COMMONWEALTH OF PENNSYLVANIA

CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION			
NUMBER NAME OF FILING COMMITTEE, CAN	Shirate on Independe	ON BEHALF OF CANDIDATE	COMMITTEE 2 TOORYIST 3
STREET ADDRESS.		MITE TO ELECT	MARCUS YUILLE
608 P	BYNE AUE		
" BRIE		STATE	16503-
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO. PARTY	DATE OF ELECTION
6TH TUESDAY PRE-PRIMITRY	CITY COUNCIL	<u>Dem</u>	05 18 2021
2. 2. PRE-BRIMARY 3. 30 DAY 3.	DATES OF REPORTING 05 04 2021 TO	MO: DAY YEAR OLD 07 2021	FOR OFFICE USE ONLY
FIRE PERSONS 4	CASH BALANCE AT END OF REPORTING PERIOD: TOTAL AMOUNT OF FILER'S	\$	
2ND FRIDAY PRE-ELECTION 6.	OUTSTANDING DEBTS OR LIABILITIES. AT THE END OF REPORTING PERIOD	\$ \$	TOUR PR
POST-ELECTION 7. ANNUAL 7. REPORT	AMENDIALIY YES TERMINATION YES REFORM?	NO NO	<u>ο</u> - ω
		 Vit section	
statement is filed on	behalf of a <u>Political Committee or Can</u> behalf of a <u>Candidate</u> , the Candidate r behalf of a <u>Contributing Lobbyist</u> , the I	didates's Committee, the Tr must sign here. Lobbyist must sign here.	
	HE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABI PARTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THI	LITIES INCURRED DUBLIN O THE REPORTING E BEST OF SIT INCURED OF AND BENEF,	S FERIOD INDICATED ABOVE DIO NOT TRUE, CORRECT AND COMPLETE.
	Dribed Before me this		
DAY OF		SIGNATURE OF PERSON	SUBMITTING REPORT
MY COMMISSION EXPIR	SIGNATURE ESMO: DAY 'YR.	S14 538 AREA CODE DAYTI	· · · · · · · · · · · · · · · · · · ·
ART II - statement is filed on I	oehalf of a <u>Candidate's Authorized Cor</u>		
I SWEAR (OR AFFIRM) TH JUNE 3, 1937 (P.L. 11	IAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS P 333, No. 320) as amended.	POLITICAL COMMITTEE HAS NOT VIOLATED	ANY PROVISIONS OF THE ACT OF
SWORN TO AND SUBSC	RIBED BEFORE ME THIS		1
DAY OF	20	SIGNATURE OF	CANDIDATE
	SIGNATURE	PRINTED !	NAME
MY COMMISSION EXPIRI	MO. DAY YR.	AREA CODE DAYTIN	E TELEPHONE NUMBER
			···

Department of State * Bureau of Commissions, Elections and Legislation 210 North Office Building * Harrisburg, PA 17128-0029 * (717) 787-5280

