

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 :		8100237		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: PENNSYLVANIA APARTMENT ASSOCIATION												
Street Address: ONE BALA PLAZA STE 515												
City: BALA CYNWYD						State: PA			Zip Code: 19004-0000			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/>	No		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes		No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2014		FILING METHOD () 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				
						11	4	2014				
									(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		9	16	2014		10	20	2014				
A. Amount Brought Forward From Last Report						\$ 156,598.14						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 42,170.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 198,768.14						
D. Total Expenditures (From Schedule III)						\$ 5,503.00						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 193,265.14						
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 filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

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

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
PENNSYLVANIA APARTMENT ASSOCIATION	From: <u>9/16/2014</u> To: <u>10/20/2014</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 0.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 1,285.00
TOTAL for the Reporting Period (2)	\$ 1,285.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 40,885.00
TOTAL for the Reporting Period (3)	\$ 40,885.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.00

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 Page1, Report Cover Page, Item B.)	\$ 42,170.00
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

PAGE TOTAL	
\$	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 Candidate PENNSYLVANIA APARTMENT ASSOCIATION	Reporting Period From: <u>9/16/2014</u> To: <u>10/20/2014</u>
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DATE	AMOUNT
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Full Name of Contributor Karen McAlonen-Plesh				MO	DAY	YEAR	\$ 200.00
Mailing Address 160 Club House Blvd				10	6	2014	
City King of Prussia	State PA	Zip Code (Plus 4) 19046					

Full Name of Contributor				MO	DAY	YEAR	\$ 60.00
Michele Cooper							
Mailing Address 101 Pfautz Rd				10	6	2014	
City Duncannon	State PA	Zip Code (Plus 4) 17020					

Full Name of Contributor				MO	DAY	YEAR	\$250.00
Gary Segal							
Mailing Address				10	9	2014	
2235 Orchard Hill Lane							
City	Warrington	State	PA	Zip Code (Plus 4)	18976		

Full Name of Contributor				MO	DAY	YEAR	\$ 200.00
Bill Friend							
Mailing Address 210 Quartz Court				10	9	2014	
City	Warrington	State	Zip Code (Plus 4)				
		PA	18976				

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
Jim Guinan							
Mailing Address 144 Fairville Rd				10	9	2014	
City	Chaddsford	State	Zip Code (Plus 4)				
		PA	19317				

Full Name of Contributor			MO	DAY	YEAR	\$ 175.00
George Cowden						
Mailing Address			10	9	2014	
20 Twinbridge Dr						
City	Pennsauken	State				
		NJ				
		Zip Code (Plus 4)				
		08110				

Full Name of Contributor				MO	DAY	YEAR	\$100.00
John McGillian							
Mailing Address				10	9	2014	
1007 Windy Knoll Road							
City	West Chester	State	PA	Zip Code (Plus 4)	19382		

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
John McFadden							
Mailing Address				10	9	2014	
440 Walker Road		State	Zip Code (Plus 4)				
City	Wayne	PA	19087				

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
Heather Kaasa						
Mailing Address			10	9	2014	
40 Crestwood Road						
City	Levittown	State				
		PA				
		Zip Code (Plus 4)				
		19057				

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

PAGE TOTAL
\$ 1,285.00

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: To:

DATE				AMOUNT
Full Name of Contributing Committee				
Mailing Address				
MO	DAY	YEAR		
				\$ 0.00
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 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 PENNSYLVANIA APARTMENT ASSOCIATION	Reporting Period From: <u>9/16/2014</u> To: <u>10/20/2014</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Mitch Morgan							
Mailing Address 160 Club House Blvd				10	6	2014	\$ 28,010.00
City King of Prussia	State PA	Zip Code (Plus 4) 19406					
Employer Name Morgan Properties				Occupation real estate			
Employer Mailing Address/Principal Place of Business 160 Club House Blvd			City King of Prussia		State PA	Zip Code (Plus 4)	
Michael F Young							
Mailing Address pob 27219				10	6	2014	\$ 2,875.00
City Philadelphia	State PA	Zip Code (Plus 4) 19118					
Employer Name Classic Management				Occupation real estate			
Employer Mailing Address/Principal Place of Business pob 27219			City Philadelphia		State PA	Zip Code (Plus 4) 19118	
Bob Bluth							
Mailing Address 240 New York Drive				10	6	2014	\$ 10,000.00
City Fort Washington	State PA	Zip Code (Plus 4) 19034					
Employer Name Altman Management Co				Occupation real estate			
Employer Mailing Address/Principal Place of Business 240 New York Drive			City Fort Washington		State PA	Zip Code (Plus 4) 19034	

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

PAGE TOTAL

\$ 40,885.00

PART E
OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate	Reporting Period
	From: To:

			DATE			AMOUNT	
Full Name			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					
Receipt Description							

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

PAGE TOTAL
\$ 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>9/16/2014</u> To: <u>10/20/2014</u>	
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 RECIEVED - 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, Reports Cover Page, Item F.)		\$	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 From: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
PENNSYLVANIA APARTMENT ASSOCIATION	From <u>9/16/2014</u> To: <u>10/20/2014</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
Friends of Dominic Pileggi				
Mailing Address 323 W. Front St	9	30	2014	\$ 1,000.00
City Media	State PA	Zip Code (Plus 4) 19063	Description of Expenditure fundraiser	
To Whom Paid	MO	DAY	YEAR	
Bobby 11				
Mailing Address 4521 Aubrey Ave	9	18	2014	\$ 1,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19114	Description of Expenditure fundraiser	
To Whom Paid	MO	DAY	YEAR	
Friends of Mark Painter				
Mailing Address c/o POB 391	10	10	2014	\$ 250.00
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure fundraiser	
To Whom Paid	MO	DAY	YEAR	
Friends of Darrell Clarke				
Mailing Address POB 60093	10	10	2014	\$ 1,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19103	Description of Expenditure fundraiser	
To Whom Paid	MO	DAY	YEAR	
Committee to Elect Rick Mirabito				
Mailing Address POB 391	10	8	2014	\$ 500.00
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure fundraiser	

To Whom Paid The H Team			MO	DAY	YEAR	
Mailing Address POB 391			10	14	2014	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure fundraiser			

To Whom Paid Committee to Elect Jim Brewster			MO	DAY	YEAR	
Mailing Address POB 391			10	14	2014	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure fundraiser			

To Whom Paid Friends of Lawrence Farnese			MO	DAY	YEAR	
Mailing Address POB 391			10	14	2014	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure fundraiser			

To Whom Paid Team Gillspie			MO	DAY	YEAR	
Mailing Address 5225 Picking Rd			10	14	2014	
City York	State PA	Zip Code (Plus 4) 17406	Description of Expenditure fundraiser			

To Whom Paid Citizens Bank			MO	DAY	YEAR	
Mailing Address pob 7000			9	30	2014	
City Providence	State RI	Zip Code (Plus 4) 02940	Description of Expenditure checking account service charge			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 5,503.00

