Reset Form

Print Form



Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification	Report Filed B	v Candida	te	Committee		Lobbyist
Number	(Mark X)	Januiua		- Committee		
Name of Filing Committee, Candidate or Lobbyist	FRIENDS OF MEL	VIN WITHERSPOO				
Street Address	P O BOX 1171					
City ERIE	<u> </u>	State	PA	Zip Code	16512	
Type of Report (Place x under report type)						
1-6 th Tuesday 2-2 nd Friday 3-30 Day Post	4- 6th Tuesday	5- 2 nd Friday	6- 30 Day Post	7- Annual	Special 2 nd Friday	Special 30 Day
Pre-Primary Pre-Primary Primary	Pre- Election	Pre- Election	Election		Pre-Election	Post-Election
	L L		Augustus and		Toppination	
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	0	5/06/19	+ .**			
A. Amount Brought Forward From Last Repor		54.82	· · · · · · · · · · · · · · · · · · ·			
B. Total Monetary Contributions and Receipts	\$ \$	300			a a a a a a a a a a a a a a a a a a a	(<u>)</u>
(From Schedule I)	-				777 1779	Caur
C. Total Funds Available (Sum of Lines A and B)		354.82			1 () () 1 () () 1 () ()	
D. Total Expenditures (From Schedule III)	\$	250			[3] [7]	3 7 KA
E. Ending Cash Balance (Subtract Line D from Line C)	\$	104.82			(); ()	<u> </u>
F. Value of In-Kind Contributions Received (From Schedule II)	\$				7) 100 200 <u> </u> 100	** 12
G. Unpaid Debts and Obligations (From Schedule IV)	\$				E —————————————————————————————————	<u> </u>
	∢ .	த அffidavit Se				
Part 1- If this is a Committee report, treasurer sign I swear (or affirm) that this report, including the atta	nere. If this is a ar	report, ca	andidate sign here.	Ire and holief+	ue correct and compl	ete
Sworn to and subscribed before me this 10 th day of May 20 19 10 th day of May 20 19 10 th day of May 20 19 10 th day of Mo. DAY YR	DNWEALTH OF PENNSYI NOTARIAL SEAL IN S. Alexander, Notary	mmission Expires Oct. 31 ENNSYLVANIA ASSOCIATION OF	Signature 50 NU Area Code	of Person Subre	nitting peport.	- 57
Part II- if this is a report of a Candidate's Authorized Commerce, candidate's 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 DH	WEALTH OF PENNSYLVANIA NOTARIAL SEAL S. Alexander, Notern Public v. of Erie. Erie County	Sion Expires Oct. 31, 2019 WINANIA ASSOCIATION OF NOTARIES	Meluis Meluis SIU Area Code	Printed Name	Has Mudate NEW SPECY 146-685 ime Telephone Number	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	FRIENDS OF MELVIN WITHERSPOON	-
		 ·

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	
2, Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	
Total for the reporting period (2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	300
Total for the reporting period (3)	\$	300
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, Report Cover Page, Item B)	\$	300

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.

riter identification					
					Amount
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
Circ		· ·	7: 0- 1	P.A. Fancin	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor Committee	ntributing	<u> </u>		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor Committee	ntributing		,	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Con Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/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.)

Filer Identification	Number				
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
				XX. 84448041	NAME OF THE PARTY
House #	Street Address			Date [MM/DD/YYYY]	\$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				1.70	
(City	<u> </u>	State	Zip Code	Date [MM/DD/YYYYY]	\$
	28 1 - Orege & Original 10				Taken I
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
	74 M M C G A				
House #	Street Address			Date [MM/DD/YYYY]	\$
CONTRACTOR OF THE PROPERTY OF		(5.42°02°)	Figure School was a server and se		
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor		日的多数特殊的可能是	Date [MM/DD/YYYY]	\$
Jame of Co					
House #	Street Address		<u></u>	Date [MM/DD/YYYY]	\$ ·
				The state of the s	(一) (1) (1) (1)
City		State	Zip Code	Date [MM/DD/YYYY]	.
Full Name of Co	ntributor			Date (MM/DD/YYYY)	S
House#	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	<u> </u>
Full Name of Co		5567874		Date [MM/DD/YYYY]	
rui ivame of Co				Pare Hanali DRV (1915)	S
House#	Street Address	•		Date [MM/DD/YYYY]	\$
				S 40 Note Antibodio and Connected for all 11-11-12 is	() () () () () ()
City	日本的海洋國產品語到開發	State	Zip Code	Date [MM/DD/YYYY]	(624) G
			17 中的原列 的 基础的 对方和中心的网络	1997	
Full Name of Co	ntributtor.			Date [MM/DD/YYYY]	S

House#	Street Address			Date [MM/DD/YYYY]	\$
		125		7	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				City delta	

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 Number:

