

# Campaign Finance Report

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

<b>Filer Identification Number:</b>	8100237	<b>Report Filed By:</b>	CANDIDATE <sup>1.</sup>	COMMITTEE <sup>2.</sup>	LOBBYIST <sup>3.</sup>
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Name of Filing Committee, Candidate or Lobbyist:  
**Pennsylvania Apartment Association**

Street Address:  
**One Bala Plaza Suite 515**

City: **Bala Cynwyd** State: **PA** Zip Code: **19004**

<b>TYPE OF REPORT</b>	6th Tuesday Pre-Primary	1.	2nd Friday Pre-Primary	2.	30 Day Post Primary	3.	Amendment Report?	Yes	No	X
	6th Tuesday Pre-Election	4. X	2nd Friday Pre-Election	5.	30 Day Post Election	6.	Termination Report?	Yes	No	X
Other	Annual Report	7.	YEAR	2019						

Name of Office Sought by Candidate:	DATE OF ELECTION			District Number:	Office Code:	Party Code:	County Code:
	MO.	DAY	YEAR				
	11	5	2019				

<b>Summary of Receipts and Expenditures from:</b>	MO.	DAY	YEAR	To	MO.	DAY	YEAR
	6	11	2019	To	9	16	2019
A. Amount Brought Forward From Last Report							\$148,056.69
B. Total Monetary Contributions and Receipts (From Schedule I)							\$11,337.00
C. Total Funds Available (Sum of Lines A and B)							\$159,393.69
D. Total Expenditures (From Schedule III)							\$350.00
E. Ending Cash Balance (Subtract Line D from Line C)							\$159,043.69
F. Value of In-Kind Contributions Received (From Schedule II)							\$0.00
G. Unpaid Debts and Obligations (From Schedule IV)							\$0.00

**FOR OFFICE USE ONLY**

SEP 23 PM 3:14

**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, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this **20th** day of **September**, 20**19** in the **Commonwealth of Pennsylvania**

My Commission expires	MO.	DAY	YEAR	Area Code	Daytime Telephone Number
NOTARIAL SEAL Antoine Adams, Notary Public Lower Merion Township, Montgomery County My Commission Expires October 27, 2019				Signature of Person Submitting Report Printed Name Area Code Daytime Telephone Number	

**AFFIDAVIT SECTION**

**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 of Person Submitting Report
Signature	Printed Name
My Commission expires	Area Code / Daytime Telephone Number
MO. DAY YEAR	