

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed B (Mark X)	y Candid	ate	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	MELVIN WITHERS	SPOON				
Street Address	832 EAST 36TH S	TREET				
City ERIE	1	State	PA	Zip Code	16502	
Type of Report (Place x under report type)						
1- 6 th Tuesday 2- 2 nd Friday 3- 30 Day Post Pre-Primary Pre-Primary Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	1	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY) 05/21/2019	Year	2019	Amendment Report		Termination Report	
Summary of Receipts and From Date	To Date			For	Office Use Only	
Expenditures 01/01/19	05	5/06/19				
A. Amount Brought Forward From Last Repor		0		· ·	< 0	2
B. Total Monetary Contributions and Receipt (From Schedule I)	s \$	0			Ha	Districts many particles of the second sec
C. Total Funds Available	\$	0	1		e e e e e e e e e e e e e e e e e e e	eric Sign an enter
(Sum of Lines A and B) D. Total Expenditures	\$		-		- 25	- KA
(From Schedule III)		300			036	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-300			7	25
F. Value of In-Kind Contributions Received	\$		1			.c." ©
(From Schedule II) G. Unpaid Debts and Obligations	\$		-		و ي.اونها	
(From Schedule IV)						
Part 1- If this is a Committee report, treasurer sign h	ere. If th∛siis a €an	ை ∰fidavit So didate report, d				
I swear (or affirm) that this report, including the atta	ached schedules on	papae, is to the	best of my knowled	dge and belief t	rue, correct and compl	ete.
Sworn to and subscribed before me this Did day of May 20 9	PENNSY SEAL Notary	Oct. 3	Melica	Let.	horring	
Linchald Allyona	/ " ⊘ •	Social	Signature	of Person Subn	nitting report	<u> </u>
Signature	Xanda Sanda F	EXP IA AS	C :.	Printed Nam		 ./
My Commission expires 10 31 30	14 A P S S S	YLVAN	9171	_/(16-685	4
MO. DAY YR	DNWE NO NO City of	ENNS	Area Code	Da	ytime Telephone Numb	per ·
Part II- If this is a report of a Candidate's Authorized				u provisions of	the Act of June 2, 1027	(D.) 1222 NO 220\ 25
I swear (or affirm) that to the best of my knowledge amended.	and belief this poli	N N N N N N N N N N N N N N N N N N N	e nas not violated an	y provisions or	the Act of Julie 5, 1957	(P.L. 1555, NO.520) as
Sworn to and subscribed before me this	•	•				
day of20	- '1	_	ΛΛ Ciα	nature of Çandi	date	- 21112
	_ },	_	KIUISIY		TENSPOON	_ ~~~~
Signature	,	~	8111	Printed Name	1111-66	5(1
My Commission expires		_	Area Code	Davi	time Telephone Number	<u> </u>
				- - 7	,	
<u> </u>						

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number					
		_			
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			No.		
Total for the reporting period ((1)	\$		<i>"</i>	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	<u> </u>	<u> </u>			
Contributions Received from Political Committees (Part A)		\$			
All Other Contributions (Part B)	\dashv	\$			
Total for the reporting period ((2)	\$			
3. Contributions Over \$250.00 (From Part C and Part D)					
Contributions Received from Political Committees (Part C)	$\overline{}$	\$			
All Other Contributions (Part D)	+	\$			
Total for the reporting period ((3)	\$			
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		<u>_</u>			
Total for the reporting period ((4)	\$			
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Repo Cover Page, Item B)	- 1	\$			

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					
					Amount
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	_ \$
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	(S)
Full Name of Co Committee	ontributing		1	Date [MM/DD/YYYY]	150
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	mtributing		<u> </u>	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	To the second se	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	.
City	[4-6] (15.8 d.)	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co Committee	intributing	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	\$
House #	Street Address	.,,,,		Date [MM/DD/YYYY]	\$
City	13 (1) (9 x 3)	State	Zip Code	Date [MM/DD/YYYY]	\$
10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			k 200		1-31

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.)

