



Reset Form

Print Form

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 WITHERSPOON						
Street Address		PO BOX 1171						
City	ERIE	State	PA	Zip Code	16512			
Type of Report (Place x under report type)								
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11	Year	2019	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>
Summary of Receipts and Expenditures		From Date	To Date	For Office Use Only				
		05/06/2019	06/10/2019					
A. Amount Brought Forward From Last Report		\$	104.82	2019 JUN 21 PM 3:31 TF				
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	3,870					
C. Total Funds Available (Sum of Lines A and B)		\$	3,974.82					
D. Total Expenditures (From Schedule III)		\$	-2,045.9					
E. Ending Cash Balance (Subtract Line D from Line C)		\$	1,928.92					
F. Value of In-Kind Contributions Received (From Schedule II)		\$	0					
G. Unpaid Debts and Obligations (From Schedule IV)		\$	300					
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 exhibits, is to the best of my knowledge and belief true, correct and complete.								
Sworn to and subscribed before me this								
day of June 20 19								
Tonia Fernandez								
Signature								
My Commission expires 4-3-23								
MO. DAY YR.								
Commonwealth of Pennsylvania - Notary Seal Tonia Fernandez, Notary Public Erie County My commission expires April 3, 2023 Commission number 1288912 Member, Pennsylvania Association of Notaries								
Signature of Person Submitting report								
SONYA ADAMS								
Printed Name								
814 218-8557								
Area Code Daytime Telephone Number								
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								
day of June 20 19								
Tonia Fernandez								
Signature								
My Commission expires 4-3-23								
MO. DAY YR.								
Commonwealth of Pennsylvania - Notary Seal Tonia Fernandez, Notary Public Erie County My commission expires April 3, 2023 Commission number 1288912 Member, Pennsylvania Association of Notaries								
Signature of Candidate								
MELVIN WITHERSPOON								
Printed Name								
814 746-6854								
Area Code Daytime Telephone Number								

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		GLBT GREAT LAKES BUILDING TRADE POLITICAL ACTION FUND				Date [MM/DD/YYYY]		\$	200
						05/14/2019			
House #	185	Street Address		PENINSULA DRIVE		Date [MM/DD/YYYY]		\$	
City	ERIE	State	PA	Zip Code	16509	Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee						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:	
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Full Name of Contributor					THOMAS AND BRIAN SCULLY		Date [MM/DD/YYYY]	\$	100
							05/08/2019		
House #	529	Street Address		WEST 6TH STREET		Date [MM/DD/YYYY]	\$		
City		ERIE	State	PA	Zip Code	16507	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					SUZANNE & PAUL LICHTENWALTER		Date [MM/DD/YYYY]	\$	250
							05/14/2019		
House #	4508	Street Address		WOOD STREET		Date [MM/DD/YYYY]	\$		
City		ERIE	State	PA	Zip Code	16509	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					A. R. MARTINUCCI		Date [MM/DD/YYYY]	\$	100
							05/14/2019		
House #	4213	Street Address		MCCREARY TOAD		Date [MM/DD/YYYY]	\$		
City		ERIE	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					DAVID AND BEVERLY DICARLO		Date [MM/DD/YYYY]	\$	250
							05/17/19		
House #	4574	Street Address		WALTEN WOODS FRIVE		Date [MM/DD/YYYY]	\$		
City		ERIE	State	PA	Zip Code	16511	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					BARBARA STEELE		Date [MM/DD/YYYY]	\$	250
							06/04/2019		
House #	610	Street Address		WEST 3RD STREET		Date [MM/DD/YYYY]	\$		
City		ERIE	State	PA	Zip Code	16507	Date [MM/DD/YYYY]	\$	
Full Name of Contributor							Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$		
City			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 Number:	
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Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

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 Contributor

HENRY T PIETRASZEK

Date [MM/DD/YYYY]

05/21/2019

\$

500

House #

10373

Street Address

QUAIL CROWN DRIVE

Date [MM/DD/YYYY]

\$

City

NAPLES

State

FL

Zip Code

34119

Date [MM/DD/YYYY]

\$

Employer Name

Occupation

Employer Mailing Address /
Principal Place of Business

Full Name of Contributor

JOSEPH THOMAS M D

Date [MM/DD/YYYY]

05/14/2019

\$

500

House #

2374

Street Address

VILLAGE COMMON DRIVE SITE 100

Date [MM/DD/YYYY]

\$

City

ERIE

State

PA

Zip Code

16506

Date [MM/DD/YYYY]

\$

Employer Name

Occupation

Employer Mailing Address /
Principal Place of Business

Full Name of Contributor

CHRISTINE AND PHIL ENGLISH

Date [MM/DD/YYYY]

05/10/2019

\$

400

House #

1050

Street Address

LOOKOUT DRIVE

Date [MM/DD/YYYY]

\$

City

ERIE

State

PA

Zip Code

16507

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, 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 Number:	
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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									
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									
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									

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:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period	(1)	\$	
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)
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TOTAL for the reporting period	(2)	\$	
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)
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TOTAL for the reporting period	(3)	\$	
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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

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

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

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					Description of Contribution			
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					Description of Contribution			
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					Description of Contribution			
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					Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		BOURBON BARRELL			Date [MM/DD/YYYY]	\$	312.7
					05/10/19		
House #	1213	Street Address	STATE STREET		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16501	FUNDRAISER FOR CAMPAIGN	
To Whom Paid		ERIE TIMES NEWS			Date [MM/DD/YYYY]	\$	675
					05/10/19		
House #	205	Street Address	WEST 12TH STREET		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16534	ADVERTISEMENT IN NEWSPAPER	
To Whom Paid		KEVIN ARRINGTON			Date [MM/DD/YYYY]	\$	131
					05/10/19		
House #	1149	Street Address	WEST 10TH STREET		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16502	SUPPLIES FOR CAMPAIGN, PAPER, PINS, ETC	
To Whom Paid		DESANTIS SIGNS			Date [MM/DD/YYYY]	\$	127.2
					05/22/19		
House #	540	Street Address	WEST 18TH STREE		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16502	SIGNS FOR CAMPAIGN	
To Whom Paid		SONYA ADAMS			Date [MM/DD/YYYY]	\$	800
					05/22/19		
House #	938	Street Address	WEST 25TH STREET		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16502	CAMPAIGN SIGN HOLDERS/AND FOOD	
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 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 [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		State	Zip Code				
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		State	Zip Code				
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		State	Zip Code				
Description of Debt							