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 :	ion 8100	237			Repor Filed I		CAND	IDATE		СОМ	MITTEE	✓	LOBI	BYIST	Γ	
Name of Filing C	Committee, Candid	ate or Lo	obbyist:	ı	PENNS	YLVA	NIA APAR	TMENT	ASS	OCIATI	ON					
Street Address:	ONE BALA PL	AZA STE	515													
City:	BALA CYNWYI	C					State:	PA	PA Zip Code: 19004-00					000		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	2ND FRIDAY PRE- 2. 30 PRIMARY PR				POST-	3.		AMENDI REPORT		Yes	N	0	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.					DAY CTION	POST- 6.			TERMIN REPORT		Yes	N	0	$\mathbf{\mathbf{>}}$
report type)	ANNUAL REPORT	7.	Year 2015				NG METH				PAPER		\checkmark	DISK	ETTE	
Name of Office S	L Sought by Candida	te:					DATE O	OF ELE	СТІО	N	District Number	Office Code	Par	ty Code	e Cour	
	···· · ····						мо	DAY	YE	AR	Number	Code			TCOUR	C
							11		3	2015	j	(SEE INS	TRUCTI	ONS FOR	CODES	5)
	Receipts and	мо	DAY	YEAR			мо	DAY	YE	EAR	FC	OR OFFIC	E USE	ONLY		
Expenditures	s from:		9 15	20	015 1	0	10) :	19	2015						
A. Amount Bro	ught Forward From	n Last R	eport		•	4	5		150,6	540.70	1					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	1 Scheo	dule I)	9	\$		1	125.00						
C. Total Funds Available (Sum Of Lines A and B)							\$		150,7	765.70						
D. Total Expenditures (From Schedule III)						9	\$		6,0	03.00						
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)			\$	1	L44,7	62.70						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	e II)		\$			0.00						
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	()		9	\$			0.00						
				AFF	IDAVI	T SI	ECTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign	here. I	f this i	s a Ca	indidate r	eport, c	andi	date sig	gn here.					
I swear (or affirm correct and compl) that this report, incl ete.	uding the	attached sc	hedules	filed on	pape	r or by elect	tronic m	edium	, are to f	the best o	of my knov	vledge	and bel	ief , tr	rue
Sworn to and subs	scribed before me this day of	5	20						s	ignature	e of Perso	n Submitt	ing Rep	oort		-
	Signatu	re				_					Prir	ited Name				-
My Commission E	-					_					Ema	il				
	мо	D/	AY	YR				Are	ea Cod	le	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a can	lidate's	authorized	Comm	ittee, G	Candi	date shall	sign he	ere.							
I swear (or affirm) No 320) as amendo) that to the best of n ed.	ny knowle	edge and beli	ef this	political	comr	nittee has r	not viola	ted an	y provis	ions of th	e act of Ju	ine 3,19	937 (P.	L. 133	з,
Sworn to and subso	ribed before me this day of		20							s	ignature	of Candida	ite			-
						_					Printe	ed Name				-
	Signature					_										_
My Commission Exp	bires										Ema	11				
	мо	D	۹Y	YR		-		Area	Code		D	aytime Te	elephon	e Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Detailed Summary Page	3			
Name of Filing Committee or Candidate	Reporting	Period		
PENNSYLVANIA APARTMENT ASSOCIATION	From:	<u>9/15/201</u>	<u>5</u> To:	<u>10/19/2015</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)			\$	0.00
TOTAL for the Reporting	Period	(2)	\$	0.00
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)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)				
TOTAL for the Reporting	Period	(4)	\$	125.00
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			\$	125.00

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					Reporting Period						
			Fro	om:		То	:				
			•		DATE			AMOUNT			
Full Name of Contributing Committe	e			мо	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Code (Plus	4)								
							Γ	PAGE TOTAL			

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

0.00

\$

PAGE 3

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 P	eriod				
From: To:):		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							
								PAGE TOTAL	
Enter Grand Total of Part A on S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	<u>.</u>		\$	0.00	

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 Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	led 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	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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					
PENNSYLVANIA APARTMENT ASSOCIATION					<u>9/15/201</u>	<u>5</u> To:	<u>10/19/2015</u>		
	D	ATE	AMOUNT						
Full Name Parc Rittenhouse Condominiu	мо	DAY	YEAR						
Mailing Address 225 South 18th St				10			\$	125.00	
City Philadelphia	State PA	Zip Code (19103	Zip Code (Plus 4) 19103		6	2015			
Receipt Description refun	d for room reservation v	when venue change	ed			I			
nter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.						ſ	F	PAGE TOTAL	
							\$	125.00	

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 Perio	od	
PENNSYLVANIA APARTMENT ASSOCIATION	From:	<u>9/15/2015</u> To:	<u>10/19/2015</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	RTF)		
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 Candidate				Reporting Period					
	From:			То:					
				DATE		АМО	UNT		
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL		
					4	6	0.00		

0.00

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

Name of Filing Committee or Candidate					Reporting Period					
					Fro	om:		То:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Pl	lus 4)						
Employer of Contributor			1			Occupat	tion		I	
Employer Mailing Address/Principal Plac Business	ce of	City	:	State		Zip 4)	Code(Plus	Descri	otion o	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributio	ons De	taile	ed				PAGE TOTAL

Summary Page, Section 3.	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period					
PENNSYLVANIA APARTMENT ASSOCIATION			From	<u>9/1</u>	<u>5/2015</u>	То:	<u>10/19/2015</u>	
				AMOUNT				
To Whom Paid Allan Domb for City Council			мо	DAY	YEAR			
Mailing Address POB 58986			10	7	2015	\$	3,000.00	
City Philadelphia	State PA	Zip Code (Plus 4) 19110	Description of Expenditure contribution					
To Whom Paid Committee to Elect Jim Brewester			мо	DAY	YEAR			
Mailing Address 455 29th Street			10	11	2015	\$	500.00	
City McKeesport	State PA	Zip Code (Plus 4) 15132	Description of Expenditure contribution					
To Whom Paid Citizens for Pat Browne			мо	DAY	YEAR			
Mailing Address POB 90307			10	14	2015	\$	1,000.00	
City Allentown	State PA	Zip Code (Plus 4) 18109	Description of Expenditure contribution					
To Whom Paid Committee to Elect Mario Scavello			мо	DAY	YEAR			
Mailing Address 430 Franklin Church Rd			10	14	2015	\$	500.00	
City Dillsburg	State PA	Zip Code (Plus 4) 17019	Description of Expenditure contribution					
To Whom Paid House Republican Campaign Committee			мо	DAY	YEAR			
Mailing Address POB 11787			10	19	2015	\$	1,000.00	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure contribution					

To Whom Paid Citizens Bank			мо	DAY	YEAR		
Mailing Address POB 7000			9	30	2015	\$	3.00
City Providence	State RI	Zip Code (Plus 4) 02940	Description of Expenditure checking account service charge				
Enter Grand Total of Expend	ditures on Page 1, R	eport Cover Page, Item D.				\$	PAGE TOTAL 6,003.00