Filer Identification Number:

	Marina de				
F					
Full Name of Co	ntributor		44	Date [MM/DD/YYYY] \$	
				第1年度 ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・	
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Co	ntributor		11-	Date [MM/DD/YYYY] \$	
House #	Street Address		-	Date [MM/DD/YYYY] \$	
		•			
City	[6] 27 1 2 2 2 2 2 2 2 2 2	State	Zip Code	Date [MM/DD/YYYYY] S	
Full Name of Co	ntributor		The state of the s	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Personal State State State Communication (State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address	 -		Date [MM/DD/YYYY] \$	<u>_</u>
City	Management and World Spring	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
	en la				
House #	Street Address		···	Date [MM/DD/YYYY] \$	
City	Disease and the stress waves 1852	State	Zip Code	Date [MM/DD/YYYY] \$	

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.

Filer Identification Numb	oer:				
AND RECORDS AND ADDRESS OF THE PROPERTY AND	mrewski.				
Full Name of				Date [MM/DD/YYYY]	.
Contributing Committ	tee :				
House#	Street Address			Date [MM/DD/YYYY]	\$
					\$4.5 1.5 1.5
City		State	Zip Code	Date [MM/DD/YYYY]	\$
	Service of				
Full Name of Contributing Committ	tee			Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	
City	- Control of the state of the s	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of			······	Date [MM/DD/YYYY]	S
Contributing Committ	iee				
House #	Street Address			Date [MM/DD/YYYY]	5
City	•	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of		P. Carlotte		Date [MM/DD/YYYY]	
Contributing Committ	tee			 S. W. Andrew St. And Mark Physics (Property St. 2012). 	
House #	Street Address		110	Date [MM/DD/YYYY]	\$
City	Personal Property	State	Zip Code	Date [MM/DD/YYYY]	\$
	ISBN NAME OF THE STATE OF THE S			SIA - SEVENSE	MANA WA
Full Name of Contributing Committ	tee			Date [MM/DD/YYYY]	*
House #	Street Address			Date [MM/DD/YYYY]	\$
City	(See Mile 1825 And See See See See See See See See See Se	State	Zip Code	Date [MM/DD/YYYY]	S
		ghiashan (C			
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$
SE RESULT	Š (S)			David 4 1942	
House#	Street Address			Date [MM/DD/YYYY]	\$
		E -277			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
JV-4 (5 %)					

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:

Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
(g)(83)				
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		KWIT		Occupation
Employer Maili Principal Place				
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
City	<u> #</u> #: \$ 1 1 1 1	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		•		Occupation
Employer Maili Principal Place				[2, 1942, 2009, 2001 et]
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address		···	Date [MM/DD/YYYY] \$
City	1247-12 1245-1247-1247-1247 13 14 14 14 14 14 14 14	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	The state of the s		I di inima di ina di	Occupation
Employer Maili Principal Place	ng Address / of Business			
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	Table leving appropriate def	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		*	•	Occupation
Employer Maili Principal Place	ng Address / of Business			

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Num	iber.			
Full Name		<u>.</u>	· · ·	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	Tele-			
Full Name				
House#.	Street-Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address		L. Company	In the state of th
City.		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		75 PERCONNELL	4.00	Collect
Full Name				-
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				-
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			Company and	V
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	が表現された。 1971年 - 1971年 - 197			

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:				
	···			7.16143
1. UNITEMIZED (N-KIND CONTR	IBUTIONS RECEIVED-VA	LUE OF \$50.00 OR LESS PE	R CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$		
2. IN-KIND CONTRIBUTIONS REC	CEIVED-VALUE OF \$50.0	1 TO \$250.00 (FROM PART	TF)	
TOTAL for the reporting period	(2)	\$		
3. IN-KIND CONTRIBUTION REG	EIVED-VALUE OVER \$25	0.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals f				
on Page 1, Report Cover Page, Item F)			•	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer (dentification Number:			

Full Name of Contribu	itor			Date [MM/DD/YYYY]	
House:#	Street Address			Date [MM/DD/YYYY]	
City	1000 HOLL FORD YOURSESS	State	Zip Code	Date [MM/DD/YYYY]	S
Description of Contrib	oution	20 or 2005 \$4 to (1)	The second secon		
Full Name of Contribu	itor:			Date [MM/DD/YYYY]	S
#House #	Street Address			Date [MM/DD/YYYY]	\$
City	表表記。1938年1月2月1日 1945年1日 1945年1日	State	Zip Code	Date [MM/DD/YYYY]	
Description of Contril	oution	Control of the Contro	The state of the s	· · · · · · · · · · · · · · · · · · ·	
Full Name of Contribu	utor.			Date [MM/DD/YYYY]	
House#	Street Address			Date [MM/DD/YYYY]	
Glv	Parameter Charles Char	State	Zip Code	Date [MM/DD/YYYY]	
Description of Contrib	oution				
Full Name of Contribu	itor			Date [MM/DD/YYYY]	\$
(House #	Street Address			Date [MM/DD/YYYY]	\$
Gity.		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	oution is a missiline.				
Full Name of Contribu	itor	 "		Date [MM/DD/YYYY]	
House:#	Street Address			*Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	S
Description of Contrib	oution				

