pine Tree Road				
City: Jenkintown		State: PA	Zip Code: 19046	

Type of Report (Place x under report type)								
1- 6th Tuesday Pre-Primary	2- 2nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6th Tuesday Pre-Election	5- 2nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Election (MM/DD/YYYY)		04/26/2016	Year	2016	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	FOR OFFICE USE ONLY
	03/08/2016	04/11/2016	
A. Amount Brought Forward From Last Report	\$15,232.68		RECEIVED APR 15 AM 11:13 OFFICE OF VOTER SERVICES PENN. STATE CO. PA
B. Total Monetary Contributions and Receipts (From Schedule I)	\$1,850.00		
C. Total Funds Available (Sum of Lines A and B)	\$17,082.68		
D. Total Expenditures (From Schedule III)	\$322.00		
E. Ending Cash Balance (Subtract Line D from Line C)	\$16,760.68		
F. Value of In-Kind Contributions Received (From Schedule II)	\$0.00		
G. Unpaid Debts and Obligations (From Schedule IV)	\$0.00		

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 _____ day of _____ 20____ _____ Signature My commission expires _____ MO. _____ DAY _____ YR.	_____ Signature of Person Submitting Report _____ Printed Name _____ Area Code _____ Daytime Telephone Number
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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 _____ day of _____ 20____ _____ Signature My commission expires _____ MO. _____ DAY _____ YR.	_____ Signature of Person Submitting Report _____ Printed Name _____ Area Code _____ Daytime Telephone Number
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SCHEDULE I
Contributions and Receipts

PAGE 2 OF 6

Detailed Summary Page

Filer Identification Number: 2003274

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period	(1)	\$0.00
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2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND B)

Contributions Received from Political Committees (Part A)		\$0.00
All Other Contributions (Part B)		\$350.00
TOTAL for the Reporting Period	(2)	\$350.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND D)

Contributions Received from Political Committees (Part C)		\$0.00
All Other Contributions (Part D)		\$1,500.00
TOTAL for the Reporting Period	(3)	\$1,500.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)

TOTAL for the Reporting Period	(4)	\$0.00
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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.)	\$1,850.00
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All Other Contributions

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Filer Identification Number: 2003274

			DATE			AMOUNT
Full Name of Contributor Joan Smith			3	22	2016	\$250.00
Mailing Address 4012 E Campbell Rd						
City Pennsburg	State PA	Zip Code 18073-2505				
Full Name of Contributor Gary Miller			3	22	2016	\$100.00
Mailing Address PO Box 312 3904 Gatehouse Lane						
City Skippack	State PA	Zip Code 19474-0312				

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

PAGE TOTAL
\$350.00

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)

Filer Identification Number: 2003274

			DATE	AMOUNT
Full Name of Contributor Richard Molish			3 22 2016	\$500.00
Mailing Address 1563 Oak Hollow Dr				
City Ambler	State PA	Zip Code 19002-2834		
Employer Name Self Employed			Occupation Attorney	
Employer Mailing Address/Principal Place of Business 103 Montgomery Ave Oreland, PA 19075				
Full Name of Contributor William Pugh			3 22 2016	\$1,000.00
Mailing Address 510 Swede St				
City Norristown	State PA	Zip Code 19401-4807		
Employer Name Kane, Pugh, Knoell, Troy & Kramer LLP			Occupation Attorney	
Employer Mailing Address/Principal Place of Business 510 Swede St Norristown, PA 19401				

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

PAGE TOTAL

\$1,500.00

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVEDUSE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD

Detailed Summary Page

Filer Identification Number: 2003274

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period (1) \$0.00

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the Reporting Period (2) \$0.00

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the Reporting Period (3) \$0.00

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.)

\$0.00

Statement of Expenditures

Filer Identification Number: 2003274

To Whom Paid			MO.	DAY	YEAR	Amount
Department of the Treasury			3	11	2016	\$275.00
Mailing Address			Description of Expenditure			
Internal Revenue Service Ctr			Taxes			
City	State	Zip Code				
Ogden	UT	84201-0001				
To Whom Paid			MO.	DAY	YEAR	Amount
TD Bank			3	31	2016	\$2.00
Mailing Address			Description of Expenditure			
PO Box 1377			Bank fee			
City	State	Zip Code				
Lewiston	ME	04243-1377				
To Whom Paid			MO.	DAY	YEAR	Amount
CCD Debit			3	31	2016	\$45.00
Mailing Address			Description of Expenditure			
PO Box 407066			Credit card processing			
City	State	Zip Code				
Fort Lauderdale	FL	33340-7066				

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

PAGE TOTAL

\$322.00