

Commonwealth of Pennsylvania

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: Pennsylvania Apartment Association										
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.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2009	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	3	2009	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		1	1	2009	TO	10	19	2009		
A. Amount Brought Forward From Last Report				\$		39,069.05				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		3.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		39,072.05				
D. Total Expenditures (From Schedule III)				\$		5,788.00				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		33,284.05				
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
Pennsylvania Apartment Association	From: <u>1/1/2009</u> To: <u>10/19/2009</u>

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)	\$ 3.00

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.)	\$ 3.00
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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				\$ 0.00
Mailing Address	MO	DAY	YEAR	
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	Reporting Period
	From: To:

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

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 Pennsylvania Apartment Association	Reporting Period From: <u>1/1/2009</u> To: <u>10/19/2009</u>
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				DATE	AMOUNT		
Full Name			MO	DAY	YEAR		
Citizens Bank			9	30	2009	\$	3.00
Mailing Address Customer Service							
City Providence	State RI	Zip Code (Plus 4) 22043					
Receipt Description Interest on checking acct.							

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

PAGE TOTAL
\$ 3.00

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 Pennsylvania Apartment Association	Reporting Period From: <u>1/1/2009</u> To: <u>10/19/2009</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
<p style="text-align: right;">TOTAL for the Reporting Period (1)</p>	<p style="text-align: right;">\$ 0.00</p>
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
<p style="text-align: right;">TOTAL for the Reporting Period (2)</p>	<p style="text-align: right;">\$ 0.00</p>
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
<p style="text-align: right;">TOTAL for the Reporting Period (3)</p>	<p style="text-align: right;">\$ 0.00</p>
<p>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.)</p>	<p style="text-align: right;">\$ 0.00</p>

**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: _____
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				DATE	AMOUNT		
Full Name of Contributor	MO	DAY	YEAR				
Mailing Address				\$	0.00		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 5px;">City</td> <td style="width:15%; padding: 5px;">State</td> <td style="width:55%; padding: 5px;">Zip Code(Plus 4)</td> </tr> </table>	City	State	Zip Code(Plus 4)				
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 Pennsylvania Apartment Association	Reporting Period From <u>1/1/2009</u> To: <u>10/19/2009</u>
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			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
Allegheny County Democratic Delegation	9	28	2009	\$ 500.00
Mailing Address P.O.Box 96072				
City Pittsburgh	State PA	Zip Code (Plus 4) 15226	Description of Expenditure Reception for Delegation members	
To Whom Paid Depasquale for the 95th	9	28	2009	\$ 250.00
Mailing Address P.O.Box 1822				
City York	State PA	Zip Code (Plus 4) 17405-182	Description of Expenditure Reception for St. Rep. Depasquale	
To Whom Paid Friends of Jake Corman	9	28	2009	\$ 1,000.00
Mailing Address c/o Buchanin Ingersoll & Rooney, P.C. 17 N. 17th St, 15th Flor				
City Harrisburg	State PA	Zip Code (Plus 4) 17101	Description of Expenditure Reception for St. Senator Corman	
To Whom Paid Voters to Elect Vance	9	28	2009	\$ 100.00
Mailing Address P.O.Box 652				
City Camp Hill	State PA	Zip Code (Plus 4) 17011	Description of Expenditure Octoberfest	
To Whom Paid Nutter for Mayor	9	29	2009	\$ 1,000.00
Mailing Address P.O. Box 58550				
City Philadelphia	State PA	Zip Code (Plus 4) 19102	Description of Expenditure Reception	

To Whom Paid Citizens for Greenleaf			MO	DAY	YEAR	\$	500.00
Mailing Address P.O.Box 792			10	14	2009		
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Breakfast				
To Whom Paid Friends of Joe Scarnati			MO	DAY	YEAR	\$	1,000.00
Mailing Address P.O. Box 792			10	14	2009		
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Reception in Philadelphia				
To Whom Paid HRCC			MO	DAY	YEAR	\$	1,000.00
Mailing Address c/o Buchanin Ingersoll & Rooney, P.C. 17 N. 17th St, 15th Flor			10	14	2009		
City Harrisburg	State PA	Zip Code (Plus 4) 17101	Description of Expenditure House Republican Campaign Committee reception for House Republican members				
To Whom Paid Friends of Mike Turzai			MO	DAY	YEAR	\$	350.00
Mailing Address P.O.Box 721			10	14	2009		
City Wexford	State PA	Zip Code (Plus 4) 15090	Description of Expenditure Reception				
To Whom Paid Citizens Bank			MO	DAY	YEAR	\$	88.00
Mailing Address Customer Service			9	16	2009		
City Providence	State RI	Zip Code (Plus 4) 22043	Description of Expenditure Checking account service charge.				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL	
						\$	5,788.00

