Campaign Finance Report

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

Filer Identificati Number :	on 8100			port ed B		CANI	DIE	DATE		COMN	1ITTEE	✓	LOB	BYIS	ST			
Name of Filing C	Committee, Candid	ate or L	obbyist:		PEN	NSY	LVAN	IA APA	RT	MENT	ASS	OCIATI	ON					
Street Address:	ONE BALA PL	AZA STE	515															
City:	BALA CYNWYI	D						State:		PA			Zip Cod	le: 19	9004-0	0000)	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	-	2.	30 DA PRIMA		P	OST-	3.		AMENDMENT REPORT?		Yes		No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA	AY PRI	E-	5.	30 DA		P	OST-	6. X		TERMINA REPORT?		Yes	1	No	\
report type)	ANNUAL REPORT	7.	Year 2014	1				IG MET					PAPER		V	DIS	SKETTI	
Name of Office S	Sought by Candida	te:	•					DATE	OF	ELEC	СТІО	N	District Number	Office Code	Pa	rty C	ode Co	
	,							МО		DAY	YE	AR	Number	code			100	
								1	.1		4	2014		(SEE IN	STRUCT	IONS I	FOR CODI	ES)
	Receipts and	МО	DAY	YEAR	₹			мо		DAY	YI	AR	FO	R OFFI	CE USI	E ON	LY	
Expenditures	from:		10 2	1 2	014	Т	0	1	.1	2	24	2014						
A. Amount Brought Forward From Last Report							\$:	193,2	265.14						
B. Total Monetary Contributions And Receipts (From Schedule I						e I)	\$			3,225.00								
C. Total Funds	Available (Sum Of	f Lines A	and B)				\$				196,4	190.14						
D. Total Expend	ditures (From Sch	edule II	I)				\$				31,5	10.44						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$			1	.64,9	79.70						
F. Value Of In-	Kind Contributions	s Receiv	ed (From s	Schedu	le I	I)	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule I	V)			\$					0.00			•			
				AFF	-ID/	AVI	T SE	CTIO	٧									
PART I - If this is	s a Committee rep	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate	re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached s	chedule	s file	ed on	paper	or by ele	ctr	onic me	edium	, are to t	he best o	f my kno	wledge	and	belief ,	true
Sworn to and subs	cribed before me this day of	5	20						-		S	ignature	of Perso	1 Submit	ting Re	port		_
	Signatu	re					-		-				Prin	ted Name	e			_
My Commission Expires									-				Emai	i				_
	мо	D	AY	YR						Are	ea Cod	le	Daytim	e Telepl	none Nu	umbe	r	
Part II- If this is	a report of a can	didate's	authorize	Comr	nitte	ee, C	andid	ate sha	II s	ign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowle	edge and be	lief this	poli	itical	comm	ittee has	no	t violat	ed an	y provisi	ions of the	e act of J	une 3,1	1937	(P.L. 13	33,
Sworn to and subsc	ribed before me this											Si	ignature o	f Candid	ate			_
	day of						-						Printe	d Name				_
	Signature						-		_				Ema	il				_
My Commission Exp	oires 						_											_
	МО	D	AY	YF	2		_			Area	Code		Da	ytime T	elepho	ne Nı	ımber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

· -				
Name of Filing Committee or Candidate	Reporting	g Period		
PENNSYLVANIA APARTMENT ASSOCIATION	From:	10/21/20	<u>14</u> To:	11/24/2014
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)			\$	225.00
TOTAL for the Reporting) Period	(2)	\$	225.00
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)			\$	3,000.00
TOTAL for the Reporting) Period	(3)	\$	3,000.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	3,225.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

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

0.00

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

Reporting Period

PENNSYLVANIA APARTMENT ASSOCIATION

From: 10/21/2014 To:

DATE

11/24/2014

AMOUNT

Full Name	e of Contributor nmayer			МО	DAY	YEAR	
Mailing A	Mailing Address 2424 East York Street Suite 302					\$ 225.00	
City P	hiladelphia	State PA	Zip Code (Plus 4) 19125	10	29	2014	

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

PAGE TOTAL \$ 225.00

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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

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.)