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Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer identification // Numbers	Report Filed By Candid (Mark X)	Lobbylst					
Name of Filing Committee, Candidate or Lobbyist:	COMMITTEE TO ELECT MA	MITTEE TO ELECT MARCUS YUILLE FOR CITY COUNCIL					
Street Address	608 PAYNE AVE						
City ERIE	State	PA	Zip Code 16503				
Type of Report (Place x under report type)			1 (Section 2 deling) in antique are set of the late?				
(1, 5 th Tuesday) 2, 2 d Friday, 3, 30 Day Post Pre-Primary Pre-Primary Rimary	4 6th tresday 5 2 th Friday Pre-Election Pre-Election	6-30 Day Post	Annual Special 2 ^{po} Fri Pressign				
	Newsternon price decide		3. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	Post-Election			
Date Of Election	Year		4				
(MM/DD/YYYY) 05/18/2021	2021	Amendment Report	Termination Report				
Summary of Receipts and From Date Expenditures.	To Date		, For Office Use Only	CALL TO STATE OF STAT			
5/4/21	6/7/21						
A. Amount Brought Furward From Last Report	194.80						
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 520.86)				
C. Total Funds Available (Sum of Lines A and B)	715.66						
D. Total Expenditures (From Schedule III)	\$ 715.66						
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 0.00						
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0.00						
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0.00						
	Affidavit Se	ction					
Part 1- If this is a Committee report, treasurer sign her I swear (or affirm) that this report, including the attack	e. If this is a Candidate report, ca sed schedules on paper, is to the	andidate sign here. best of my knowled	ge and belief true, correct and cor	mnlete			
Sworn to and subscribed before me this							
day of20	1						
Signature	<u> </u>	EA S. WOODWAF					
My Commission expires	, 81	4	Printed Name 528-3214				
MO. DAY YR.		rea Code	Daytime Telephone Nu	umber			
Part II- If this is a report of a Candidate's Authorized Co	mmittee, candidate shall sign he	ere.					
I swear (or affirm) that to the best of my knowledge an amended.	d belief this political committee	nas not violated any	provisions of the Act of June 3, 19)37 (P.L. 1333, NO.320) as			
Sworn to and subscribed before me this							
day of20			4				
	,	Sign	ature of Candidate				
Signature	.].		Printed Name				
My Commission expires MO. DAY YR.	A	rea Code	Daytime Telephone Nun	nher.			
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SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer-Identification Number			
			-
TUniternized Contributions and Receipts \$50,00 or Less per Contributor.			
Total for the reporting period	(1)	\$	120.86
*2. Contributions of \$50.01 to \$250.00 (From Part A) and Part B)		over the	
Contributions Received from Political Committees (Part A)	1000	\$	
All Other Contributions (Part B)		\$	400.00
	(2)	\$	400.00
3. Contributions Over \$250.00 (From Part C and Part D)			And the second s
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period ((3)	\$.	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period (4)	\$ \$	0
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 Page 1, Report Cover Page, Item B)	ırt	\$	520.86

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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.

Filer Identification i	Aumber 2005				
GOTTO PARASSES NO PROPERTY.	A CONTROL OF THE CONT				Amount
Full Name of Cont Committee				Pate [MM/DD/AYM]	· · · · · · · · · · · · · · · · · · ·
				12 m	
House #	Street Address	1	•	Date [MIVI/DD/XYYY] S	
City		State	Zip Code.	Date [MM/DD/YYYY] S	
Full Name of Cont	Albuting		,	-Date (MM/DD/MM) S	
House #	Street Address			Date [MM/DD/YYYY]	
Gity		State	Zip Code	:Date (MM/DD/YYYY) \$	
	Hamati				
Full Name of Conti Committee	tributing			Date [MM/DD/YYYY] 5	
House #	Street Address				
				Date [IVIM/DD/(TYYY] \$5	
City		Slate	Zip Code	Date [MM/DD/XXXX] \$	
	and the state of t			The state of the s	
Full Name of Contr Committee	ibuting			-Date [MM/QD/YYYY] 5	
House#	Street Address			Date [MM/DD/YYYY] S	
City		State	Zip Code	Date [MM/DD/YYyy] S	
Full Name of Contr	กิหลักสาร	100 Oct			
Committee				Date [MM/DD/YYYY] S	
House #	Street Address			Pate [MM/DD/YYYY] 5.	
			<u></u>	E W	
City	_	State	Zip Code	Date MM/DD/YYYY) S	
Full Name of Contri	(buting %)			Date [MM/DD/YYYY]	<u> </u>
Committee		<u></u>			
House#	Street Address			Date MM/DD/YYYY) \$	
City		本学型的2.57			
		State	Zip Code	Date [MIM/DID/YYYM] S	
ANCES SAN					ļ

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PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer dentification/Number

