

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

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (M/M/DD/YYYY)		Year		Amendment Report		Termination Report		
		11/5/19		2019				

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only	
	11/26/19	12/31/19	2020 JAN 21 PM 12:50 meo	
A. Amount Brought Forward From Last Report	\$	559.93		
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0		
C. Total Funds Available (Sum of Lines A and B)	\$	559.93		
D. Total Expenditures (From Schedule III)	\$	559.93		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0		
F. Value of In-Kind Contributions Received (From Schedule II)	\$			
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 21 day of January 2020

Signature 	Commonwealth of Pennsylvania - Notary Seal Jennifer L. Turner, Notary Public Erie County My commission expires October 18, 2022 Commission number 1341887 Member, Pennsylvania Association of Notaries	Signature of Person Submitting report  Sonya C Adams Printed Name 218-8557 Daytime Telephone Number
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MO. DAY YR. Area Code

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 21 day of January 2020

Signature 	Commonwealth of Pennsylvania - Notary Seal Jennifer L. Turner, Notary Public Erie County My commission expires October 18, 2022 Commission number 1341887 Member, Pennsylvania Association of Notaries	Signature of Candidate  MELVIN WITHENSPON Printed Name 746-6854 Daytime Telephone Number
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MO. DAY YR. Area Code

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid	Quality of Life Learning Center	Date [MM/DD/YYYY]	\$	100.00
House #	Street Address	Description of Expenditure		
	2046 E 19th St.			
City	State	Zip Code		
Eme	PA	16570	Clothing Drive	

To Whom Paid	SONYA ADAMS	Date [MM/DD/YYYY]	\$	459.93
House #	Street Address	Description of Expenditure		
938	W 25th St.			
City	State	Zip Code		
Eme	PA	16502	CONSULTING + GAS	

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		

SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

<b>Filer Identification Number</b>	
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<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>
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Total for the reporting period	(1)	\$	0
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<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>
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Contributions Received from Political Committees (Part A)	\$		0
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All Other Contributions (Part B)	\$		
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Total for the reporting period	(2)	\$	0
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<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>
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Contributions Received from Political Committees (Part C)	\$		0
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All Other Contributions (Part D)	\$		
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Total for the reporting period	(3)	\$	0
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<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>
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Total for the reporting period	(4)	\$	0
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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>	\$		0
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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												
										Amount		
Full Name of Contributing Committee						Date [M M /DD/YYYY]		\$				
House #		Street Address				Date [M M /DD/YYYY]		\$				
City		State			Zip Code		Date [M M /DD/YYYY]		\$			
Full Name of Contributing Committee						Date [M M /DD/YYYY]		\$				
House #		Street Address				Date [M M /DD/YYYY]		\$				
City		State			Zip Code		Date [M M /DD/YYYY]		\$			
Full Name of Contributing Committee						Date [M M /DD/YYYY]		\$				
House #		Street Address				Date [M M /DD/YYYY]		\$				
City		State			Zip Code		Date [M M /DD/YYYY]		\$			
Full Name of Contributing Committee						Date [M M /DD/YYYY]		\$				
House #		Street Address				Date [M M /DD/YYYY]		\$				
City		State			Zip Code		Date [M M /DD/YYYY]		\$			
Full Name of Contributing Committee						Date [M M /DD/YYYY]		\$				
House #		Street Address				Date [M M /DD/YYYY]		\$				
City		State			Zip Code		Date [M M /DD/YYYY]		\$			
Full Name of Contributing Committee						Date [M M /DD/YYYY]		\$				
House #		Street Address				Date [M M /DD/YYYY]		\$				
City		State			Zip Code		Date [M M /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.)**

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>					<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>House #</b>	<b>Street Address</b>				<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>Full Name of Contributor</b>					<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>House #</b>	<b>Street Address</b>				<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>Full Name of Contributor</b>					<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>House #</b>	<b>Street Address</b>				<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>Full Name of Contributor</b>					<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>House #</b>	<b>Street Address</b>				<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>Full Name of Contributor</b>					<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>House #</b>	<b>Street Address</b>				<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>Full Name of Contributor</b>					<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>House #</b>	<b>Street Address</b>				<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>Full Name of Contributor</b>					<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>House #</b>	<b>Street Address</b>				<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [M M / DD / YYYY]</b>	<b>\$</b>

**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.

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributing Committee</b>					<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>House #</b>	<b>Street Address</b>				<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>Full Name of Contributing Committee</b>					<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>House #</b>	<b>Street Address</b>				<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>Full Name of Contributing Committee</b>					<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>House #</b>	<b>Street Address</b>				<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>Full Name of Contributing Committee</b>					<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>House #</b>	<b>Street Address</b>				<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>Full Name of Contributing Committee</b>					<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>House #</b>	<b>Street Address</b>				<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>Full Name of Contributing Committee</b>					<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>House #</b>	<b>Street Address</b>				<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>Full Name of Contributing Committee</b>					<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>House #</b>	<b>Street Address</b>				<b>Date [M M / DD / YYYY]</b>	<b>\$</b>
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [M M / DD / YYYY]</b>	<b>\$</b>

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.

<b>Filer Identification Number:</b>	
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<b>Full Name</b>							
<b>House #</b>		<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Receipt Description</b>							

<b>Full Name</b>							
<b>House #</b>		<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Receipt Description</b>							

<b>Full Name</b>							
<b>House #</b>		<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Receipt Description</b>							

<b>Full Name</b>							
<b>House #</b>		<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Receipt Description</b>							

<b>Full Name</b>							
<b>House #</b>		<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Receipt Description</b>							

<b>Full Name</b>							
<b>House #</b>		<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Receipt Description</b>							

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)	\$

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

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

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

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>				<b>Date [M M / DD / YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [M M / DD / YYYY]</b>		\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [M M / DD / YYYY]</b>	\$
<b>Description of Contribution</b>							

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

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

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

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

SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>					<b>Date [M/M/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>				<b>Date [M/M/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>	<b>Zip Code</b>		<b>Date [M/M/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>	
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>	
<b>Full Name of Contributor</b>					<b>Date [M/M/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>				<b>Date [M/M/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>	<b>Zip Code</b>		<b>Date [M/M/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>	
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>	
<b>Full Name of Contributor</b>					<b>Date [M/M/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>				<b>Date [M/M/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>	<b>Zip Code</b>		<b>Date [M/M/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>	
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>	
<b>Full Name of Contributor</b>					<b>Date [M/M/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>				<b>Date [M/M/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>	<b>Zip Code</b>		<b>Date [M/M/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>	
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>	

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	
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Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [M/M/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [M/M/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [M/M/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [M/M/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [M/M/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [M/M/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						