### **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	81002	237				port ed B		CAI	NDII	DATE		СОММ	1ITTEE	<b>✓</b>	LOB	BYIST		
Name of Filing C	ommittee	, Candida	ite or Lo	bbyist:		PEN	NNSY	LVAN	IA AP	ART	MENT	ASS	SOCIATI	ON					
Street Address:	ONE I	BALA PLA	ZA STE	515															
City:	BALA	CYNWYD	)						State	: -	PA			Zip Cod	le: 19	004-0	0000		
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FR PRIMAR	IDAY PRI Y	≣-	2.	30 DA		Р	OST-	3.		AMENDM REPORT?		Yes	1	10	<b>/</b>
(place X to the right of	6TH TUES		4.	2ND FR	IDAY PR ON	E-	5. <b>X</b>	30 DA		Р	OST-	6.		TERMINA REPORT?				lo	<b>\</b>
report type)	ANNUAL	REPORT	7.	Year 20	018				IG ME CHEC					PAPER		<b>\</b>	DIS	ETTE	
Name of Office S	ought by	Candidat	e:						DAT	E O	F ELE	CTI	ON	District Number	Office Code	Pa	rty Cod	e Cou	
									МО		DAY	Y	'EAR		10000			1000	
										11		6	2018		(SEE IN	STRUCT	IONS FO	R CODES	5)
Summary of		and	МО	DAY	YEA	R			МО		DAY	Y	'EAR	FO	R OFFI	CE USI	ONL	1	
Expenditures	from:			9	18	2018	T	0		10	:	22	2018						
A. Amount Bro	ught Forw	ard From	Last R	eport				\$				134,	.014.57						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 14,647.00																			
C. Total Funds Available (Sum Of Lines A and B) \$ 148,661.57																			
D. Total Expenditures (From Schedule III)							\$				24,	353.00							
E. Ending Cash Balance (Subtract Line D From Line C)						\$				124,	308.57								
F. Value Of In-	Kind Cont	ributions	Receive	ed (Fror	n Sched	ule I	I)	\$					0.00						
G. Unpaid Debt	s And Obl	igations (	(From S	chedule	e IV)			\$					0.00			'			
					AF	FID	AVI	ΓSE	CTIC	N									
PART I - If this is		-	•		_						•		_						
I swear (or affirm) correct and comple		eport, inclu	uding the	attached	d schedule	es file	ed on	paper	or by e	lectr	onic m	ediun	n, are to t	he best of	my knov	wledge	and be	elief , tr	ue
Sworn to and subs	cribed befo day of	re me this		20									Signature	of Persor	Submit	ing Re	port		_
		Signatur		_				-						Print	ed Name				_
My Commission Ex	cpires	Signatur	•							-				Emai	I				-
	1	10	D/	ΛΥ	YF	ì		-			Are	ea Co	de	Daytim	e Teleph	one N	ımber		
Part II- If this is	a report	of a cand	idate's	authoriz	zed Com	mitte	ee, C	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	dge and	belief thi	s poli	itical	comm	ittee h	as no	ot viola	ted a	ny provisi	ons of the	act of J	une 3,1	.937 (P	.L. 133	3,
Sworn to and subsc		e me this											Si	gnature o	f Candid	ate			-
	day of ——							-						Printe	d Name				_
	s	ignature						-		_									_
My Commission Exp										-				Emai	il				
	_	мо	D	λΥ	Y	R		•			Area Code Daytime Telephone Num					ber	_		

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
PENNSYLVANIA APARTMENT ASSOCIATION	From:	9/18/201	<u>8</u> To:	10/22/2018
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)	\$	1,421.00		
TOTAL for the Reporting	\$	1,421.00		
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)			\$	13,226.00
TOTAL for the Reporting	Period	(3)	\$	13,226.00
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	d enter am ge, Item B.	ount )	\$	14,647.00

#### **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		Reporting Period						
			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 Cano	lidate		Reporting Period							
PENNSYLVANIA APARTMENT ASS	OCIATION		From:	9/18/	<u>10/22/2018</u>					
		1		DATE AMOU						
<b>Full Name of Contributor</b> Woodbourne Apartment Associates			МО	DAY	YEAR					
Mailing Address 270 Sylvan Ave	enue					<b>\$</b> 177.00				
City Englewood Cliffs	<b>State</b> NJ				2018					
<b>Full Name of Contributor</b> Twin Terrace Apartments	МО	DAY	YEAR							
Mailing Address 270 Sylvan Ave  City Englewood Cliffs	State NJ	10	5	2018	<b>\$</b> 56.00					
Full Name of Contributor  Dorilyn Apartments Associates, LP				DAY	YEAR					
Mailing Address 270 Sylvan Ave	enue					<b>\$</b> 158.00				
City Englewood Cliffs	<b>State</b> NJ	<b>Zip Code (Plus 4)</b> 07632	10	5	2018					
Full Name of Contributor Grandview Realty Associates, LP			МО	DAY	YEAR					
Mailing Address 270 Sylvan Ave  City Englewoos Cliffs	State NJ	<b>Zip Code (Plus 4)</b> 07632	10	5	2018	\$ 226.00				
Full Name of Contributor Longview Garden Apartments	МО	DAY	YEAR							
						1				
Mailing Address 270 Sylvan Ave	State	Zip Code (Plus 4)	10	5	2018	\$ 46.00				