SCHEDULE II Part G

In-Kind Contributions Received VALUE OVER \$250

<u> </u>			VALUE OVER \$230	
Filer Identification	n Number:			
n ez ir ni jere z itzekt	6. 数点的基础图像设计			
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
				1 (C)
City	1 2001	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	•			Occupation
Employer Maili Place of Busine	ng Address / Principal ss			Description of Contribution
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
	Street Address			
City	() () () () () () () () () ()	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam				Occupation
Employer Maili Place of Busine	ng Address / Principal ss			Description of Contribution
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	[1 400 am, see 5 se 5 m]	State	Zíp Code	Date [MM/DD/YYYY] \$
Employer Nam	e	resingtivent in		Occupation
Employer Maili	ng Address / Principal			Description
Place of Busine				of Contribution
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
				Mag
House #	Street Address			Date [MM/DD/YYYY] \$
		Cana.	lo gradi podrada (Sedi	Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$

Employer Name

Employer Mailing Address / Principal Place of Business

Occupation

Description of

Contribution

SCHEDULE III Statement of Expenditures

	 200	1 1000	
			 _
I wanted to the transfer to the first to the			
Filer Identification Number:			
Titel lectionication items			
[11] [15] [15] [15] [15] [15] [15] [15]			,
数数 1、4 (表 数 1)			1
「中心」として、 200 日、 日で 5.12年1月87日2回2日2日2日2日2日2日2日2日2日2日2日2日2日2日2日2日2日2日			
1.8年 - アンコンド、14年 アンスタング おう数7代のカラを変わせまし.			
[1] [1] [1] [2] [3] [4] [4] [4] [4] [5] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4			

To Whom Paid	1			Date [MM/DD/YYYY] \$
House #				Description of Expenditure
nouse#	Street Address			
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
	1607 1407 1508		UNA PARAMETER AND ADDRESS OF THE PARAMETER AN	
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	をはかずいだい。 関係でありません。	State	Zip	
To Whom Paid	syfinide	기를 30 00월 7년 중국은 20년 년 -	Code	Date [MM/DD/YYYY] \$
House#	Street Address			Description of Expenditure
City	199588 A.J. A. M.	State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	Fr 427 ft-s (3-632) 334 (33-66)	State	Zip Code	
To Whom Paid		P. St. M. D. St. J.	Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure
City	[1] 新加州·斯拉斯斯特	State	Zip Code	The Control of the American Section 2015 and Section 1995 (1995) The Control of
To Whom Paid	11 (1) 14 (1) 14 (1) 14 (1) 15 (1)			Date [MM/DD/YYYY] \$
To Whom Paid	Street Address			Date [MM/DD/YYYY] \$ Description of Expenditure
) 	State	Zip Code	
House #	Street Address	State		
House #	Street Address	State		Description of Expenditure
House # City To Whom Paid	Street Address	State		Description of Expenditure Date [MM/DD/YYYY] \$

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 Identificatio	n Number:			
Name of Credit	tor See See			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of D	Debt		ER MANAGE	
Name of Credit	ior () () ()	Outstanding Balance of Debt		
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
Citý		State	Zip Code	
Description of C	Zebt	<u></u>	Part is referented in	
Name of Credite	or and a second			Outstanding Balance of Debt
House#	Street Address	-	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of D	Jebt			
Name of Credit	or .			Outstanding Balance of Debt
House #	Street Address	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of D	Jebt			
Name of Credite	or			Outstanding Balance of Debt
House #	Street Address	5	DATE DEBT INCURRED [MM/DD/YYYY]	\$.
City	PATENTIAL PROPERTY OF THE PROPERTY OF THE PATENTY O	State	Zip Code	
Description of D	Jeot			
Name of Credito	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
Gity		State	Zip Code	
Description of D)ebt			