## **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat Number :	ion 8100	237			Repo Filed			CANDI	DATE		СОМ	<b>1ITTEE</b>	✓	LOB	BYIST		
	Committee, Candid	ate or L	obbyist:			-		L Apartme	ent Asso	ociat	ion						
Street Address:	One Bala Plaz	a,Suite	515														
City:	Bala Cynwyd							State:	PA			Zip Coo	<b>le:</b> 19	004			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	2ND FRIDAY PRE- 2. 30 PRIMARY PF				Y F RY	POST- 3.			AMENDM REPORT		Yes	N	0	$\checkmark$
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.					) da' .ect		POST- 6.			TERMINA REPORT	Yes	N	0	$\checkmark$	
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2013					G METHO CHECK O				PAPER	$\checkmark$	DISK	ETTE		
Name of Office	L Sought by Candidat	te:			l			DATE O	F ELEC	CTIO	N	District Number	Office Code	Par	ty Cod	e Cou	
								мо	DAY	YE	AR	indiniber	loue			1000	<u> </u>
							ĺ	11		5	2013		(SEE INS	TRUCTI	ONS FOR	CODES	5)
	Receipts and	мо	DAY	YEAR	Ł			мо	DAY	YI	EAR	FO	R OFFIC	e use	ONLY	,	
Expenditures	s from:		11 26	2	013	то	ĺ	12	3	1	2013						
A. Amount Bro	ught Forward From	n Last R	eport				\$			33,3	337.00						
B. Total Monet	ary Contributions	And Rec	eipts (From	1 Sche	dule I)	)	\$			1,5	575.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 34,912.00																	
D. Total Expenditures (From Schedule III)							\$			5	503.00	]					
E. Ending Cash Balance (Subtract Line D From Line C)						\$			34,4	09.00							
F. Value Of In-	Kind Contributions	s Receiv	ed (From S	chedu	le II)		\$				0.00	4					
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	')			\$				0.00						
				AFF	IDAV	IT S	SEG	CTION									
PART I - If this i	s a Committee rep	ort, trea	surer sign	here.	If this	is a (	Can	didate re	eport, c	andi	date sig	gn here.					
I swear (or affirm correct and compl	) that this report, incl ete.	uding the	e attached sc	hedule	s filed o	n pap	oer o	or by elect	ronic me	dium	, are to i	the best o	f my knov	/ledge	and be	lief , tı	rue
Sworn to and subs	scribed before me this day of	5	20							S	Signature	e of Perso	n Submitt	ing Rep	oort		_
	Signatu	re				_						Prin	ted Name				_
My Commission E	_	-										Ema	il				
	МО	D	AY	YR					Are	a Coc	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a cand	didate's	authorized	Comm	nittee,	Cand	dida	te shall	sign he	re.							
I swear (or affirm) No 320) as amend	) that to the best of n ed.	ny knowle	edge and beli	ef this	politica	l cor	mmi	ttee has n	ot violat	ed an	ıy provis	ions of th	e act of Ju	ine 3,1	937 (P	L. 133	3,
Sworn to and subso	cribed before me this day of		20								s	ignature o	of Candida	te			-
												Printe	d Name				-
My Commission Fu	Signature											Ema	il				_
My Commission Exp																	
	мо	D	AY	YR					Area (	Code		Da	aytime Te	lephor	e Num	ber	

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** From: <u>11/26/2013</u> **To:** Pennsylvania Apartment Association <u>12/31/2013</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 325.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 325.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 0.00 1,250.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 1,250.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 1,575.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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# 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.

m:	DATE	То	:	
	DATE			
				AMOUNT
мо	DAY	YEAR		
			\$	0.00
			Г	PAGE TOTAL
M	10	10 DAY	10 DAY YEAR	

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

0.00

\$

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 Candidat	e		Rep	orting Pe	eriod					
Pennsylvania Apartment Association Fro					om: <u>11/26/2013</u> To			<b>:</b> <u>12/31/2013</u>		
					DATE	AMOUNT				
Full Name of Contributor David Faggioli					DAY	YEAR				
Mailing Address POB 2987				12	10	2012	\$	100.00		
City Valley Forge	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19482		12	19	2013				
Full Name of Contributor David Oehler				мо	DAY	YEAR				
Mailing Address 1010 South Chestn	ut Street			12	10	2012	\$	225.00		
City Downington	<b>State</b> PA		12	19	2013					
Enter Grand Total of Part A on S	\$	<b>PAGE TOTAL</b> 325.00								