Full Name of Contributor	AT)	Date [MNI/DD/YYW) = \$	
	DEA WOODWARD	05/12/2021	100.00
	eet Address EAST 22ND STREET	_Date_IMM/DD/YMY[] =5	
City ERIE	State Zip.Code PA PA 16503	Date [M/M//DD/AYYY)	
aiulavenneroi (comuniou ton		Bate IMM/DD/YYW)	
	BRENDA PAGE	05/12/2021	100.00
House # Sti	eet Address EAST 12TH STREET	#Date [(VI)(V/)DD/XYYYY] \$	
GIV ERIE	State PA Zip code 16503	*Date [MIVI/DD/YY/YK];;	
Hull Name of Contributor	BISHOP DWANE BROCK	_bate [MM/pb/Y/Y/]ss	100,00
House # St.	de Address	05/21/2021 5	100.00
1129	PENNA AVE		
Gity ERIE	/State	Date [MM/DD/YXYX] = 5	
Full Name of Contributor	LINDA WOODWARD	Date [MM/DD/YYYY] 5 05/21/2021	100.00
House ## Str	eet Abdress EAST 12TH STREET	Date [MM/DD/YYYY] 5	
Giy S ERIE	State PA Zip Code 16503	Date [MM/DD/YYYY]	
Full Name of Contributor	and an analysis of the analy	EDate [MIW/DD/XYXX] 25	· · · · · · · · · · · · · · · · · · ·
House # Stri	er-Address	Pare/MW/OD/XYYA	·
City	State Zip Code	=Date MM/PD/YYYY] S	<u> </u>
Cult Name:of contributor≡		Spate (MM/Db/A/YAY) 3.5	
	ANADO TRANSPORTA		
	et Address	Date [MIN/DD/ANAYLE 5	
City 4	State: Zip Code	Date:(NIM)/DD/AAAA). IS	

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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 over \$250.00 in the reporting period.

Eller Identification: Number 2:	
Full Name of Care State of Control of Contro	Date MWWDDAWYW 5
House # Street Address	Date(MM/DD/MY) C
City State ZipLo	Date [MM/DD//Y/YY] \$
Full-Name of ###################################	/ Date MM//Dip//e/y/
House# Street Address	Date [MM//DD/AYXY] \$
City State Vija.God	Date IMM/bp/xxxx1x 23
Eull Name of	
Contributing Committee	ipate (Mix/DD/YYAY)
House'# Street Address	■DateIWM/DB/YYYY/1
	EDate(IMM/Da/YYYY)
City Zip Coe	Pate [MM/DID/YYYY] = 45.
Full Name of	ebate#(MM//bp//YGY)a=S#
Contributing Committee	
House ## Street Address	Date IMM/pb/xyym/ 5.
City State Zip Cod	Date (MM/DD/AYYY): 33
Full Name of	
Contributing Committee	Date [MM/eb/x4441]
House ## Street Address	
	Date IMM/DD/Y (17/)
City State Zip Cod	Pate MM/DD/MYY 3/5
	Pare Invited Branch
EUI Name of	DATE IMM/DD/XYYY]
Contributing Committee	
House # Street Address	Datelww/DD/AAA) 25
	The state of the s
CITY State. Zip Code	- Date IMM/DD/AYYYI \$

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PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

eler location Number of

Full-Name of Contributor			APate: IMM/ADD/ANAX/a
House# Street/Aden	(ESS)		2) State i Mind Mark (1) 200 (2) 200 (
city	State	Zip Code , ex-	Date MM/DD/XYXX/ 55
aenployerName	4990		©Ccupation •
Employer Mailing Address / 2007			
Principal Place of Business			
Full Name of Contributor			Date (MM/DD/YA/A) 57
HOUSE # Street Adere	ADDRIT		
			Date IMM/DD/YYY/I
City .	State	Zip Code H	=Dafe(MM/DD/XYAY)
Employer Name			Follow the contraction of the co
Employer Name Employer Mailing Address /			Occupation:
Principal Place of Business			
Full Name of Contributors			sDate [MN/QD/AYYA]
House # Street Addre	No.		
House # Street Addre	55. 44.		Date MM/DD/YYYYI S
GIV S	_State	Zip Code	Date [MM/DD/YAYY]
Employer Name			Occupation:
Employer Mailing Address / 2001 Principal Place of Business 2002			- Action of the contract of th
Full Name of Contributor			adate immodyayyy) a alasa
Housed Street Address	<i>S</i>		Pats MM/DD/YYYY) \$
	The state of the s	Form - Anaphysis (California)	
Gty **	#States	Zip Code	=Bate (MM/bb/YYY); ss
Employer Name			Occupation
Employer Mailing Address /			
Principal Place of Business			

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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.

