

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		REPORT FILED ON BEHALF OF		CANDIDATE	1	COMMITTEE	2	LOBBYIST	3
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST DEA WOODWARD / CMTE TO ELECT MARCUS YULIE									
STREET ADDRESS 608 PAYNE AVE									
CITY ERIE				STATE PA		ZIP CODE 16503			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.		PARTY		DATE OF ELECTION	
1. 6TH TUESDAY PRE-PRIMARY		CITY COUNCIL				DEM		MO. DAY YEAR 05 18 2021	
2. 2ND FRIDAY PRE-PRIMARY									
3. 30 DAY POST-PRIMARY									
4. 6TH TUESDAY PRE-ELECTION									
5. 2ND FRIDAY PRE-ELECTION									
6. 30 DAY POST-ELECTION									
7. ANNUAL REPORT									
		DATES OF REPORTING PERIOD		MO. DAY YEAR		MO. DAY YEAR		FOR OFFICE USE ONLY	
		05 04 2021 TO 06 07 2021						2021 JUN 17 PM 4:13 ERIE COUNTY VOTER REGISTRATION	
		CASH BALANCE AT END OF REPORTING PERIOD: \$		0					
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$		0					
		AMENDMENT REPORT?		YES		NO			
		TERMINATION REPORT?		YES		NO			

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
If statement is filed on behalf of a Candidate, the Candidate must sign here.
If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, 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
DEA S. WOODWARD
PRINTED NAME
814 528-3214
AREA CODE DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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 _____

AREA CODE _____ DAYTIME TELEPHONE NUMBER _____



Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		COMMITTEE 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- 5 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		05/18/2021	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input checked="" type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	5/4/21	6/7/21	
A. Amount Brought Forward 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 II)	\$	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 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, is 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
DEA S. WOODWARD

Printed Name

814

Area Code

528-3214

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

Area Code

Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number			
1. Unitemized 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)			
Contributions Received from Political Committees (Part A)			\$
All Other Contributions (Part B)			\$ 400.00
Total for the reporting period		(2)	\$ 400.00
3. Contributions Over \$250.00 (From Part C and Part D)			
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 <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>			\$ 520.86

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 Number									
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								Amount	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #						Date [MM/DD/YYYY]			
Street Address						Date [MM/DD/YYYY]			
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
						Date [MM/DD/YYYY]			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #						Date [MM/DD/YYYY]			
Street Address						Date [MM/DD/YYYY]			
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
						Date [MM/DD/YYYY]			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #						Date [MM/DD/YYYY]			
Street Address						Date [MM/DD/YYYY]			
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
						Date [MM/DD/YYYY]			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #						Date [MM/DD/YYYY]			
Street Address						Date [MM/DD/YYYY]			
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
						Date [MM/DD/YYYY]			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #						Date [MM/DD/YYYY]			
Street Address						Date [MM/DD/YYYY]			
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
						Date [MM/DD/YYYY]			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #						Date [MM/DD/YYYY]			
Street Address						Date [MM/DD/YYYY]			
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
						Date [MM/DD/YYYY]			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #						Date [MM/DD/YYYY]			
Street Address						Date [MM/DD/YYYY]			
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
						Date [MM/DD/YYYY]			

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.)

File Identification Number	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
DEA WOODWARD					05/12/2021	\$	100.00
House #	327	Street Address		EAST 22ND STREET	Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16503	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
BRENDA PAGE					05/12/2021	\$	100.00
House #	716	Street Address		EAST 12TH STREET	Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16503	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
BISHOP DWANE BROCK					05/21/2021	\$	100.00
House #	1129	Street Address		PENNA AVE	Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16503	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
LINDA WOODWARD					05/21/2021	\$	100.00
House #	716	Street Address		EAST 12TH STREET	Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16503	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
						\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
						\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

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.

