

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.

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|---|--|---|--|--|------------------|
| FILER IDENTIFICATION NUMBER | REPORT FILED ON BEHALF OF | CANDIDATE <input checked="" type="checkbox"/> | COMMITTEE ² <input type="checkbox"/> | LOBBYIST ³ <input type="checkbox"/> | |
| NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST MELVIN WITHENSPORN | | | | | |
| STREET ADDRESS 832 E 36th Street | | | | | |
| CITY Erie | | STATE PA | ZIP CODE 16504 | | |
| TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/> 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT | NAME OF OFFICE SOUGHT BY CANDIDATE City Council | | DISTRICT NO. | PARTY | DATE OF ELECTION |
| | DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR 06 11 19 TO 10 21 19 | | FOR OFFICE USE ONLY | | |
| | CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>Ø</u> | | 2019 OCT 25 PM 12:53 ERIE COUNTY VOTER REGISTRATION <i>Dea</i> | | |
| | TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>Ø</u> | | | | |
| | 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.

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| SWORN TO AND SUBSCRIBED BEFORE ME THIS DAY OF <u>OCTOBER</u> 20 <u>19</u> SIGNATURE <u>Laurie Watson</u> MY COMMISSION EXPIRES <u>2-2-23</u> MO. DAY YR. | SIGNATURE OF PERSON SUBMITTING REPORT <u>Melvin Withenspoon</u> PRINTED NAME <u>MELVIN WITHENSPORN</u> AREA CODE <u>814</u> DAYTIME TELEPHONE NUMBER <u>746-6854</u> |
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Commonwealth of Pennsylvania - Notary Seal
 LAURIE A WATSON - Notary Public
 Erie County
 My Commission Expires Feb 2, 2023
 Commission Number 1288351

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.

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| 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 _____ |
|--|--|