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)237				port ed B		CANDI	CANDIDATE COMMITTEE V LOBBYIST									
Name of Filing C	ommittee, Candi	late or L	obbyist:	•	PEN	INSY	LVAN	IA APAR	TMENT	ASS	OCIATI	TION						
Street Address:	ONE BALA PL	AZA STI	515															
City:	BALA CYNWY	D						State:	PA			Zip Code: 19004-0000						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	- [2.	30 DA PRIMA		POST-	- 3.		AMENDMENT REPORT?		Yes	No			
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	Y PRE- 5. 30 DAY POST- 6 ELECTION						6.		TERMINA REPORT		Yes	No		/	
report type)	ANNUAL REPORT	7. X	Year 2018					NG METHO CHECK O				PAPER		/	DISKE	TTE		
Name of Office S	Sought by Candida	ite:	-					DATE 0	F ELE	CTIO	N	District Number	Office Code	Pai	ty Code	Coun	ty	
								МО	DAY	YE	AR	- rumber	code			couc		
								11		6	2018		(SEE IN	STRUCTI	ONS FOR C	ODES)		
•	Receipts and	МО	DAY	YEAR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY			
Expenditures	trom:		11 27	2	018	Т	0	12		31	2018							
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			145,7	730.69							
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 2,350.88																		
C. Total Funds Available (Sum Of Lines A and B) \$ 148,081.57																		
D. Total Expenditures (From Schedule III) \$ 506.00																		
E. Ending Cash	Balance (Subtrac	t Line D	From Line C) \$ 147,575.5							75.57								
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sc	hedu	le II	()	\$				0.00							
G. Unpaid Debt	s And Obligations	(From S	Schedule IV))			\$				0.00			1				
				AFF	IDA	٩VI	T SE	CTION										
PART I - If this is	s a Committee rep	ort, trea	surer sign h	ere. 1	[f thi	is is	a Car	ndidate re	eport, o	andi	date sig	ın here.						
I swear (or affirm) correct and comple	that this report, inc ete.	luding the	attached sch	edules	filed	d on	paper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ıe,	
Sworn to and subs	cribed before me th day of	s	20							S	ignature	of Perso	n Submit	ting Re	oort			
	Signate	ıre					-					Prin	ted Name	e			_	
My Commission Ex	cpires						_					Ema	il					
	мо	D	AY	YR					Arc	ea Cod	le	Daytim	e Telepl	one Nu	mber			
Part II- If this is	a report of a can	didate's	authorized (Comn	nitte	e, C	andid	ate shall	sign he	ere.								
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belie	f this	polit	tical	comm	ittee has n	ot viola	ted an	y provisi	ions of th	e act of J	une 3,1	937 (P.L	. 1333	s,	
Sworn to and subsc	ribed before me this		20								Si	ignature o	of Candid	ate			-	
	day of						-					Printe	d Name				-	
My Commission F	Signature						-					Ema	il				-	
My Commission Exp							_											
	мо	D	AY	YR			-		Area	Code		Da	aytime T	elephor	ne Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period					
PENNSYLVANIA APARTMENT ASSOCIATION	From: 11/27/201						
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)			\$	288.38			
TOTAL for the Reporting) Period	(2)	\$	288.38			
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)			\$	2,062.50			
TOTAL for the Reporting	Period	(3)	\$	2,062.50			
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			\$	2,350.88			

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	From: To:				
		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 Candidat	:e		Rep	orting Pe	eriod			
PENNSYLVANIA APARTMENT ASSOCI	ATION		Fro	m:	11/27/2	2018 To) :	12/31/2018
					DATE			AMOUNT
Full Name of Contributor Galman Coventry 2015				МО	DAY	YEAR		
Mailing Address PO Box 646							\$	142.24
City Jenkintown	State	Zip Code (Plus 4)		12	13	2018		
	PA	19046						
Full Name of Contributor Gail Court LP				МО	DAY	YEAR		
Mailing Address PO Box 646							\$	104.14
City Jenkintown	State	Zip Code (Plus 4)		12	13	2018		
	PA	19046						
Full Name of Contributor TJM Enterprises, LP				МО	DAY	YEAR		
Mailing Address PO Box 1927							\$	42.00
City West Chester	State	Zip Code (Plus 4)		12	13	2018		
	PA	19380						
								PAGE TOTAL

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

PAGE TOTAL \$ 288.38

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	ame 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)					
								PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	ed 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	me of Filing Committee or Candidate				Reporting Period					
PENNSYLVANIA APARTMENT ASSOCIA	TION		Fror	From: <u>11/27/2018</u>			To: <u>12/31/2018</u>			
				D/	ATE		АМС	DUNT		
Full Name of Contributor Cutler and Cutler DBA Pine Manor Apts				мо	DAY	YEAR				
Mailing PO Box 646 PA Address					10	2010	\$	2,062.50		
City Jenkintown	State	Zip Code (Plu	ıs 4)	12	13	2018				
	PA	19046								
Employer Name The Galman Group				Occupat	t ion	Real Esta	ate			
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Code	(Plus 4)		
261 Old York Rd		Jenkinto	wn		PA		19046			
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	, Sectio	on 3.				GE TOTAL		
						Ľ	\$ 	2,062.50		

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		Repor	ting Perio	od			
			From:			To:		
				D	ATE		АМС	DUNT
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 T. Detailer	d Summary Page	Section	4			PAG	E TOTAL
	on concadio 1, betanet	a cammur, ruge,	200.011	••			\$	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>11/27/2018</u> To:	12/31/2018
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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	ate		Reporting	g Period			
	tributor					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 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				Re	eporting F	Period			
	From: To: DATE MO DAY YEAR \$ State Zip Code(Plus 4) Occupation								
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)					
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ee of Ci	ity	State	•		Code(Plus	Descri	ption o	of Contribution
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-l	Kind (Contributions [etail	led				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Candidate		Reporti	ng Period				
PENNSYLVANIA APARTMENT A	ASSOCIATION		From	11/2	7/2018	То:	12/31/2018	
				DATE				
To Whom Paid BOBBY II			МО	DAY	YEAR			
Mailing Address PO Box 220	602		12	11	2018	\$	500.00	
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Ex	enditure	ı		
das.pd	Fundra	-						
To Whom Paid Citizens Bank				DAY	YEAR			
Mailing Address PO Box 700	00		11	30	2018	\$	3.00	
City Providence	State	Zip Code (Plus 4)	Description of Expenditure					
	RI	02940		: Charge				
To Whom Paid Citizens Bank	·		МО	DAY	YEAR			
Mailing Address PO Box 700	00		12	31	2018	\$	3.00	
City Providence State Zip Code (Plus 4)				Description of Expenditure				
RI 02940				Charge				
	L	I	<u>I</u>				PAGE TOTAL	
Enter Grand Total of Expen	ditures on Page 1, Re	eport Cover Page, Item D).			.	F06.00	

506.00