Mark Street Street					
Full Name of				Date [MM/DD/YYYY] \$	
Contributing Co	mmittee			· · · · · · · · · · · · · · · · · · ·	
House #	Street Address		····	Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
210		State	Zip Code	Date [MM/DD/YYYY] \$	
City		State	Zip code		
		(1/p) 1/			
Full Name of				Date [MM/DD/YYYY] \$	
Contributing Co	mmittee				
House #	Street Address			Date [MM/DD/YYYY] \$	
					•
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				The state of the s	
Full Name of		34 1/2004/887	Colored Color Colored Colored	Date [MM/DD/WW]	
Contributing Co	mmittee				
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			Date [MM/DD/YYYY] \$	
House #	Street Address			Date IMM/DD/11111	
				(2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
	_			· · · · · · · · · · · · · · · · · · ·	
Full Name of				Date [MM/DD/YYYY] \$	
Contributing Co	mmittee				
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of		3.55. 92.401/34, -	[Bases 65-17, 1515 Fig. 8]	Date [MM/DD/YYYY] \$	
Contributing Co	mmittee				
	Street Address			Date [MM/DD/YYYY] \$	
House #	Street Address				
	Politika ja ja				
City	•	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of				Date [MM/DD/YYYY] \$	
Contributing Co	mmittee				
House#	Street Address			Date [MM/DD/YYYY] \$	
	ria especialista de				
City		State	Zip Code	Date [MM/DD/YYYY] \$	<u>. </u>
				日本の社会として●とことのでき、120年(1894年)の日本会会	
TANGE PERCENT		BATTER PER STATE	ACCEPTATION SERVICES		

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	ntributor			Date [MM/DD/YYYY] \$		
	MELVIN WITHE	05/03/2019				
House #	Street Address			Date [MM/DD/YYYY] \$		
	83					
City -		State	Zip Code	Date [MM/DD/YYYY] \$		
ERIE		PA	16502			
imployer Name	はとしていると表し物質に			Occupation		
mployer Mailir Principal Place o						
ull Name of Co				Date [MM/DD/YYYY] \$		
House#	Street Address			Date [MM/DD/YYYY] \$		
	Su eet Address					
			3			
City		State	Zip Code	Date [MM/DD/YYYY] \$		
	調節には、 mgm , eacht 音 g 1, 1 、 ・ e 4 T	- 開発用		Occupation		
Employer Name				, ————————————————————————————————————		
Employer Mailin Principal Place o	ig Address / if Business					
Full Name of Co	125,925,127,237, 427, 427, 43			Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$		
	Street Address			1		
City		State	Zip Code	Date [MM/DD/YYYY] \$		
Signal	euros en eusa dele librario di 1811.			Occupation		
mployer Name						
Employer Mailin Principal Place o						
Full Name of Co				Date [MM/DD/YYYY] \$		
				Date [MM/DD/YYYY] \$		
House #	Street Address			Date (IMIN/DD/TTTT)		
ity	- 新春秋花春春 <u>年</u> 日 1	State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name			production states	Occupation		
mployer Mailin						
mpioyer iviallin Principal Place o						

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	ber.			
Full Name				
(House # City	Street Address	State	Zip	Date [MM/DD/YYYY] \$
Receipt Description			Code	
Full Name			· 	
House#	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Réceipt Description				
Full Name House#	Street Address	ше		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House#	Street Address	State	Zp	Date [MM/DD/YYYY] \$
Receipt Description	%	1000 1000 1000 1000 1000 1000 1000 100	Code	
Full Name				
House #	Street Address	he constituto.		
		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
House#	Street Address			
City	evryu Angel	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		वस्थ्यकृत कर्या व्यवस्था	F 19 (9), 32	Progress

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 (dentification Number)			
			and the control of th
1. UNITEMIZED IN-KIND CONTRI	IBUTIONS RECEIVED-VA	LUE OF \$50.00 OR LESS PER ©	ONTRIBUTOR
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	1 TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3 IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250	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)	TOTH DONES 1, 2, and 3, 6	iiso entei	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:					
中的社会的主要机工部分:	epietia dell'				
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	
Description of C	ontribution	10 de	The State of Control of Control		· · · · · · · · · · · · · · · · · · ·
Full Name of Co	ntributor	শ শ		Date [MM/DD/YYYY]	\$
					1 1 1 1 1 1 1 1 1 1
House#	Street Address			Date [MM/DD/YYYY]	(S)
endrige de la companya de la company La companya de la co					
City	1	State	Zip Code	Date [MM/DD/YYYY]	7. \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Description of C	ontribution		gereine anaturi (i. i.)		1:
Full Name of Co	ntributor	. [Date [MM/DD/YYYY]	\$
House #	Street Address		-	Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	<u> </u>
Description of C	ontribution		<u> 1 19 . 3,244</u>		F-Seg ^{er}
Full Name of Co	ntributor	18		Date [MM/DD/YYYY]	\$
				partition to the Partition (1995)	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of C	ontribution	er/Webste (1			<u> </u>
Full Name of Co	ntributor	1	,	Date [MM/DD/YYYY]	
House#	Street Address			Date [MM/DD/YYYY]	
City	1000 1000	State	Zip Code	Date [MM/DD/YYYY]	<u> </u>
					# 14.1 # 14.1
Description of C	ontribution		Balairriikmaina		
	一点に対しては、1847年には、1947年に	<u> </u>	· · · · · · · · · · · · · · · · · · ·		

