### **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			Repo			CANDI	DATE		СОМ	<b>4ITTEE</b>	<b>√</b>	LOBE	BYIST		
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		PENN	ISY	LVAN	IA APAR	TMENT	ASS	OCIATI	ON					
Street Address:	ONE BALA PL	AZA STE	515														
City:	BALA CYNWYI	)						State:	PA			Zip Cod	<b>ie:</b> 19	9004-0	000		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	- 2.		30 DA		POST-	3.		AMENDM REPORT		Yes	No	•	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	5.	Х.	30 DA		POST-	6.		TERMINA REPORT		Yes	No	•	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2022					NG METHO				PAPER		<b>\</b>	DISKE	TTE	
Name of Office S	Sought by Candida	te:	-					DATE 0	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Count	у
								МО	DAY	ΥI	EAR	rumber	Code			couc	
								11		8	2022		(SEE IN	STRUCTIO	ONS FOR C	ODES)	
	Receipts and	МО	DAY	YEAR	l l			МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		9 20	2	022	T	0	10		24	2022						
A. Amount Bro	ught Forward Fror	n Last R	eport				\$	_		136,8	360.00						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule 1	[)	\$				0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			136,8	360.00						
D. Total Expen	ditures (From Sch	edule II	I)				\$			17,1	100.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line (	<b>E)</b>			\$			119,7	60.00	]					
F. Value Of In-	Kind Contributions	Receiv	ed (From So	hedu	le II)		\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	)			\$				0.00						
				AFF	'IDA'	VΙ	ΓSE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign l	nere.	If this	is	a Car	ndidate re	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and comple	) that this report, incl ete.	uding the	attached sch	edule	s filed	on į	paper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , tru	e.
Sworn to and subs	cribed before me this	i	20							S	Signature	of Perso	n Submit	ting Rep	ort		-
	Signatu	**					• •					Prin	ted Name	e			-
My Commission Ex	-	ie										Ema	il				-
	мо	D	AY	YR					Are	ea Cod	de	Daytim	e Teleph	none Nu	mber		-
Part II- If this is	a report of a cand	didate's	authorized	Comn	nittee	, Ca	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belie	ef this	politic	cal	comm	ittee has n	ot viola	ted ar	y provis	ions of the	e act of J	une 3,19	937 (P.L	. 1333	,
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate			-
	day of 						-					Printe	d Name				-
	Signature						-										_
My Commission Exp	<del>-</del>											Ema	il				
	МО	D	AY	YR			•		Area	Code		Da	aytime T	elephon	e Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
PENNSYLVANIA APARTMENT ASSOCIATION	From:	9/20/202	<u>2</u> To:	10/24/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	J 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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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

	this Part to itemize onl with an aggregate value		\$2		) in the			
						То	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)	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 Candi	date			Rep	orting Pe	eriod			
				Fron	n:		To	<b>)</b> :	
			_		D	ATE		А	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name					Occupa	tion	•	•	
Employer Mailing Address/Principa Business	l Place of		City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on	Schedule I, Deta	iled Sumr	mary Page,	Section	on 3.			F \$	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 C	Candidate		Report	ting 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 o	on Schedule I. Detailed	d Summary Page.	Section	4.			PAGE TOTA	ıL
		· • • • • • • • • • • • • • • • • • • •					\$ C	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 Perio	d	
PENNSYLVANIA APARTMENT ASSOCIATION	From:	<u>9/20/2022</u> <b>To:</b>	10/24/2022
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						<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					Reporting	Period			
					From:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

### **SCHEDULE III STATEMENT OF EXPENDITURES**

Name of Filing Committee or C	Candidate		Reporti	ng Period					
PENNSYLVANIA APARTMENT	ASSOCIATION		From	9/2	0/2022	То:	10/24/2022		
				DATE			AMOUNT		
<b>To Whom Paid</b> Vote Kathy for Philly			МО	DAY	YEAR				
Mailing Address PO Box 28	029		9	9 20 2022 \$ 3,10					
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19131	<b>Descrip</b> Fall Rec	otion of Exp ception	penditure				
<b>To Whom Paid</b> Friends of Chris Quinn			МО	DAY	YEAR				
Mailing Address P.O. Box 6	24		9	21	2022	\$	2,000.00		
CityHarrisburgStateZip Code (Plus 4)PA17108				otion of Exp					
To Whom Paid Friends of Joanna McClinton			мо	DAY	YEAR				
Mailing Address P.O. Box 1	6668		9	21	2022	\$	2,500.00		
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19139	1	otion of Exp ign Donati					
<b>To Whom Paid</b> Citizens for David Oh			МО	DAY	YEAR				
Mailing Address 5813 Thon	nas Avenue		9	21	2022	\$	500.00		
<b>City</b> Philadelphia	State PA	<b>Zip Code (Plus 4)</b> 19143	1	otion of Exp					
<b>To Whom Paid</b> Gainey for Mayor			МО	DAY	YEAR				
Mailing Address Po Box 520	08		9	21	2022	\$	1,000.00		
City Pittsburgh	State	Zip Code (Plus 4)	Descrip	tion of Ex	enditure				

15206

PΑ

October 6 Fundraiser

To Whom Paid Friends of Frank Farry			мо	DAY	YEAR		
Mailing Address PO Box 231			10	5	2022	\$	4,000.00
<b>City</b> Langhorne	State PA	<b>Zip Code (Plus 4)</b> 19047	Description of Expenditure Campaign Donation				
<b>To Whom Paid</b> Friends of Greg Rothman			мо	DAY	YEAR		
Mailing Address 3 Lemoyne Drive PA			10	5	2022	\$	4,000.00
<b>City</b> Lemoyne	State PA	<b>Zip Code (Plus 4)</b> 17043	Description of Expenditure campaign donation				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
Time craine rotal or Expe		post coro. I age, Item D	•			\$	17,100.00