## 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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting Period							
			From:			То:				
				DA	TE		А	MOUNT		
Full Name of Contributing Com	mittee			мо	DAY	YEAR				
							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
						ſ		PAGE TOTAL		
Enter Grand Total of Part C o	on Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	0.00		

## 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			Rep	Reporting Period						
Pennsylvania Apartment Association			Fror	n:	<u>11/26/2</u>	<u>013</u> То	<b>To:</b> <u>12/31/2013</u>			
				DA	ATE		AMOUNT			
Full Name of Contributor Matthew Falkow				мо	DAY	YEAR				
Mailing 7144 Ambassador Rd Address							<b>\$</b> 500.00			
City Baltimore	<b>State</b> MD	Zip Code (Plus 21244	5 4)	12	19	2013				
Employer Name Martin Greenbaum				Occupation						
Employer Mailing Address/Principal Place of City Business				•	State		Zip Code (Plus 4)			
7144 Ambassador Rd		Baltimor	9		MD	21244				
Full Name of Contributor Lee Wasserman				мо	DAY	YEAR				
Mailing 1090 Bristol Road							<b>\$</b> 750.00			
City Mountainside	<b>State</b> NJ	Zip Code (Plus 07092	5 4)	12	19	2013				
Employer Name Lew Corp					ion e	environn	nental			
Employer Mailing Address/Principal Place of City Business					State		Zip Code (Plus 4)			
1090 Bristol Road Mountainside			iside		LNJ		07090			
nter Grand Total of Part C on Schedule I, Detailed Summary Page, Secti					ion 3. PAGE TOTA \$ 1,250					

## 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 Candidat	Name of Filing Committee or Candidate Re			Reporting Period						
From:					То:					
				D	ATE			AMOUN	г	
Full Name				мо	DAY	YEAR				
Mailing Address							-	\$	0.00	
City	State	Zip Code (	Plus 4)							
Receipt Description										
Enter Grand Total of Part E on Sche	dule T. Detailed !	Summary Page	Section	4				PAGE TO	TAL	
							\$		0.00	

### SCHEDULE II 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 Period								
Pennsylvania Apartment Association	From:	<u>11/26/2013</u> то:	<u>12/31/2013</u>						
. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	\$	0.00							
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)								
TOTAL for the Reporting Pe	riod (2)	\$	0.00						
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)									
TOTAL for the Reporting Pe	riod (3)	\$	0.00						
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	0.00						

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

## VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period						
F						То:			
	DATE			AMOUNT					
Full Name of Contributor				DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	,						
Description of Contribution:									
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detai Section 2.				iled Summary Page, PAGE TOTAL					
					4	6	0.00		

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

Name of Filing Committee or Candidate					Reporting Period						
Fr						From: To:					
						DATE				AMOUNT	
Full Name of Contributor					мо	DAY	YEAR				
Mailing Address									\$	0.00	
City	State	Zip Code(Plus 4)									
Employer of Contributor						Occupation					
Employer Mailing Address/Principal Place of Business City State				State		Zip Code(Plus Descri 4)			iption of Contribution		

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period						
Pennsylvania Apartment Association			From	<u>11/20</u>	<u>5/2013</u>	То:	<u>12/31/2013</u>				
				DATE			AMOUNT				
<b>To Whom Paid</b> Friends of Madeleine Dean	мо	DAY	YEAR								
Mailing Address P.O.B. 381	12	3	2013	\$	500.00						
City Glenside State Zip Code (Plus 4)				otion of Exp	Denditure						
	РА	19038	fundrai	ser							
To Whom Paid			мо	DAY	YEAR						
Citizens Bank											
Mailing Address POB 7000			12	31	2013	\$	3.00				
City Providence	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure						
RI 02940 checking					service o	charge					
	•				PAGE TOTAL						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	503.00				