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:			

Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
		To the state of th
Gty	State Zip Code	Date [MM/DD/YYYY] \$
THE STATE OF THE S	[集]	Occupation
Employer Name		
Employer: Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House# Street Address		Date [MM/DD/YYYY] 5
(City)	State Zip Code	Date [MM/DD/YYYY] \$
		The state of the s
Employer Name	Project American Control of Contr	Occupation
'Employer Mailing Address / Principal		Description
Place of Business		of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
Gity	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of
Prace of business		Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] S
City	State Zip Code	Date:[MM/DD/XYYY] \$
Employer Name		Occupation
		Description
Employer Mailing Address / Principal Place of Business		of Contribution

SCHEDULE III Statement of Expenditures

사 美德 (1) 12 전 (1) 전			
Filer Identification Number:			
SHILL INCHESTION OF THE PROPERTY OF THE PROPER			
MARTINE DESIGNATION OF THE ALL POST OF THE ARTER TO THE STATE OF THE ARTER TO THE STATE OF THE ARTER TO THE STATE OF THE ARTER TO THE A			
는 이 보는 생활 보면 사람들이 이 문장에 가지 되었다. 그리고 있는 사람들은 사람들은 사람들은 사람들은 생활을 받았다.			
2.600 Prist 1974 P. C. P. Pris			
5 # \$280% \$1000 \$1000 \$100 \$100 \$100 \$100 \$100			
pulse excellent activities and the control of the control of the		A CONTRACTOR OF THE CONTRACTOR	

To Whom Paid				Date [MM/DD/YYYY] \$
ERIE COUNTY DEMOCRATIC PARTY				05/06/2019
House #	Street Address	P O BOX 1184		Description of Expenditure
City ERIE	1. ()	State PA	Zip Code 16512	SPRING DINNER 2019 TABLE OF 8
To Whom Paid	William Control			Date [MM/DD/YYYY] \$
A PANTA YANG	A Control September 1			Description of Expenditure
House #	Street Address			- Description of CAPCHOLORS
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	5. 对自己的情况,就是是自己的自己的。 并且我就是"一种"的。在"是一个	State	Zip	
To Whom Paid	<u> </u>		Code	Date [MM/DD/YYYY] \$
iidja	# # 1840 \$ 10-40 11-54			5 - C - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
House#	Street Address			Description of Expenditure
City	<u>人工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工工</u>	State	Zip Code	(1) 自然表现的最高的转换性,就是自然是自然的。
To Whom Paid		(Sign horizon)	Elementario de 1	Date [MM/DD/YYYY] \$
House#	Street Address			Description of Expenditure
City	<u> </u>	State	Zip Code	
To Whom Paid		0.5 M	<u> </u>	Date [MM/DD/YYYY] \$
House#	Street Address			Description of Expenditure
	Street Address			
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	The AMERICAN	State	Zip Code	
To Whom Paid		中语言者的话		Date [MM/DD/YYYY] \$
100 Care 100				Description of Expenditure
House #	Street Address			Description of Capenditute
City	The state of all all all all all all all all all al	State	Zip Code	

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 Nu	mber:			
《語》就是經濟的學院時代的時代。 語,然為時代	表面被為問			<u></u>
Name of Creditor	MELVIN WITHERSPOON			Outstanding Balance of Debt
House # 832	Street Address EAST 36TH STREET	「MM/DD/YYYY」		
	EAST SUIT STREET		05/03/2019	
City	ERIE	State	PA Zip 16504	300
Description of Debt	START UP MONEY FOR CAMPAIGN TO PAY F	OR DINNER		
Name of Creditor				Outstanding Balance of Debt
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of Debt		<u> </u>	1 people of state to	Pres pil
	(2004)			
Name of Creditor				Outstanding Balance of Debt
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	注明 (本) (中)
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	
			[MM/DD/YYYY]	
City	Alexandra de la companya del companya de la companya del companya de la companya	State	Zip Code	
Description of Debt				.l
Name of Creditor				Outstanding Balance of Debt
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
ができない。 10年 1月 1日			A SECTION OF THE SECT	
City		State	Zip Code	
Description of Debt			per one would	1.2 :