#### **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	0237				port		CANDI	DATE		СОМ	<b>4ITTEE</b>	✓	LOB	BYIST		
Name of Filing C	Committee, Candi	date or L	obbyist:		PA A	APAF	RTME	NT ASSO	С								
Street Address:	ONE BALA P	LAZA STI	<del>-</del> 515														
City:	BALA CYNW	/D						State:	PA			Zip Cod	ie: 19	9004			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3. <b>X</b>		AMENDM REPORT?		Yes	No	٧	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDATELECTION	y pre	≣-	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?	ERMINATION Yes EPORT?				
report type)	ANNUAL REPOR	7.	<b>Year</b> 2009					NG METHO CHECK O				PAPER		<b>/</b>	DISKE	TTE	
Name of Office S	ought by Candid	ate:	-					DATE O	F ELE	CTIC	N	District Number	Office Code	Pai	rty Code	County	,
	· .							МО	DAY	YI	AR	Number	Couc			couc	
								11		3	2009		(SEE IN	ISTRUCTI	ONS FOR (	ODES)	
Summary of Expenditures	Receipts and	МО	DAY	YEAR	ł			МО	DAY	ΥI	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures			1 1	2	009	Т	<u> </u>	6		8	2009						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			39,4	181.85						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	: I)	\$				3.54						
C. Total Funds	Available (Sum (	of Lines A	and B)				\$			39,4	185.39						
D. Total Expend	ditures (From Sc	hedule II	I)				\$			1,9	51.34	.34					
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$			37,5	34.05	]					
F. Value Of In-	Kind Contribution	ns Receiv	ed (From S	chedu	le II	i)	\$				0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV	)			\$				0.00			•			
				AFF	IDA	\VI	T SE	CTION									
PART I - If this is		•															
I swear (or affirm) correct and comple	) that this report, in ete.	cluding the	e attached scl	hedule	s file	d on	paper (	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and beli	ef , true	•
Sworn to and subs	cribed before me th	is	20							5	ignature	of Perso	n Submit	ting Re	port		
							- -					Prin	ted Name	e			-
My Commission Ex	Signat opires	ure										Ema	il				
	мо	D	AY	YR			_		Are	ea Cod	le		e Telepi	none Nu	mber		
Part II- If this is	a report of a car	ndidate's	authorized	Comn	nitte	e, C	andida	ate shall	sign h	ere.							i
I swear (or affirm) No 320) as amende	that to the best of	my knowl	edge and beli	ef this	polit	tical	commi	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L	. 1333,	1
Sworn to and subsc	ribed before me thi	5									s	ignature o	of Candid	ate			
	day of		_ 20				_										
	Cianat						-					Printe	d Name				
My Commission Exp	Signature ires	i										Ema	il				
	МО	D	AY	YR	ł		•		Area	Code		Da	aytime T	elephoi	ne Numb	er	

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
PA APARTMENT ASSOC	From:	1/1/200	<u>9</u> To:	6/8/2009
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	y 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)	\$	3.54
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			\$	3.54

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	)					
	•	·			•	•	$\overline{}$	DACE 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 Filing Committee o	r Candidate		Rep Fro	oorting P m:	eriod	To	):	
					DATE		Al	MOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	١					

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		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				
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
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/Principal Pla Business	ce of		City			State		Zip C	Code (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	<b>TAL</b> 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	ing Perio	od			
PA APARTMENT ASSOC			From:		1/1/200	<u>19</u> To:	<u>6</u>	5/8/2009
				D	ATE		АМО	OUNT
Full Name CITIZENS BANK				МО	DAY	YEAR		
Mailing Address							\$	3.54
City	State	Zip Code (	Plus 4)					
Receipt Description INTEREST CKO	G ACCT							
Enter Grand Total of Part E on Sched	ule I. Detailed	d Summary Page.	Section	4.			PAG	E TOTAL
	<b>, </b>						\$	3.54

#### **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	
PA APARTMENT ASSOC	From:	<u>1/1/2009</u> <b>To:</b>	<u>6/8/2009</u>
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	1				Re	porting	Period				
					Fro	om:		То	:		
					•		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 Pla Business	ce of	City		State		Zip 4)	Code(Plus	Desc	cript	ion of	f Contribution
Enter Grand Total of Part G on Sci Summary Page, Section 3.	nedule II, I	n-Kind	Contributi	ons De	etaile	ed					PAGE TOTAL 0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

PA APARTMENT ASSOC  To Whom Paid PENNSYLVANIA APARTMENT ASSO TO ELECT JOHN PAYNE  Mailing Address PO BOX 651  City HERSHEY	C.	CITIZENS	From	1/:	1/2009	То:	6/8/2009 AMOUNT
PENNSYLVANIA APARTMENT ASSO TO ELECT JOHN PAYNE  Mailing Address PO BOX 651	C.	CITIZENS	МО	DATE			AMOUNT
PENNSYLVANIA APARTMENT ASSO TO ELECT JOHN PAYNE  Mailing Address PO BOX 651	C.	CITIZENS	мо				
Mailing Address PO BOX 651	C.	CITIZENS		DAY	YEAR		
- FO BOX 031							
City			6	1	2009	\$	100.00
City HERSHEY	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17033	GOLF F	UNDRAISE	R 6/5/09	)	
To Whom Paid			мо	DAY	YEAR		
CITIZENS TO ELECT DWIGHT EAV	ANS						
Mailing Address C/O BUCHANAN	N INGERSOLL		6	1	2009	\$	500.00
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17104	1	AISER 6/1			
To Whom Paid MONTGOMERY COUNTY DEMOCRA	TIC COMM		мо	DAY	YEAR		
Mailing Address PO BOX 857			6	4	2009	\$	1,000.00
City NORRISTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	<u> </u>	
	PA	194061	1	UNDRAISE			
To Whom Paid	•		мо	DAY	YEAR		
COMMITTEE TO ELECT RICK MIRAI	ЗІТО						
Mailing Address 17 CENTER PLA	CE		6	4	2009	\$	250.00
City WILLIAMSPORT	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17701		TION 6/16/			
To Whom Paid			МО	DAY	YEAR		
CITIZENS BANK			MO	DAT	ILAK		
Mailing Address			4	30	2009	\$	101.34
City	State	Zip Code (Plus 4)	Descrin	tion of Exp	enditure	I	
				ING SERVI			
	•	<u> </u>	•				PAGE TOTAL

1,951.34