									17102	- 3
Full Name	of Contrib	utor				DAY		VEAD		
Atrium Ass	sociates				МО	DAY		YEAR		
Mailing Add	dress	270 Sylvan Avenue							\$	120.00
City Fno	glewood (	liffs	State	Zip Code (Plus 4)	10		5	2018		
Ling	giewood		NJ	07632						
Full Name			ı		МО	DAY		YEAR		
Mailing Add	dress	270 Sylvan Avenue							\$	114.00
City Fno	alawaad (	Sliff-	State	Zip Code (Plus 4)	10		5	2018		
End	glewood (	LIIIIS	NJ	07632						
Full Name of Contributor Glen Riddle Station LP						DAY		YEAR		
Mailing Address One Raymond Drive									\$	124.00
City Hav	vertown		State	Zip Code (Plus 4)	10		5	2018		
l lu	vertown		PA	19083						
Full Name		utor			МО	DAY		YEAR		
Mailing Add	dress	PO Box 49							\$	100.00
City HIII	ntingdon	Valloy	State	Zip Code (Plus 4)	10		5	2018		
, mu	ntinguon	valley	PA	19006						
Full Name		utor			МО	DAY		YEAR		
Mailing Add	dress	101 Tally Ho Drive							\$	100.00
City Wa	rminster		State	Zip Code (Plus 4)	10		5	2018		
			PA	18974						
Full Name of Contributor James Guinan					мо	DAY		YEAR		
Mailing Address 17 Colts Neck Way								\$	100.00	
City The	ornton		State	Zip Code (Plus 4)	10		5	2018		
'''	0.11011		PA	19373						

Full Name of Contributor John Zoetjes				DAY	YEAR	
Mailing Address 156 Woodport Road						\$ 100.00
City Sparta	State	Zip Code (Plus 4)	10	5	2018	
	NJ	07871				

**PAGE TOTAL \$** 1,421.00

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

#### **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	ame of Filing Committee or Candidate Repor		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 Committee or Candidate				Rep	orting Pe	riod					
PENNSYLVANIA APARTMENT ASSOCIA	TION			Fron	n:	9/18/2	2 <u>018</u> <b>T</b>	o:	<u>10/22/2018</u>		
					D <i>A</i>	ATE			AMOU	INT	
Full Name of Contributor Michael Woodward					мо	DAY	YEAR				
Mailing 67 Sleepy Hollow Driv	/e							\$	<b>3</b>	10,000.00	
City Newtown Square	State	Zip	Code (Plus	<del>(</del> 4)	10	5	2018	3			
	PA	19	073								
Employer Name Woodward Properties					Occupat	ion	Real Est	ate			
Employer Mailing Address/Principal Plac Business	e of		City		ı	State		Zip	Code (P	Plus 4)	
7600 West Chester Pike Upper Darby						PA		19	9082		
Full Name of Contributor Chancellor Apartments					МО	DAY	YEAR				
Mailing PO Box 148								\$	<b>;</b>	338.00	
City Ridley Park	State	Zip	Code (Plus	<del>(</del> 4)	10	5	2018	3			
	PA	19	078								
Employer Name Chancellor Properties					Occupation Real Estate						
Employer Mailing Address/Principal Plac Business	e of		City		State Zip Code (Plus					Plus 4)	
PO Box 148			Ridley Pa	ırk		PA		19	9078		
Full Name of Contributor						DAY	VEAD				
Park Heights, LP					МО	DAY	YEAR				
Mailing 5555 Wissahickon Ave	enue					_		\$	;	500.00	
City Philadelphia State Zip Code (Plus 4				4)	10	5	2018	3			
PA 19144											
Employer Name Park Heights Apartments, LP				Occupation Real Estate							
Employer Mailing Address/Principal Place of Business City					State Zip Code (Plus 4			Plus 4)			
555 Wissahickon Avenue Philadelphia					PA 19144						

