#### **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 810	00237				Repo Filed		:	CA	NDII	IDATE COMMITTEE LOBBYIST								
Name of Filing C	ommittee, Cand	idate or L	obbyis	it:	P	PENNS	SYL	VAN	IA AF	PART	MENT	ASS	SOCIATI	ON					
Street Address:	ONE BALA P	LAZA STI	515																
City:	BALA CYNW	YD							State	e:	PA		<b>Zip Code:</b> 19004-0000						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND F PRIMA	RIDAY ARY	PRE-	2.		0 DA RIMA		Р	OST-	3.		AMENDMENT Yes N REPORT?					<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND F ELECT		PRE-	- 5.		0 DA		Р	OST-	6. <b>X</b>	(	TERMINATION REPORT?		Yes	١	lo	<b>/</b>
report type)										PAPER		<b>\</b>	DISK	ETTE					
Name of Office S	ought by Candid	late:							DAT	ΕO	F ELE	CTI	ON	District Number	Office Code	Pai	rty Cod	e Cou	
									МО		DAY	Y	EAR						
										11		8	2016		(SEE INS	STRUCTI	ONS FO	R CODES	5)
Summary of Expenditures		МО	DA		YEAR		<b>T</b> ~		МО		DAY		'EAR	FO	R OFFIC	E USE	ONL	7	
			10	25	20	)16	TO			11		28	2016						
A. Amount Bro	ught Forward Fr	om Last R	eport					\$					950.59						
B. Total Monetary Contributions And Receipts (From Schedule I)								\$				1,	,860.00						
C. Total Funds Available (Sum Of Lines A and B)								\$				127,	810.59						
D. Total Expenditures (From Schedule III)							\$					3.00							
E. Ending Cash	Balance (Subtra	ct Line D	From	Line C	)			\$				127,	807.59						
	Kind Contributio					e II)	_	\$					0.00						
G. Unpaid Debt	s And Obligation	ns (From S	Schedu	ıle IV)	)			\$					0.00						_
					AFFI	[DAV	/IT	SE	CTIC	NC									
PART I - If this is I swear (or affirm)				_											f my knou	anhalv	and he	lief tr	110
correct and comple		icidaling th	actach	icu scii	cuules	med o	ni pe	ipei (	o. by c		ome m	cuiui	ii, are to t	ine best o	i iliy kilot	vicuge	and be	nei , ti	
Sworn to and subs	cribed before me tl day of —	his	20										Signature	of Perso	n Submitt	ing Re	port		
	Signa	ture					_			,				Prin	ted Name	ı			
My Commission Ex	pires									•				Ema	il				
	МО	D	AY		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		$\underline{}$
Part II- If this is	a report of a ca	ndidate's	autho	rized (	Commi	ittee,	Car	ndida	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		f my knowl	edge an	ıd belie	f this p	politica	al co	ommi	ittee h	as no	ot viola	ted a	ny provis	ions of the	e act of Ju	ıne 3,1	937 (P	.L. 133	з,
Sworn to and subsc	ribed before me th	is	20										s	ignature o	of Candida	ite			_
			_ 20				_							Printe	d Name				-
My Commission Eve	Signatur	e					_							Ema	il				_
My Commission Exp																			_
	МО	D	AY		YR		•				Area	Code		Da	aytime To	elephoi	ne Num	ber	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
PENNSYLVANIA APARTMENT ASSOCIATION	From:	10/25/201	<u>б</u> То:	11/28/2016
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)			\$	1,860.00
TOTAL for the Reporting	) Period	(3)	\$	1,860.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J Period	(4)	\$	0.00
			1	
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			\$	1,860.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate value		\$2		) in the			
Nume of Fining Comm	intec of cumulate			om:	renou	То	:	
					DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
	<b>!</b>	<b>I</b>	!		<u> </u>			DAGE TOTAL

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

PAGE TOTAL
\$ 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 Filling Committee of Candidate					Reporting Period From: To:			
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	)					

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

**PAGE TOTAL \$**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 Candi	me of Filing Committee or Candidate			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.)

Name of Filing Committe	Name of Filing Committee or Candidate				Rep	orting Pe	riod			
PENNSYLVANIA APARTN	MENT ASSOCIAT	TION			Fror	n:	10/25/2	016 To	<b>)</b> :	11/28/2016
						D/	ATE		AM	IOUNT
Full Name of Contributor Elgart Aster						мо	DAY	YEAR		
Mailing POB 1	588								\$	360.00
City Beverly Hills		<b>State</b> CA		Code (Plus	4)	11	21	2016		
Employer Name POB 1	588					Occupat	t <b>ion</b> E	B.E.A. P	roperties	
Employer Mailing Address Business	s/Principal Place	e of		City		•	State		Zip Code	e (Plus 4)
Beverly Hills				Beverly H	Hills		СА		90213	
Full Name of Contributor Matthew Pincus						МО	DAY	YEAR		
Mailing Address 627 W	estbourne Rd								\$	1,500.00
City West Chester		<b>State</b> PA		Code (Plus	i 4)	11	21	2016		
Employer Name Pincus	Elevator					Occupat	tion	levator	repair ar	nd maintenanc
Employer Mailing Address Business	s/Principal Place	e of		City		•	State		Zip Code	e (Plus 4)
627 Westbourne Rd				West Che	ester		PA		19382	
Enter Grand Total of P	art C on Scheo	dule I, Detailed Su	umn	nary Page,	Section	on 3.			P <i>I</i>	AGE TOTAL
									<u> </u>	1,860.00

## 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 Candida	te		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 Scho	edule I. Detaile	d Summary Page	Section	4			PAGE TOTAL
The state of the state of stat	Julie 1, Detailet	a cammury rage,	20000011	••			\$ 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>10/25/2016</u> <b>To:</b>	<u>11/28/2016</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	ł	
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	Reporting Period						
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	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					Re	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</b> 0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting	g Period		
PENNSYLVANIA APARTMENT ASSOCIATION	From	10/25/2016	То:	11/28/2016
		DATE		AMOUNT

			DATE				AMOUNT
<b>To Whom Paid</b> Citizens Bank			МО	DAY	YEAR		
Mailing Address POB 7000			10	31	2016	\$	3.00
<b>City</b> Providence	State RI	<b>Zip Code (Plus 4)</b> 02940	Description of Expenditure checking account service charge				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	PAGE TOTAL 3.00