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

	(NOCC) TI	потеротенн	DC 01CG1 G1	id legible: it silot		1	
Filer Identification Number	-	Report Filed (Mark X)	By Candic	late	Committee	X	Lobbyist
Name of Filing Committee, Car Lobbyist	ndidate or	FRIENDS OF M	ELVIN WITHERSP	OON			
Street Address		Р О ВОХ					
City ERIE	<u> </u>		State	PA	Zip Code	16512	
Type of Report (Place x under re	enart type)	,			l · · · · · · · ·		
1-6 th Tuesday 2- 2 nd Friday		4 oth Tugoday	/ 5- 2 nd Friday	6- 30 Day Post	7- Annual	Special 2 nd Friday	Special 30 Day
Pre-Primary Pre-Primary		Pre- Election	Pre- Election	I	7- Allinual	Pre-Election	Post-Election
				X			
Date Of Election	44/5/40	Year		Amendment		Termination	
(MM/DD/YYYY)	11/5/19	•	2019	Report		Report	
Summary of Receipts and	From Date	To Da	te		For	Office Use Only	
Expenditures	10/22/19		11/25/19				~
A. Amount Brought Forward Fr	om Last Report	\$	1367.45			Ö	70
B. Total Monetary Contribution (From Schedule I)	ns and Receipts	\$	500.00	1		24 1 2 2 3 1 2 4 1 2 2 3 1 2 4 1 2 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
C. Total Funds Available		\$	4067.45	1			ហ
(Sum of Lines A and B)			1867.45	4		10.0 (100) (40.0 (10)	70
D. Total Expenditures (From Schedule III)		\$	1307.52	<u>.</u>			acceptance with the second sec
E. Ending Cash Balance (Subtract Line D from Line C)		\$	559.93				:3 - 5
F. Value of In-Kind Contribution (From Schedule II)	ns Received	\$		1		gar sa	
G. Unpaid Debts and Obligation	ns	\$		1			
(From Schedule IV)		•					
Part 1- If this is a Committee report	treasurer sign he	ro If this is a C	Affidavit S				
I swear (or affirm) that this report, i		hadrsebeidbleß i	empageanis to et	विष्युक्तिका my knowled	lge and belief to	ue, correct and comple	te.
Sworn to and subscribed before me		** *	SON - Notary Publ e County	71 I	100		
3M day of DETEUBE	R 20 19	My Commission	Expires Feb 2, 20 Number 1288351	22 mga	Lindla	<u>~_</u>	<u> </u>
Haurie du	1 tron	Collettes		Signature SONYA ADAMS	of Person Subm	itting report	
Signature			_		Printed Nam	е	
My Commission expires ∂	7-23	•	;	814	218	-8557	
MO.	DAY YR.	_	_	Area Code	Day	rtime Telephone Numbe	er
Part II- If this is a report of a Candid							
I swear (or affirm) that to the best of amended.	of my knowledge a Com	nd belief this particular that per the property of P	plitical committee ennsylvania - Nota SON - Notary Publi	e has not violated any iry seal	provisions of t	he Act of June 3, 1937 (P.L. 1333, NO.320) as
Swara to and subscribed before me	+hic	Erio	County	-n d1	! a	<u> </u>	
Sworn to and subscribed before me this My Commission Expires Feb 2, 2027 Commission Number 1288351							
To the same of the	Signature of Candidate						
Signature	illus in	·	_1	MELVIN WITHERSPOO	ON Printed Name	ı	
My Commission expires $2 - a$	7-23	4 ,	;	814	746-6	854	
MO.	DAY YR.	-	-	Area Code	Dayt	ime Telephone Number	

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
	_	
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)	\$	500.00
All Other Contributions (Part B)	\$.	
Total for the reporting period (2)	\$	500.00
3. Contributions Over \$250.00 (From Part C and Part D)	•	
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$.	
Total for the reporting period (3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	-	
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)	\$	500.00

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				
		1			Amount
Full Name of Co.	ntributing			Date [MM/DD/YYYY]	\$
Full Name of Co Committee	nurbuung			Date [WING DD/ 1111]	
House #	Street Address			Date [MM/DD/YYYY]	\$
					1
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributing		1	Date [MM/DD/YYYY]	\$
Committee	in in a thig			Date [WINN DD/ 1111]	
House #	Street Address			Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	atributing			Date [MM/DD/YYYY]	\$
Committee	iiri matilig			Dars Innin/DD/1111	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	P	State	Zip Code	Date [MM/DD/YYYY]	······································
Full Name of Cor	ntributing		1 '	Date [MM/DD/YYYY]	\$
Committee	introduing.			(<u>Limite Fr. () () () () () () () () () (</u>	
House #	Street Address		1010	Date [MM/DD/YYYY]	\$
					* .
City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	Date [MM/DD/YYYY]	\$1
Full Name of Cor	atributing	[8] A. S.		Date [MM/DD/YYYY]	\$
Committee		· 			
House #	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	ontributor	·		Date [MM/DD/YYYY] \$	
House #	Street Addre	4 <u>0</u> 5.0		Date [MM/DD/YYYY] \$	
House #	Street Addre	1935		Date [MINI/DD/1111]	
niens					
City	·	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Addre	<u>√28</u> 1		Date [MM/DD/YYYY] \$	
	Success Active				
City		State	Zip Code	Date [MM/DD/YYYY] \$	•
	•		a vel sala vivi		-
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
		•			
House #	Street Addre	ice .		Date [MM/DD/YYYY] \$	
		-33			
City		State	Zip Code	Date [MM/DD/YYYY] \$	
		3.62			
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
Maria de la compania				**************************************	
House #	Street Addre	ess		Date [MM/DD/YYYY] \$	
enderal fort	机分析设计		Here a balance		
City		State	Zip Code	Date [MM/DD/YYYY] \$	
	16. 224 or 22.6436 or 6.	lika 19	The San San San		
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
				10873 10873 10873	
House #	Street Addre	SS		Date [MM/DD/YYYY] \$	
				2 % 2 %	
City	W.C. V. W. V. U1873	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor	V. N. (b.)	Space Committee by their	Date [MM/DD/YYYY] \$	
				Date (MAYDD) 11 11 2	
				[27] [27] [27] [27] [27] [27] [27] [27]	
House#	Street Addre	SS		Date [MM/DD/YYYY] \$	
		松 (1) (2) (3)			
City	Bach 18 9 7 pm.	State	Zip Code	Date [MM/DD/YYYY] \$	
		A Control		3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1888 N. M. C.		Physic 888 [87]	I Glast, 18600 118/04	86,34	

