

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)		<input checked="" type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		FRIENDS OF MELVIN WITHERSPOON						
Street Address		PO BOX 1171						
City	ERIE	State	PA	Zip Code	16512			

Type of Report (Place x under report type)

1- 6 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/5/2019	Year	2019	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
		06/11/19	
A. Amount Brought Forward From Last Report	\$	1928.92	2019 OCT 25 PM 12:53 ERIE COUNTY VOTER REGISTRATION DA
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1265.00	
C. Total Funds Available (Sum of Lines A and B)	\$	3193.92	
D. Total Expenditures (From Schedule III)	\$	1826.47	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1367.45	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	E	
G. Unpaid Debts and Obligations (From Schedule IV)	\$		

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

24 day of OCTOBER 2019
Laurie Watson
 Signature

Sonya Adams
 Signature of Person Submitting report
 SONYA ADAMS
 Printed Name

My Commission expires 2-2-23
 MO. DAY YR.

Commonwealth of Pennsylvania - Notary Seal
 LAURIE A WATSON - Notary Public
 Erie County Area Code
 My Commission Expires Feb 2, 2023

218-8557
 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

24 day of OCTOBER 2019
Laurie Watson
 Signature

Melvin Witherspoon
 Signature of Candidate
 MELVIN WITHERSPOON
 Printed Name

My Commission expires 2-2-23
 MO. DAY YR.

Commonwealth of Pennsylvania - Notary Seal
 LAURIE A WATSON - Notary Public
 Erie County
 My Commission Expires Feb 2, 2023
 Commission Number 1288351

746-6854
 Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
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Total for the reporting period	(1)	\$ 470.00
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
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Contributions Received from Political Committees (Part A)	\$	250.00
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All Other Contributions (Part B)	\$	545.00
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Total for the reporting period	(2)	\$ 795.00
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3. Contributions Over \$250.00 (From Part C and Part D)		
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Contributions Received from Political Committees (Part C)	\$	0.00
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All Other Contributions (Part D)	\$	0.00
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Total for the reporting period	(3)	\$ 0.00
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4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
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Total for the reporting period	(4)	\$ 0.00
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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>	\$	1265.00
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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 Number	
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											Amount	
Full Name of Contributing Committee						ERIE FIREFIGHTERS PAC				Date [MM/DD/YYYY]	\$	250.00
										08/05/2019		
House #	Street Address				PO BOX 3576				Date [MM/DD/YYYY]	\$		
City	ERIE		State	PA		Zip Code	16508		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 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 Identification Number:	
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Full Name of Contributor						Date [MM/DD/YYYY]	\$	
DANNY & ANGELA JONES						09/01/2019		250.00
House #	527	Street Address			W 7TH STREET	Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16502	Date [MM/DD/YYYY]	\$	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
SKY'S THE LIMIT						09/01/2019		45.00
House #	689	Street Address			BOYER ROAD	Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16511	Date [MM/DD/YYYY]	\$	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
RUBEYE JENKINS-HUSBAND						09/01/2019		50.00
House #	2226	Street Address			PROSPECT AVE	Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16510	Date [MM/DD/YYYY]	\$	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
CHARLES NELSON						10/15/19		50.00
House #	646	Street Address			W 9TH STREET	Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16502	Date [MM/DD/YYYY]	\$	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
TIMOTHY WATSON						10/15/19		50.00
House #	646	Street Address			W 7TH STREET	Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16502	Date [MM/DD/YYYY]	\$	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
DWANE BROCK						10/15/19		100.00
House #	1129	Street Address			PENNSYLVANIA AVE	Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16503	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:	
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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:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State	Zip Code		Date [MM/DD/YYYY]		\$
Employer Name					Occupation	
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State	Zip Code		Date [MM/DD/YYYY]		\$
Employer Name					Occupation	
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State	Zip Code		Date [MM/DD/YYYY]		\$
Employer Name					Occupation	
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State	Zip Code		Date [MM/DD/YYYY]		\$
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]	\$
Receipt Description							
Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
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

Filer Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period	(1)	\$	
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	
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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

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	Date [MM/DD/YYYY]	\$

Description of Contribution	
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Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

Description of Contribution	
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Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

Description of Contribution	
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Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

Description of Contribution	
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Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

Description of Contribution	
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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	Date [MM/DD/YYYY]	\$
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	Date [MM/DD/YYYY]	\$
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	Date [MM/DD/YYYY]	\$
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	Date [MM/DD/YYYY]	\$
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		KEVIN ARRINGTON				Date [MM/DD/YYYY]	\$	107.83
						09/23/2019		
House #	1149	Street Address	WEST 10TH STREET			Description of Expenditure		
City	ERIE	State	PA	Zip Code	16501	REIMB FOR GAS AND FOOD FOR MEETING		
To Whom Paid		MEGAN HOLMAN				Date [MM/DD/YYYY]	\$	114.00
						09/25/19		
House #	4019	Street Address	LONGVIEW AVE			Description of Expenditure		
City	ERIE	State	PA	Zip Code	16510	CAMPAIGN T-SHIRTS		
To Whom Paid		MELVIN WITHERSPOON				Date [MM/DD/YYYY]	\$	100
						09/25/19		
House #	832	Street Address	E 36th Street			Description of Expenditure		
City	ERIE	State	PA	Zip Code	16504	FOOD FOR MEETINGS AND SUPPLIES		
To Whom Paid		ERIE COUNTY DEMOCRATIC PARTY				Date [MM/DD/YYYY]	\$	160.00
						09/25/19		
House #		Street Address	PO BOX 1184			Description of Expenditure		
City	ERIE	State	PA	Zip Code	16501	TICKETS TO DINNER 10/19/2019		
To Whom Paid		MELVIN WITHERSPOON				Date [MM/DD/YYYY]	\$	27.54
						10/05/19		
House #	832	Street Address	EAST 36TH STREET			Description of Expenditure		
City	ERIE	State	PA	Zip Code	16504	BREAKFAST MEETING		
To Whom Paid		KEVIN ARRINGTON				Date [MM/DD/YYYY]	\$	75.00
						10/5/19		
House #	1149	Street Address	WEST 10TH STREET			Description of Expenditure		
City	ERIE	State	PA	Zip Code	16502	GAS		
To Whom Paid		FRIENDS TO ELECT <i>MARY REWIE</i>				Date [MM/DD/YYYY]	\$	30.00
						10/8/19		
House #		Street Address				Description of Expenditure		
City		State		Zip Code		FUNDRAISER		
To Whom Paid		DESANTIS SIGNS				Date [MM/DD/YYYY]	\$	318.00
						10/5/19		
House #	540	Street Address	WEST 18TH STREE			Description of Expenditure		
City	ERIE	State	PA	Zip Code	16502	CAMPAIGN YARD SIGNS		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		NUOVA AURORA CLUB			Date [MM/DD/YYYY]	\$	594.10
					10/15/19		
House #	1518	Street Address	WALNUT STREET		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16502	FUNDRAISER	

To Whom Paid		MELVIN WITHERSPOON			Date [MM/DD/YYYY]	\$	300
					10/21/19		
House #	832	Street Address	EAST 36TH STREET		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16504	REIMB FOR SIGNS AND SHIRTS	

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			

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			