

Unsworn Statement in Lieu of Sworn Statement for

Campaign Finance Reports

**Note:** Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports. This form must be signed by hand where a signature is required.**

Name of Filing Committee, Candidate, or Lobbyist				
Pennsylvania Apartment Association				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 <sup>th</sup> Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 <sup>nd</sup> Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input checked="" type="checkbox"/> Cycle 4 6 <sup>th</sup> Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 <sup>nd</sup> Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 <sup>nd</sup> Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 30 Day Post-Special Election	

**Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.**

**I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the foregoing is true and correct.**

<div>Michael Woodward</div> <div>Signature of Treasurer, Candidate, or Lobbyist</div>	<div>9/15/2020</div> <div>Date (DD/MM/YYYY)</div>
<div>Michael Woodward</div> <div>Printed Name</div>	<div>Upper Darby, Pa, US</div> <div>Location (City/State/Country)</div>

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.)

<b>Filer Identification Number:</b>		8100237	<b>Report Filed By:</b>	<b>CANDIDATE</b>		1.	<b>COMMITTEE</b>	2. <input checked="" type="checkbox"/>	<b>LOBBYIST</b>	3.
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	2020				
	Name of Office Sought by Candidate:									
		DATE OF ELECTION MO. DAY YEAR 11 3 2020			District Number:	Office Code:	Party Code:	County Code:		
								46		
<b>Summary of Receipts and Expenditures from:</b>		MO. DAY YEAR 6 23 2020	To MO. DAY YEAR 9 14 2020		<b>FOR OFFICE USE ONLY</b>					
A. Amount Brought Forward From Last Report						¤226,402.05				
B. Total Monetary Contributions and Receipts (From Schedule I)						¤31,079.63				
C. Total Funds Available (Sum of Lines A and B)						¤257,481.68				
D. Total Expenditures (From Schedule III)						¤18,509.00				
E. Ending Cash Balance (Subtract Line D from Line C)						¤238,972.68				
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 <b>Committee</b> report, treasurer sign here. If this is a <b>Candidate</b> 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										
day of		20		Signature of Person Submitting Report						
Signature		Printed Name								
My Commission expires		MO. DAY YEAR		Area Code		Daytime Telephone Number				
AFFIDAVIT SECTION										
PART II - If this is a report of a <b>Candidate's Authorized Committee</b> , 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		MO. DAY YEAR		Area Code		Daytime Telephone Number				