

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 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 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE City Council		DISTRICT NO.	PARTY	DATE OF ELECTION MO. DAY YEAR	
	DATES OF REPORTING PERIOD		TO		FOR OFFICE USE ONLY	
	MO. DAY YEAR		MO. DAY YEAR		2020 JAN 31 PM 12:50 meo	
	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
 31st DAY OF January
 [Signature]
 My commission expires October 18, 2022
 MO. DAY YR.

Commonwealth of Pennsylvania - Notary Public
 Jonathan C. Turner, Notary Public
 Erie County
 My commission expires October 18, 2022
 Commission number 1341887
 Member, Pennsylvania Association of Notaries
 MO. DAY YR.

SIGNATURE OF PERSON SUBMITTING REPORT
 [Signature]
 MELVIN WITHERSPOON
 PRINTED NAME

746-6854
 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