

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 ^{1.}	COMMITTEE ^{2.}	LOBBYIST ^{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
TYPE OF REPORT	6th Tuesday Pre-Primary ^{1.}	2nd Friday Pre-Primary ^{2.}	30 Day Post Primary ^{3.}	Amendment Report?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> X
	6th Tuesday Pre-Election ^{4.}	2nd Friday Pre-Election ^{5.}	30 Day Post Election ^{6.}	Termination Report?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> X
Other 202	Annual Report ^{7.}	YEAR	2021		
Name of Office Sought by Candidate:			DATE OF ELECTION		District Number:
			MO. DAY YEAR		
			5 18 2021		
Summary of Receipts and Expenditures from:			To		FOR OFFICE USE ONLY COUNTY ED. OF ELECTIONS 2021 MAY 18 A P M CITY COMMISSIONERS
MO. DAY YEAR			MO. DAY YEAR		
3 30 2021			5 12 2021		
A. Amount Brought Forward From Last Report			\$176,896.96		
B. Total Monetary Contributions and Receipts (From Schedule I)			\$0.00		
C. Total Funds Available (Sum of Lines A and B)			\$176,896.96		
D. Total Expenditures (From Schedule III)			\$2,500.00		
E. Ending Cash Balance (Subtract Line D from Line C)			\$174,396.96		
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, 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 _____			<i>Michael Woodward</i>		
Signature			Signature of Person Submitting Report		
My Commission expires			215 473-4803		
MO. DAY YEAR			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			Signature of Person Submitting Report		
My Commission expires			_____		
MO. DAY YEAR			Area Code Daytime Telephone Number		

Department of State Bureau of Commissions, Elections and Legislation
210 North Office Building Harrisburg, PA 17120-0029 (717)787-5280

**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate: Pennsylvania Apartment Association		Reporting Period: From 04/05/2021 To 04/15/2021			
To Whom Paid: Citizens for Isaiah Thomas		MO. 4	DAY 5	YEAR 2021	≈250.00
Mailing Address: 1500 Walnut Street Suite #800					
City: Philadelphia	State: PA	Zip Code (Plus 4): 19102			
Description of Expenditure: Campaign Contribution					
To Whom Paid: Citizens for Kenyatta Johnson		MO. 4	DAY 5	YEAR 2021	≈250.00
Mailing Address: PO Box 7466					
City: Philadelphia	State: PA	Zip Code (Plus 4): 19101			
Description of Expenditure: Campaign Donation					
To Whom Paid: Friends of Carrie Lewis DelRosso		MO. 4	DAY 15	YEAR 2021	≈500.00
Mailing Address: P.O. Box 624					
City: Harrisburg	State: PA	Zip Code (Plus 4): 17108			
Description of Expenditure: Campaign Donation					
To Whom Paid: Friends of Maria		MO. 4	DAY 5	YEAR 2021	≈500.00
Mailing Address: PO Box 60811					
City: Philadelphia	State: PA	Zip Code (Plus 4): 19133			
Description of Expenditure: Women's History Month					
To Whom Paid: People for Parker		MO. 4	DAY 5	YEAR 2021	≈500.00
Mailing Address: PO Box 27647					
City: Philadelphia	State: PA	Zip Code (Plus 4): 19118			
Description of Expenditure: Women's History Month					
To Whom Paid: Vote Kathy for Philly		MO. 4	DAY 5	YEAR 2021	≈500.00
Mailing Address: P.O. Box 28029					
City: Philadelphia	State: PA	Zip Code (Plus 4): 19131			
Description of Expenditure: Women's History Event					

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

Schedule III Total: ≈2,500.00
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Pennsylvania Department of State
 Bureau of Campaign Finance & Civic Engagement
 210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Unsworn Declaration 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), Non-Bid Contract Reporting Form (DSEB-504) 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 th Tuesday Pre-Primary	<input checked="" type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd 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 nd 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 accompanying Campaign Finance Report is true and correct.

Michael Woodward

Signature of Treasurer, Candidate, or Lobbyist

Michael Woodward

Printed Name

05/17/2021

Date (DD/MM/YYYY)

Upper Darby/ PA/ USA

Location (City/State/Country)



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Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

Date (DD/MM/YYYY)

Printed Name

Location (City/State/Country)