

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)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	
6TH TUESDAY PRE-PRIMARY 1.		City Council				
2ND FRIDAY PRE-PRIMARY 2.		DATES OF REPORTING PERIOD		DATE OF ELECTION		
30 DAY POST-PRIMARY 3.		MO. DAY YEAR TO MO. DAY YEAR		MO.	DAY	YEAR
6TH TUESDAY PRE-ELECTION 4.		12 31 19				
2ND FRIDAY PRE-ELECTION 5.		CASH BALANCE AT END OF REPORTING PERIOD: \$ 0		FOR OFFICE USE ONLY		
30 DAY POST-ELECTION 6.		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0		2020 JAN 31 PM 12:50 <i>meo</i>		
ANNUAL REPORT 7.		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 31 DAY OF January 2020

[Signature]
 My commission expires October 18 2022
 MO. DAY YR. Member, Pennsylvania Association of Notaries

Commonwealth of Pennsylvania - Notary Public
 JENNIFER L. Turner, Notary Public
 Erie County
 My commission expires October 18, 2022
 Commission number 1341887

[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

 PRINTED NAME

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR. _____ AREA CODE _____ DAYTIME TELEPHONE NUMBER _____