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 8	31002	37				eport led B		CAN	DIE	DATE		COM	1ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Car	ndida	te or Lo	obbyist:		PEI	NNSY	′LVAN	IIA APA	ART	MENT	ASS	OCIATI	ON					
Street Address:	ONE BALA	A PLAZ	ZA STE	515															
City:	BALA CYN	IWYD							State:		PA			Zip Cod	le: 19	004-0	0000		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1	l.	2ND FR: PRIMAR		RE-	2.	30 DA		P	OST-	3.		AMENDM REPORT?		Yes] [⁻	No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION		1. X	2ND FR: ELECTION		PRE-	5.	30 DA		P	OST-	6.		TERMINATION REPORT?		Yes	 	No	\
report type)	ype) ANNUAL REPORT 7. Year 2017 FILIN						NG MET CHECK					PAPER	\	DIS	ETTE				
Name of Office S	ought by Cand	didate):						DATE	OI	F ELEC	CTIO	N	District Number	Office Code	Pai	rty Cod	le Cou	
									МО		DAY	YE	AR			I			_
										11		7	2017		(SEE INS	TRUCTI	ONS FO	R CODES	5)
Summary of		d	МО	DAY	YE	AR			МО		DAY	YI	AR	FO	R OFFIC	E USE	ONL	Y	
Expenditures	from:			6	6	2017	7 T	0		9	1	.8	2017						
A. Amount Bro	ught Forward	From	Last R	eport				\$:	163,7	784.98						
B. Total Moneta	ary Contribution	ons Aı	nd Rec	eipts (F	rom Sc	hedul	e I)	\$				21,0	96.00						
C. Total Funds	Available (Sur	n Of L	ines A	and B)				\$:	184,8	380.98						
D. Total Expend	ditures (From	Sched	dule II	[)				\$				44,9	34.00						
E. Ending Cash	Balance (Sub	tract	Line D	From Li	ne C)			\$			1	39,9	46.98						
F. Value Of In-	Kind Contribut	tions	Receive	ed (Fron	n Sche	dule I	(I)	\$					0.00						
G. Unpaid Debt	s And Obligati	ions (From S	chedule	e IV)			\$					0.00		,				
					Α	FFID	AVI	T SE	CTIO	N									
PART I - If this is		-	•		_						-		_						
I swear (or affirm) correct and comple		, inclu	ding the	attached	d schedu	ıles file	ed on	paper	or by eld	ectr	onic me	dium	, are to t	he best of	f my knov	vledge	and be	elief , tr	ue
Sworn to and subs	cribed before me day of	e this		20						-		S	ignature	of Perso	1 Submitt	ing Re	port		
		nature		_				- -		-				Print	ted Name				-
My Commission Ex	_									-				Emai	il				_
	мо		DA	ΛY	,	YR					Are	a Coc	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a	candi	date's	authoriz	zed Coı	nmitt	ee, C	andid	ate sha	all s	ign he	re.							
I swear (or affirm) No 320) as amende		t of my	knowle	edge and	belief t	his pol	litical	comm	ittee ha	s no	t violat	ed an	y provisi	ions of the	e act of Ju	ine 3,1	937 (F	.L. 133	з,
Sworn to and subsc		this											Si	ignature o	f Candida	ite			-
	day of 			- 20 - –				_						Printe	d Name				-
	Signat	ure						-		_									_
My Commission Exp	_													Emai	il				
	мо)	DA	AY		YR		-		,	Area	Code		Da	ytime Te	elephor	ne Nun	ıber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
PENNSYLVANIA APARTMENT ASSOCIATION	From:	<u>6/6/201</u>	<u>7</u> To:	9/18/2017
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)			\$	100.00
TOTAL for the Reporting) Period	(2)	\$	100.00
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)			\$	20,996.00
TOTAL for the Reporting) Period	(3)	\$	20,996.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	j 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			\$	21,096.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re	porting				
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•				-		DAGE 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: 6/6/2017 To:

DATE

9/18/2017

AMOUNT

Full Name of Contributor Deborah Dueso	МО	DAY	YEAR			
Mailing Address 508 W. Rively Avee						\$ 100.00
City Glenolden State Zip Code (Plus 4) PA 19036		6	9	2017		

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

PAGE TOTAL \$ 100.00

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	me of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				DA	TE		А	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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 Co	mmittee or Candidate				Rep	orting Pe	riod				
PENNSYLVANIA /	APARTMENT ASSOCIAT	TION			Fron	n:	<u>6/6/2</u>	<u>017</u> T c) :	9/18/2017	
						DA	ATE		АМ	OUNT	
Full Name of Cont	tributor						DAY	VEAD			
David Singer						МО	DAY	YEAR			
Mailing Address	1117 Spruce Street								\$	496.00	
City Philadelph	 าia	State	Zip	Code (Plus	4)	7	10	2017	'		
·		PA	19	107							
Employer Name	Singer Real Estate					Occupat					
Employer Mailing A	Address/Principal Plac	e of		City			State		Zip Code (Plus 4)		
1117 Spruce Street Philadelphia					PA		19107				
Full Name of Contributor Mitchell Morgan					мо	DAY	YEAR				
Mailing Address	160 Club House Rd								\$	10,000.00	
City King of Pr	russia	State	Zip	Code (Plus	4)	7	10	2017	'		
		PA	19	406							
Employer Name	Morgan Properties					Occupation real estate					
Employer Mailing	Address/Principal Plac	e of		City			State		Zip Code	(Plus 4)	
160 Club House F	Rd			King of P	russia		PA		19046		
Full Name of Cont	tributor						DAY	VEAD			
Michael Woodwar	rd					МО	DAY	YEAR			
Mailing 4920 City Ave Suite 200								\$	10,000.00		
City Philadelph	nia	State	Zip	Code (Plus	4)	6	10	2017			
		PA	19	131							
Employer Name Woodward Properties					Occupat	i on	eal esta	ite			
Employer Mailing A	Address/Principal Plac	e of		City		State Zip Code (I			(Plus 4)		
4920 City Ave Su	uite 200			Philadelp	hia	PA 19131					

