

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 MELVIN WITHERSPOON								
STREET ADDRESS 832 EAST 30TH STREET								
CITY EME			STATE PA		ZIP CODE 16504-			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY		DATE OF ELECTION	
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 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT		City Council					MO. DAY YEAR MO. DAY YEAR	
		DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR 1 1 18 TO 12 31 18		FOR OFFICE USE ONLY				
		CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u>		2019 FEB -1 PM 12:03 VOTER REGISTRATION				
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>						
		AMENDMENT REPORT? YES NO <input checked="" type="checkbox"/>						
		TERMINATION REPORT? YES NO <input checked="" type="checkbox"/>						

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
1st DAY OF February 2019
Kimberly S. Alexander SIGNATURE
 MY COMMISSION EXPIRES 10 31 2019 MO. DAY YR.

Melvin Witherspoon SIGNATURE OF PERSON SUBMITTING REPORT
MELVIN WITHERSPOON PRINTED NAME
814 746-6854 AREA CODE DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Kimberly S. Alexander, Notary Public
 City of Erie, Erie County
 My Commission Expires Oct. 31, 2019
 NOTARY, PENNSYLVANIA ASSOCIATION OF NOTARIES

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