I -	name of Filing Committee of Candidate			керс	orting Pe				
PENNSYLVANIA	APARTMENT ASSOCIA	TION		Fron	n:	10/21/2	<u>014</u> To	: 11/2	<u>24/2014</u>
					D/	ATE		AMOUN	NT
Full Name of Con	tributor					DAY	YEAR		
John Moldovan					МО	DAY	YEAK		
Mailing Address	129 Holly Drive							\$	1,000.00
City Woolwich	ı Twp.	State	Zip Code (Plus	; 4)	11	4	2014		
		NJ	08085						
Employer Name	Retriever Waste Mana	ngement			Occupat	t ion	aste m	anagement	
Employer Mailing Business	Address/Principal Plac	e of	City			State		Zip Code (Pl	us 4)
50 West Powhatt	can Ave		Essingtor	า		PA		19029	
			<u> </u>			<u>'</u>	!		
Full Name of Cont	tributor		ı		мо	DAY	YEAR		
	tributor 1917 Firethorn Lane		<u>'</u>					\$	2,000.00
Joshua Klein	1917 Firethorn Lane	State	Zip Code (Plus	s 4)	мо 10	DAY 24	YEAR 2014		2,000.00
Joshua Klein Mailing Address	1917 Firethorn Lane	State PA	Zip Code (Plus	s 4)					2,000.00
Joshua Klein Mailing Address	1917 Firethorn Lane			s 4)		24			2,000.00
Joshua Klein Mailing Address City Villanova Employer Name	1917 Firethorn Lane	РА		s 4)	10	24	2014		
Joshua Klein Mailing Address City Villanova Employer Name Employer Mailing	1917 Firethorn Lane Bristol Gardens Address/Principal Place	РА	19085	s 4)	10	24 tion	2014	te	

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		Report	ing Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	·					•	
Enter Grand Total of Part E	on Schedule I. Detailed	d Summary Page	Section	4			F	PAGE TOTAL
- Control of Full 2	Journal 1, Betailet	a sammary rage,		••			\$	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 Peri	od	
PENNSYLVANIA APARTMENT ASSOCIATION	From:	<u>10/21/2014</u> To:	11/24/2014
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	₹	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (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,	•	\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia Contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	1				Re	porting	Period				
					Fro	om:		То	:		
					•		DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•					Occupa	ation				
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Desc	cript	ion of	f Contribution
Enter Grand Total of Part G on Sci Summary Page, Section 3.	nedule II, I	n-Kind	Contributi	ons De	etaile	ed					PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ındidate		Reporti	ing Period			
PENNSYLVANIA APARTMENT A:	SSOCIATION		From	10/2	1/2014	То:	11/24/2014
				DATE			AMOUNT
To Whom Paid Mike Turzai Leadership Fund			МО	DAY	YEAR		
Mailing Address POB 721			10	22	2014	\$	30,000.00
City Wexford	State PA	Zip Code (Plus 4) 15090	Descri fundra	iption of Exp hiser	penditure	l	
To Whom Paid Friends of Cherelle L. Parker	·	·	мо	DAY	YEAR		
Mailing Address pob 27647			10	23	2014	\$	500.00
City Philadelphia	State PA	Zip Code (Plus 4) 19118	Descri fundra	iption of Exp niser	penditure	1	
To Whom Paid Citizens Bank	·	·	мо	DAY	YEAR		
Mailing Address POB 7000			10	31	2014	\$	3.00
City Providence	State RI	Zip Code (Plus 4) 02940	Descri	iption of Exp			
To Whom Paid American Express	·	·	мо	DAY	YEAR		
Mailing Address pob 1270			11	3	2014	\$	1,007.44
City Newark	State NJ	Zip Code (Plus 4) 07101	Descri	i ption of Exp ion for Mik		!	
Enter Grand Total of Expend	tanna an B		_				PAGE TOTAL