Full Name of Con	tributor				мо	DAY	YEAR			
Hankin Group								Ц		
Mailing Address	707 Eagleview Boulev	ard						\$ 1,31	6.00	
City Exton		State	Zij	Code (Plus 4)	10	5	2018			
		PA	19	341						
Employer Name	Hankin Apartments				Occupation Real Estate					
Employer Mailing Business	Address/Principal Place	e of		City		State		Zip Code (Plus 4)		
707 Eagleview B	oulevard			Exton		PA		19341		
Full Name of Con First Montgomer					МО	DAY	YEAR			
Mailing Address	100 First Montgomery	<sup>,</sup> Boulevard							4.66	
		State	Ziı	Code (Plus 4)	10	5	2018		4.00	
Thondale		PA		372						
Formula von Manna					Occupation					
Employer Name First Montgomery Group					Real Estate					
Employer Mailing Address/Principal Place of Business City					•	State		Zip Code (Plus 4)		
222 Haddon Avenue Haddon Towns				nip	NJ		08108			
Full Name of Con	tributor						<u>'</u>			
The Fairways Ap	artments				МО	DAY	YEAR			
Mailing Address	100 First Montgomery	Boulevard					2010		4.67	
City Thorndal	9	State	Zij	Code (Plus 4)	10	5	2018			
		PA	19	372						
Employer Name	First Montgomery Gro	up			Occupation Real Estate					
Employer Mailing Business	Address/Principal Plac	e of		City	•	State		Zip Code (Plus 4)		
222 Haddon Ave	nue			Hadden Townsh	nip	נא		08108		
Full Name of Con Westgate Village					мо	DAY	YEAR			
Mailing	•							4		
Address	333 Lancaster Avenue				]	_		1	4.67	
<b>City</b> Frazer		State		Code (Plus 4)	10	5	2018			
		PA	19	355						
Employer Name First Montgomery Group				Occupat	tion	Real Esta	ate			
Employer Mailing Address/Principal Place of City Business			State Zip Code (Plus 4)							
222 Hadon Avenue Haddon Townsl			nip	NJ		08108				
i e				<u> </u>		-	ı			

Full Name of Contributor Shillington Realty Associates, LP	hillington Realty Associates, LP  lailing 270 Sylvan Avenue							
Mailing Address 270 Sylvan Avenue  City 5 1 1 City 5 1				_		\$ 308.00		
City Englewood Cliffs	State NJ	10	5	2018				
Employer Name Kamson Corporation				Occupation Real Estate				
Employer Mailing Address/Principal Place Business	City		State		Zip Code (Plus 4)			
270 Sylvan Avenue	Englewood Cliffs	s NJ			07632			

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

PAGE TOTAL
\$ 13,226.00

# 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	ame of Filing Committee or Candidate			Reporting Period							
			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 o	on Schedule I. Detaile	d Summary Page	Section	4			,	PAGE TOTAL			
	m Schedule 1, Betailet	<i>z</i>	Section				\$	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	l						
PENNSYLVANIA APARTMENT ASSOCIATION	From:	<u>9/18/2018</u> <b>To:</b>	10/22/2018					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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, 1		\$	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					
F			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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL	
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL	
						\$	0.00	

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

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

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period						
PENNSYLVANIA APARTMENT ASSOCIATION				9/18	<u>3/2018</u>	То:	10/22/2018		
				DATE			AMOUNT		
<b>To Whom Paid</b> Citizens for Mackenzie	мо	DAY	YEAR						
Mailing Address 3620 Lincoln	10	15	2018	\$	250.00				
<b>City</b> Allentown	Allentown State Zip Code (Plus 4) PA 18103				Description of Expenditure Fundraiser				
<b>To Whom Paid</b> McGarrigle for Senate				DAY	YEAR				
Mailing Address PO Box 297			10	15	2018	\$	500.00		
City Springfield State Zip Code (Plus 4) PA 19064				Description of Expenditure Fundraiser					
<b>To Whom Paid</b> Tom Wolf for Governor	МО	DAY	YEAR						
Mailing Address PO Box 22454			10	2	2018	\$	20,000.00		
City Philadelphia State Zip Code (Plus 4) PA 19110				otion of Exp	enditure	:			
To Whom Paid Senate Republican Campaign Committee			МО	DAY	YEAR				

<b>City</b> Harrisburg	PA PA	enditure						
To Whom Paid Citizens Bank			МО	DAY	YEAR			
Mailing Address PO Box 7000			9	30	2018	\$	3.00	
City Providebce	State RI	<b>Zip Code (Plus 4)</b> 02940	Description of Expenditure Service Charge for Account					

10

2018

**Mailing Address** 

PO Box 792

600.00

To Whom Paid Sue Helm for State House Committee	МО	DAY	YEAR				
Mailing Address PO Box 624	9	24	2018	\$	1,000.00		
<b>City</b> Harrisburg	<b>Description of Expenditure</b> Fundraiser						
To Whom Paid Friends of Mike Turzai				DAY	YEAR		
Mailing Address PO Box 92				25	2018	\$	2,000.00
City Harrisburg	Adarrisburg  State PA  Zip Code (Plus 4) Description of Expenditure Fundraiser						
Enter Crand Total of Evnenditures on Dags 1. Depart Cover Dags Them D							PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	24,353.00	