fülleName (%)				
	reet Address	ELECTRICAL ENGINEERS	Lake March	
City The second		State	Zip Z Code	EDate [MM/DD/YYYY] 5
Receipt Description		Processing		(A)
Eull Name House讲 Str	reet/Adaless			
House# 5th		%fater	Zip.	*Date:[MM/DD/YYYY] \$
Reseipt Description			Code	
Full Name		<u>, , , , , , , , , , , , , , , , , , , </u>		
A CONTRACTOR OF THE PARTY OF TH	eet Address			
City and the second	STEEL ST	State	Zip: Code	_Date [MM/Ob/YYYY]}
Receipt-Description				
ZIII Vame	The state of the s			
House # Stre	eet Address	State	Zibilit	EDate (MM/DD/MWW) - 45-
Receipt Description	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Zip Code Z	
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City		State	Zip Code	-Pate (MM/pd//yyy) = \$\$
Receipt Description (4)				The state of the s
Füll Name				
	et-Address	Recipe and the second		Description of the second of t
City To The City of the City o		State	ŽIP ŽCode	-Date (MM/DD/YYYY) 5 5

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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

File intensification number		·		
TEXT CULTEMIZED IN KIND CONTI	NEW IONS RECEIVED WA	EUPOFSSE OO ERILESSAREK	RCOUTRIBUTOR	
TOTAL for the reporting period	(1)	\$.		
3 2. AN-KIND CONTRIBUTIONS RE	GENTOSWALUE (O PERSO) PROMETO PERSON	Ivioeszsőlős (FROMERARIA		
TOTAL for the reporting period	(2)	\$		
IN KIND CONTRIBUTION REC	LVED VALUE OVER \$236	OUTEROM PARIEG		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTE PERIOD (Add and enter amount totals to on Page 1, Report Cover Page, Item F)	ONS DURING THIS REPOI from boxes 1, 2, and 3; a	RTING \$ -		

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SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Eller den treatrott Number				
Marie Verson				
Folla Name of Contributor			date [MW/Jbb/A444)]	
House # Street Address			Pate IMM/Dib/YY4YI	\$
City	State	∠p code	Date [MM/DD/YYYY]	6
Description of Contribution			No.	
Full Name of Contributor			Epatra (MM/plo)	S
House # Street Address		<u> </u>	Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY]	
Description of Contribution				
######################################	<u> </u>		Date IVIVI/DD/AVA IF IS	
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(Grty)		Zip Code	*Dare MM/DD/YYYYL	
Description of Contribution			-	
Füll Name of Contributor			Date MM/DD///YVI	
House # Street Address	- · · · · · · · · · · · · · · · · · · ·	700 L	Date MM/OD/YYYY] 75	
City	State	Zip,Cede	Date [MW/pp/xxxxx] S	
Description of Contribution 18			L RAS	
Full-Name of Contributor.			Date-IMM/DD/AAYYIL S	
House# Street Address			EDate (MM//DD//////) S	
City	State	Zip Code 25	Date [MM/DD/YXXX]E_5	
Description of Contribution				
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SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

filer identification: Numbers

	Company of the Park Park			The second of th		
Full Name of Contrib	Utor 4			Dates	(MV/ADD/ANAVA)	
House#	Street Address					
	Street Adules			- Dareth	MIM/DD/ASYSA	
CITY.		States	Zip Gode	ana ci	MIMI/DD/AYAYAJ	
						5
Employer Name		<u> </u>		e Cigap	ation 35	
Employer Mailing Add	dress/aPrincipals	<u> </u>		Desgrip	paton:	
Place of Business				of 2 Contrib		
Full Name of Contribu	ator.	<u> </u>			bution MM/DD/AWW	
				The state of the s		
House H	Street Address	-		aDate ()	MM/GD/AYYY	
					Marie German Lawrence	
City .	Jacks and Property of the Parks	State	Zip Code	Lipate In	VIIVI/DD/YVYVIII	\$
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Employer Name		4		Occupa		
Employer:Mailing Ado Place of Business	Iress / Principals			Descrip of	dion :	
				Contrib	310 044,1214,141	· ————————————————————————————————————
Full Name of Contribu	A COL			@Date IIV	AW/BD/AWA	
House #						
nuose.	Street-Address			- Expressive	VIVV/DID/YEYYYI	
GIFV 2.5		estate	≨Zip €ode‱	#Date (N	/IW/DD/YY/Y]	
	F			The state of the s	Note of the second	
Employer Name				Occupa	dion	
Employer Mailing Add				Descript		
Place of Business		1		of its		
Full Name of Concibu	itor=			eoniribi Pate (M	ution::: //w/die/ayayay	STEEL STEEL
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House #	Střeet Address			EDate (N	/M//De/AYYY/	
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City	₩.	State	Zip:Code	Date M	ALM/ETO/AXYAXA	5
		i		/ <u>/04600pan</u>		57-40
Employer Mailing Add Place of Business	ress / Principal	<u> </u>		Describit of	ion	
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Statement of Expenditures

