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			CA	NDII	DATE		COM	MITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Cand	idate or L	obbyis	st:	F	PENN	ISY	LVAN	IIA AF	PART	MENT	ASS	OCIATI	ON					
Street Address:	ONE BALA P	LAZA STI	E 515																
City:	BALA CYNW	YD							State	e:	PA			Zip Cod	l e: 19	004-0	0000		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND F	RIDAY ARY	PRE-	2.		30 DA PRIMA		Р	OST-	3.		AMENDM REPORT?		Yes] [10	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND F	FRIDAY FION	PRE-	- 5.		30 DA		Р	OST-	6. X		TERMINA REPORT		Yes		lo	/
report type)	ANNUAL REPOR	7.	Year	2021					NG ME					PAPER		\	DISI	ETTE	
Name of Office S	ought by Candid	late:							DAT	ЕΟ	F ELE	CTIC	ON	District Number	Office Code	Pa	rty Cod	e Cou	
									МО		DAY	YI	EAR		•	·		•	
										11		2	2021		(SEE INS	TRUCTI	ONS FO	R CODES	5)
Summary of Expenditures		МО	DA	Y	YEAR			_	МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONL	′	
	110111.		10	19	20)21	T	0		11	-	22	2021						
A. Amount Bro	ught Forward Fr	om Last R	eport					\$				145,	144.83						
B. Total Moneta	ary Contribution	s And Rec	eipts ((From	Sched	dule 1	[)	\$					0.00						
C. Total Funds	Available (Sum	Of Lines A	and B	3)				\$				145,	144.83						
D. Total Expend	ditures (From So	hedule II	Ι)					\$				7,2	250.00						
E. Ending Cash	Balance (Subtra	ct Line D	From	Line C	5)			\$				137,8	394.83						
F. Value Of In-	Kind Contributio	ns Receiv	ed (Fr	om Sc	hedul	e II)		\$					0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedu	ıle IV))			\$					0.00		,				
					AFFI	IDA	VΙ	ΓSE	CTIO	NC									
PART I - If this is				_									_						
I swear (or affirm) correct and comple		ncluding the	e attach	ned sch	edules	filed	on Į	paper	or by e	electr	ronic m	edium	i, are to t	the best o	f my knov	vledge	and be	elief , tr	ue
Sworn to and subs	cribed before me tl day of	his	20							,		5	Signature	of Perso	1 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		
Part II- If this is	a report of a ca	ndidate's	autho	rized (Comm	ittee	, Ca	andid	ate sl	halls	sign he	ere.							
I swear (or affirm) No 320) as amende		f my knowl	edge an	nd belie	f this	politic	cal	comm	ittee h	as no	ot viola	ted ar	ny provis	ions of the	e act of Ju	ıne 3,1	937 (F	.L. 133	з,
Sworn to and subsc	ribed before me th day of	is	20										s	ignature o	of Candida	ate			- J
			_ 20 _					-						Printe	d Name				-
	Signatur	e						-											_
My Commission Exp	ires													Ema	II.				
	МО	D	AY		YR			•			Area	Code		Da	ytime Te	elephoi	ne Nun	ıber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
PENNSYLVANIA APARTMENT ASSOCIATION	From:	10/19/202	<u>1</u> To:	11/22/2021
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)	\$	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			\$	0.00

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	om:		То	:	
		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 C	andidate		Rep Fro	oorting P m:	eriod	To) :	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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 Candidate			Reporting	Period				
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	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			
			Fror	n:		To) :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section	on 3.			\$	PAGE TOTAL 0.00

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 Peri	od	
PENNSYLVANIA APARTMENT ASSOCIATION	From:	<u>10/19/2021</u> To:	11/22/2021
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	١	
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 Candida	te				Re	porting	Period				
					Fro	m:		То	:		
					<u> </u>		DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•		•			Occupa	ation				
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	ripti	on of C	ontribution
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	taile	ed					PAGE TOTAL
Summary Page, Section 3.											0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or (Candidate		Penortii	ng Period			
Manie of Fining Committee 11	canalacte		кероги	ng Feriou			
PENNSYLVANIA APARTMENT	ASSOCIATION		From	10/19	9/2021	То:	11/22/2021
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Friends of Curtis Jones Jr.							
Mailing Address 658 N. 63r	rd St. Suite 12445		11	11	2021	\$	2,000.00
City Philadelphia	State	Zip Code (Plus 4)	Descrip	otion of Exp	enditure		
	PA	19151		ign Donati			
To Whom Paid	•		МО	DAY	YEAR		
Citizens for John Yudichak							
Mailing Address P.O. Box 5	545		10	20	2021	\$	500.00
City Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
-	PA	17108		ign donatio			
To Whom Paid		•	мо	DAY	YEAR		
Friends of Milou Mackenzie							
Mailing Address 2050 DENI	NIS LANE		10	20	2021	\$	250.00
City Bethlehem	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	18015	Campa	ign Donati	on		
To Whom Paid	·	<u> </u>	МО	DAY	YEAR		
Sue Helm for State House Cor	mmittee		1-10				
Mailing Address P.O. Box 6	524		11	11	2021	\$	1,000.00
City Harrisburg	State	Zip Code (Plus 4)	Descrip	otion of Exp	enditure		
	PA	17108		ign Donati			
To Whom Paid	·	·	МО	DAY	YEAR		
Friends of Chris Quinn							
Mailing Address P.O. Box 6	524		11	11	2021	\$	1,000.00
City Harrisburg	State	Zip Code (Plus 4)	Descrir	tion of Exp	l enditure	<u> </u>	
riarrisburg	l		Descrip		Jenuitui e		

17108

Campaign Donation

PA

To Whom Paid			мо	DAY	YEAR	
Friends of Chris Quinn			МО	DAI	ILAK	
Mailing Address P.O.	Box 624		11	15	2021	\$ 2,500.0
City Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
	PA	17108	Campai	gn Donati	on	
				gii Donaci	UII	
				- Donati	JII	PAGE TOTAL
nter Grand Total of	Expenditures on Page 1, R	eport Cover Page, Item D.		gii Dollaci		\$
inter Grand Total of	Expenditures on Page 1, R			gri Dorida		\$
Enter Grand Total of	Expenditures on Page 1, R			gir Donaca		\$
Enter Grand Total of	Expenditures on Page 1, R			gir Donaca		\$
Enter Grand Total of	Expenditures on Page 1, R			gir Donacii		\$ PAGE TOTAL 7,250.00
inter Grand Total of	Expenditures on Page 1, R			gir Donaci		\$