Filer Identification Number																																									
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$																					
House #										Street Address										Date [MM/DD/YYYY]										\$											
City										State										Zip Code										Date [MM/DD/YYYY]										\$	
Full Name of Contributing Committee																				Date [MM/DD/YYYY]										\$											
House #										Street Address										Date [MM/DD/YYYY]										\$											
City										State										Zip Code										Date [MM/DD/YYYY]										\$	
Full Name of Contributing Committee																				Date [MM/DD/YYYY]										\$											
House #										Street Address										Date [MM/DD/YYYY]										\$											
City										State										Zip Code										Date [MM/DD/YYYY]										\$	
Full Name of Contributing Committee																				Date [MM/DD/YYYY]										\$											
House #										Street Address										Date [MM/DD/YYYY]										\$											
City										State										Zip Code										Date [MM/DD/YYYY]										\$	
Full Name of Contributing Committee																				Date [MM/DD/YYYY]										\$											
House #										Street Address										Date [MM/DD/YYYY]										\$											
City										State										Zip Code										Date [MM/DD/YYYY]										\$	
Full Name of Contributing Committee																				Date [MM/DD/YYYY]										\$											
House #										Street Address										Date [MM/DD/YYYY]										\$											
City										State										Zip Code										Date [MM/DD/YYYY]										\$	
Full Name of Contributing Committee																				Date [MM/DD/YYYY]										\$											
House #										Street Address										Date [MM/DD/YYYY]										\$											
City										State										Zip Code										Date [MM/DD/YYYY]										\$	

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)

Filer Identification Number									
Full Name of Contributor						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Employer Name						Occupation			
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Employer Name						Occupation			
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Employer Name						Occupation			
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S	
Employer Name						Occupation			
Employer Mailing Address / Principal Place of Business									

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.

Filer Identification Number	
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Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Receipt Description					

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**

Election Identification Number	
--------------------------------	--

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED: VALUE OF \$500.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED: VALUE OF \$500.01 TO \$250,000 (FROM PART B)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTIONS RECEIVED: VALUE OVER \$250,000 (FROM PART B)		
TOTAL for the reporting period	(3)	\$

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, Report Cover Page, Item F)		\$
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Elder Identification Number	
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Full Name of Contributor				Date [MM/DD/YYYY]		S
House #	Street Address		Date [MM/DD/YYYY]		S	
City		State	Zip Code	Date [MM/DD/YYYY]		S
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]		S
House #	Street Address		Date [MM/DD/YYYY]		S	
City		State	Zip Code	Date [MM/DD/YYYY]		S
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]		S
House #	Street Address		Date [MM/DD/YYYY]		S	
City		State	Zip Code	Date [MM/DD/YYYY]		S
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]		S
House #	Street Address		Date [MM/DD/YYYY]		S	
City		State	Zip Code	Date [MM/DD/YYYY]		S
Description of Contribution						

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number	
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Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number	
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To Whom Paid	PAYPAL	Date (MM/DD/YYYY)	\$	3.89
House #	Street Address	Description of Expenditure		
City	State	Zip Code	FEES	
To Whom Paid	DESANTIS SIGNS AND GRAPHICS	Date (MM/DD/YYYY)	\$	223.28
House #	Street Address	Description of Expenditure		
City	State	Zip Code	YARD SIGNS AND STAKES	
To Whom Paid	PLYMOUTH TAVERN	Date (MM/DD/YYYY)	\$	187.27
House #	Street Address	Description of Expenditure		
City	State	Zip Code	ELECTION WATCH EVENT	
To Whom Paid	DEA WOODWARD	Date (MM/DD/YYYY)	\$	61.22
House #	Street Address	Description of Expenditure		
City	State	Zip Code	HELP WITH CAMPAIGN	
To Whom Paid	DEA WOODWARD	Date (MM/DD/YYYY)	\$	240.00
House #	Street Address	Description of Expenditure		
City	State	Zip Code	FILING FEE REIMBURSEMENT	
To Whom Paid		Date (MM/DD/YYYY)	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date (MM/DD/YYYY)	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date (MM/DD/YYYY)	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

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.

Filer Identification Number	
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Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State	Zip Code			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State	Zip Code			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State	Zip Code			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State	Zip Code			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State	Zip Code			
Description of Debt						



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				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input checked="" 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.

Signature of Treasurer, Candidate, or Lobbyist

06/17/2021

Date (DD/MM/YYYY)

DEA WOODWARD

Printed Name

ERIE PA USA

Location (City/State/Country)

