

Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number : 8100237		Report Filed By :		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: APARTMENT ASS OF GREATER PHILA										
Street Address: ONE BALA PLAZA STE 515										
City: BALA CYNWYD			State: PA		Zip Code: 19004					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2007	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO	DAY	YEAR				
				11	6	2007	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		1	1	2007	TO	9	17	2007		
A. Amount Brought Forward From Last Report				\$		22,871.41				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		2,138.25				
C. Total Funds Available (Sum Of Lines A and B)				\$		25,009.66				
D. Total Expenditures (From Schedule III)				\$		1,354.45				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		23,655.21				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		0.00				

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20_____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this _____ day of _____ 20_____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
APARTMENT ASS OF GREATER PHILA	From: <u>1/1/2007</u> To: <u>9/17/2007</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 605.00

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)	\$ 1,500.00
TOTAL for the Reporting Period (3)	\$ 1,500.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 33.25

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 2,138.25
---	-------------

PART A
CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

**Use this Part to itemize only contributions received from political committees
with an aggregate value from \$50.01 to \$250.00 in the reporting period.**

Name of Filing Committee or Candidate	Reporting Period
	From: To:
DATE AMOUNT	

Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 0.00

PART B
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
	From: _____ To: _____

				DATE	AMOUNT		
Full Name of Contributor							
Mailing Address	MO	DAY	YEAR				\$ 0.00
City	State	Zip Code (Plus 4)					

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: To:

	DATE			AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 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 APARTMENT ASS OF GREATER PHILA	Reporting Period From: <u>1/1/2007</u> To: <u>9/17/2007</u>
--	---

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
STEVE ALTMAN					
Mailing Address 111 NEW ST	6	11	2007	\$ 750.00	
City GLENSIDE State PA Zip Code (Plus 4) 19038					
Employer Name			Occupation		
Employer Mailing Address/Principal Place of Business		City		State	Zip Code (Plus 4)

Full Name of Contributor	MO	DAY	YEAR		
JAMES KORMAN					
Mailing Address TWO NESHAMINY INTERPLEX #301	8	29	2007	\$ 750.00	
City TREVOSE State PA Zip Code (Plus 4) 19053					
Employer Name			Occupation		
Employer Mailing Address/Principal Place of Business		City		State	Zip Code (Plus 4)

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

PAGE TOTAL
\$ 1,500.00

PART E
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 APARTMENT ASS OF GREATER PHILA	Reporting Period From: <u>1/1/2007</u> To: <u>9/17/2007</u>
--	---

			DATE			AMOUNT
Full Name			MO	DAY	YEAR	
CITIZENS BANK						
Mailing Address			5	31	2007	\$ 7.70
City	State	Zip Code (Plus 4)				
Receipt Description CHECKING INTEREST						
CITIZENS BANK						
Mailing Address			6	29	2007	\$ 8.18
City	State	Zip Code (Plus 4)				
Receipt Description CHECKING INTEREST						
CITIZENS BANK						
Mailing Address			7	31	2007	\$ 8.67
City	State	Zip Code (Plus 4)				
Receipt Description CHECKING INTEREST						
CITIZENS BANK						
Mailing Address			8	31	2007	\$ 8.70
City	State	Zip Code (Plus 4)				
Receipt Description CHECKING INTEREST						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL	
\$	33.25

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 APARTMENT ASS OF GREATER PHILA	Reporting Period From: <u>1/1/2007</u> To: <u>9/17/2007</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)	\$ 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
	From: _____ To: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Description of Contribution:				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.				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:		To:	
				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL	
						0.00	

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
APARTMENT ASS OF GREATER PHILA	From <u>1/1/2007</u> To: <u>9/17/2007</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
COMMITTEE TO ELECT RON MILLER	8	29	2007	\$ 200.00
Mailing Address				
City JACOBUS	State PA	Zip Code (Plus 4) 17407		Description of Expenditure LUNCHEON
To Whom Paid	MO	DAY	YEAR	
COMMITTEE TO RE-ELECT JOHN TAYLOR				
Mailing Address 1205 LOCUST ST SUITE 100	9	5	2007	\$ 70.00
City PHILA	State PA	Zip Code (Plus 4) 19107		Description of Expenditure MON. NIGHT FOOTBALL @ ROMANOS
To Whom Paid	MO	DAY	YEAR	
FRIENDS OF JOSH SHAPIRO				
Mailing Address	9	5	2007	\$ 250.00
City ABINGTON	State PA	Zip Code (Plus 4) 19001		Description of Expenditure
To Whom Paid	MO	DAY	YEAR	
DSSCC				
Mailing Address PO BOX 3792	9	5	2007	\$ 500.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17105		Description of Expenditure DEM. ST. SENATE CAMPAIGN SUPPER 9/9/07
To Whom Paid	MO	DAY	YEAR	
CITIZENS BANK				
Mailing Address	5	16	2007	\$ 53.71
City	State	Zip Code (Plus 4)		Description of Expenditure CHECKING SERV. CHG

To Whom Paid CITIZENS BANK			MO	DAY	YEAR	
Mailing Address			6	18	2007	
City	State	Zip Code (Plus 4)	Description of Expenditure CK SERV. CHG			
To Whom Paid CITIZENS BANK			MO	DAY	YEAR	
Mailing Address			6	20	2007	
City	State	Zip Code (Plus 4)	Description of Expenditure NEW CHECKS			
To Whom Paid CITIZENS BANK			MO	DAY	YEAR	
Mailing Address			6	20	2007	
City	State	Zip Code (Plus 4)	Description of Expenditure CK ORDGER CHARGE			
To Whom Paid CITIZENS BANK			MO	DAY	YEAR	
Mailing Address			7	16	2007	
City	State	Zip Code (Plus 4)	Description of Expenditure CK. SERV. CHG			
To Whom Paid CITIZENS BANK			MO	DAY	YEAR	
Mailing Address			8	16	2007	
City	State	Zip Code (Plus 4)	Description of Expenditure CK SERV CHG			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 1,354.45