Full Name of Contributor Larry Falkow	МО	DAY	YEAR				
Mailing POB 196, 1869 Lippin	7			\$ 500.00			
City Huntingdon Valley State PA Zip Code (Plus 4 19006				10	2017		
Employer Name The APTS Magazine			Occupat	i ion	ndustry į	publication	
Employer Mailing Address/Principal Place Business	City	State			Zip Code (Plus 4)		
POB 196 1869 Lippincott Rd	Huntingdon Val	ley PA			19006		

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

PAGE TOTAL
\$ 20,996.00

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	Candidate		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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>6/6/2017</u> To:	9/18/2017
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
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 Candi	me of Filing Committee or Candidate				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor			1			Occupa	tion	<u> </u>	1	
Employer Mailing Address/Principa Business	l Place of	City		State		Zip 4)	Code(Plus	Descr	iption (of Contribution
Enter Grand Total of Part G on	Schedule II,	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL
Summary Page, Section 3.	,									0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Repor	Reporting Period				
PENNSYLVANIA APARTMENT ASSOCIATION	From	<u>6/</u>	6/2017	То:	9/18/2017	
	DATE AMO				AMOUNT	
To Whom Paid						

				DATE			AMOUNI
To Whom Paid Friends of Greg Rothman			мо	DAY	YEAR		
Mailing Address POB 412			6	14	2017	\$	1,000.00
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Descrip fundrai	otion of Exp	penditure		
To Whom Paid The New Frontier fund			МО	DAY	YEAR		
Mailing Address 19178 Deer Path Ro	ad		6	14	2017	\$	1,000.00
City Harrisburg	State PA	Zip Code (Plus 4) 17110	Description of Expenditure fundraiser				
To Whom Paid Friends of Frank Dermody			мо	DAY	YEAR		
Mailing Address POB 274		6	21	2017	\$	1,000.00	
City Tarentum	State PA	Zip Code (Plus 4) 15084	Description of Expenditure fundraiser				
To Whom Paid Friends of Mike Turzai			МО	DAY	YEAR		
Mailing Address POB 23156			6	26	2017	\$	10,000.00
City Pittsburgh	State PA	Zip Code (Plus 4) 15222	Descrip fundrai	otion of Exp	penditure		
To Whom Paid Killion Victory Committee			МО	DAY	YEAR		
Mailing Address POB 764			7	24	2017	\$	1,000.00
City West Chester	State PA	Zip Code (Plus 4) 19381	Descrip fundrai	otion of Exp ser	penditure		

						P.A	AGE 13
To Whom Paid Friends of Cindy Bass			МО	DAY	YEAR		
Mailing Address POB 1890	6		7	19	2017	\$	500.00
City Philadelphia	State PA	Zip Code (Plus 4) 19119	Description of Expenditure fundraiser				
To Whom Paid HRCC			МО	DAY	YEAR		
Mailing Address POB 117871			8	23	2017	\$	4,000.00
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure fundraiser				
To Whom Paid Friends of Dave Reed			мо	DAY	YEAR		
Mailing Address 1357 Mari	e Avenue		9	6	2017	\$	25,000.00
City Ephrata	State PA	Zip Code (Plus 4) 17522	Description of Expenditure contribution				
To Whom Paid PA HDCC			мо	DAY	YEAR		
Mailing Address POB 555			9	12	2017	\$	500.00
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure fundraiser				
To Whom Paid Friends of Scott Petri			МО	DAY	YEAR		
Mailing Address POB 161			9	12	2017	\$	425.00
City Richboro	State PA	Zip Code (Plus 4) 18954	Description of Expenditure fundraiser				
To Whom Paid Friends of Curtis Jones			МО	DAY	YEAR		
Mailing Address 100 S. Broad Street			9	12	2017	\$	500.00
100 S. Bro	Jau Street					Ψ	500.00

To Whom Paid Citizens Bank Mailing Address POB 7000		МО	DAY	YEAR			
		8	31	2017	\$	9.00	
City Providence	State	Zip Code (Plus 4)	Description of Expenditure checking account service charges June, July, Aug 2017				
	RI	02940					
							PAGE TOTAL
Enter Grand Total of Expend	litures on Page 1, Re	port Cover Page, Item D	•			\$	44,934.00
Enter Grand Total of Expend	litures on Page 1, Re	port Cover Page, Item D	•			\$	44,934.00
Enter Grand Total of Expend	litures on Page 1, Re	port Cover Page, Item D	•			\$	44,934.00
Enter Grand Total of Expend	litures on Page 1, Re	port Cover Page, Item D				\$	44,934.00