Filer identification Number			
Filer dentification Number			
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PAYPAL			Date [V/M/DD//YYYY] = 05/06/21	3.89
Fouse# Street A	fines		Description of Expendit	ure
GIV	State Zip			
to Whom Paids	God Control of Control	Table 1	FEES	
DESANTIS	S SIGNS AND GRAPHICS		Date (MM/DD/MM) 05/05/2021	223,28
Holise # 540 Street Ac	idress WEST 18TH STREET		Description of Expenditu	ida Ne programa
City FDIE	State PA Go			
ERIE	PA	ie 16502	YARD SIGNS AND STAKE	ES .
PLYMOUT	'H TAVERN		Date (MM/DD/YYYY) 05/18/2021	\$ 187.27
House # 1109 Street Ad	dress STATE STREET		Description of Expending	re
GIV ERIE	State Zip			
Jownom-Paid	PA	SEM.	ELECTION WATCH EVEN	I
DEA WOO	DWARD		Date [MM/pb/yx/yy] 05/19/2021	5 61.22
House # 327 Street Ad	dress EAST 22ND STREET		Description of Expenditu	re de la companya de La companya de la co
Gity ERIE	State PA Zip	40500	HELDINITH CAMPAIGN	
Te Whom Pard	FA Cod	enderstrate.	HELP WITH CAMPAIGN	
DEA WOO	DWARD		bate [MM/DD//Yyy/]= 05/17/2021	240.00
Housett 327 Street Ad	PESS EAST 22ND STREET		Description of Expenditu	
dity ERIE	State PA Zip	16503 F	FILING FEE REIMBURSEN	IFNT
ToxWhoim Paid	PA	A COMPANY OF THE PROPERTY OF T	Date (NIM/DD/WYY)	
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	and the state of t	<u>*</u>		
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Gry	State Zip-			
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House# street Add	ress		Description of Expenditure	
alty	State Zip Code			
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SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Creditor				Outstanding salance of best
Plouse # Sin	eet-Address		TE DEBT INCURRED [MM/DD/YRYY]	
City		State	Zip z Code	-
Description of Debts			Code	
Name of Creditor				Outstanding Balance of beht
House # Stree	eet Address M		ue desencurredes Inny/pib/accor	
City.		State	Zip	
Description of Debt			A STATE OF THE STA	[23/6]
Name of Crecitor		DA SECTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE		Quistanding Balance of Debt
House # Street	ecrádoress		TEDEBILINGURRED 22 [MM/DD/YYYY]	
Chy		State	Zip Code	
Description of Deht				
Name of Creditor # 55	SetsAddress		TE DEBT INGURRED	Outstanding Balance of Debt. *** Cass
			MW/dd/xwyj 🚃 📜	
City 1. The control of Debr		State	∕Zip. ⊈Code;	
Name of Creditor				
	et:Address		EDEBIJINGURREDE T	Outstanding Balance of Debt.
		10 m	MW/gp/www	
City Description of Dest		State	Zipi, Code, Ž.;	
Namesolistedita:	<u> </u>			
	et Address		E DEBI INCURRED	Outstanding Balance of Debt
			MM/DD/WWW]	
City 1		State ::	Zip. E. Code T.	
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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 Reporting Cycle		didate, or Lobby	ist		
☐ Cycle 1 6 th Tuesday Pre-Primary	☐ Cycle 2 2 nd Friday Pre-Primary	Cycle 3 30 Day Post Primary	6 th 7	Cycle 4 uesday Election	☐ Cycle 5 2 nd Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special	☐ Cycle 8 Priday Pre-Special Election		c je 9 st-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,

Signature of Treasurer, Candidate, or Lobbyist

Date (DD/MM/YYYY)

UDUUMUD

Location (City/State/Country)

Printed Name

DSE8-502R Updated 1/22/2021

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