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Full Name of				Date [MM/DD/YYYY]	(1. 5 ジ (1.5)
Contributing Co	D mmittee LPAC -ERII	.E			500.00
House #	Street Addres	SS		Date [MM/DD/YYYY]	
120		WEST 10TH STREET			
City	NEW TOTAL SERVICE AND A	State	Zip Code	Date [MM/DD/YYYY]	\$
ERIE		PA	16501	Michael Gregoria (April 1984), and a common transfer	
Full Name of		processor and progress	page that the region p	Date [MM/DD/YYYY]	
Contributing Co	mnittee				
House #	Street Addres	ss		Date [MM/DD/YYYY]	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
		The state of the s			
City	- 基本企業等等的企业。 - 1000年第一年的企	State	Zip Code	Date [MM/DD/YYYY]	
				South Control of the second	
Full Name of				Date [MM/DD/YYYY]	3
Contributing Co	mmittee				
House #	Street Addres	:SS		Date [MM/DD/YYYY]	\$
14. 188					「
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of				Date [MM/DD/YYYY]	- 3
Contributing Co	mmittee				
House #	Street Addres	şs		Date [MM/DD/YYYY]	S
City	MARKAGOTT C. C. C.	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of				Date [MM/DD/YYYY]	
Contributing Co	mmittee				
House #	Street Addres	98 35 988		Date [MM/DD/YYYY]	Š
		the state of the s			
City	Business and a second	State	Zip Code	Date [MM/DD/YYYY]	
					A 18 18 18 18 18 18 18 18 18 18 18 18 18
Full Name of Contributing Co				Date [MM/DD/YYYY]	
And the second					Sylm 2
House #	Street Addres	iS		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 Contribu	itor			Date [MM/DD/YYYY] \$
House #				Date [MM/DD/YYYY] \$
	Street Address	•		Date [wint/DD/#111]
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailing Add Principal Place of Bus				
Full Name of Contribu	itor /			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	西汉语含染色的 经收益的	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		1		Occupation
Employer Mailing Add Principal Place of Bus				The Average Mark Constants
Full Name of Contribu				Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	[b. 124, 44, 12, 12, 12, 12, 12, 12, 12, 12, 12, 12	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Print Holiday W	Occupation
Employer Mailing Add Principal Place of Busi				
Full Name of Contribu	ALTO S			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	i je majarnije – Nodali i	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Maria de la compania	Occupation
Employer Mailing Add Principal Place of Busi				The state of the Control of the State of the

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.

Fier Identification Nur				
Full Name	GEARCOST 64			
House#	Street Address			
	Street Address	E Se Cières N	Francistis Fra	The transfer topogram and
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	of superiors	[84 : + 2 1 + 2 1 k]	Herry the control	. }
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	The Park Control of the Control of t	[現代和12年1]	Marting giller	<u> </u>
Full Name				
House #	Street Address			
Citý		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name	提供を含め 対象を含む 対理機能	·		4 U
House #	Street Address			
City	INCRESSED STREET AND THE STREET AND	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		kalinin		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		in in the second		
FulliName	Presser (f.)			
House #	Street Address			
City	Desired (Charles of the Charles)	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	連合できた。 See Pital Control Control Control Control	/性大型 (新文		1 1 671

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			
1. UNITEMIZED IN-KIND CONTRIBU	JTIONS RECEIVED-VA	LUE OF \$50.00 OR LESS PER CO	NTRIBUTOR
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS RECEIVE	VED-VALUE OF \$50.0	1 TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	. \$	
3. IN-KIND CONTRIBUTION RECEIV	ED-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 from on Page 1, Report Cover Page, Item F)			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Num	ber :			ť	
Full Name of Contrib	utor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	S
oficial and a second se					
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contri	bution				
Full Name of Contrib	utor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	\$
City	Trid sassin sipa siledi bilgit	State	Zip Code	Date [MM/DD/YYYY]	\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Description of Contri	bution	to total tree clear	en en al anticipa de deserva a la cara la la cara la c	1	
Full Name of Contrib)	·		Date [MM/DD/YYYY]	
				Structure of a structure of the structur	
House #	Street Address			Date [MM/DD/YYYY]	\$
Strept (1)				0.00 T1 T150 (₩0.00 0.00 ₹ 60 20 00 ₹ 61 52.00 00 .₩0.00	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				THE PROPERTY IN CONTROL OF THE CONTR	
Description of Contri	bution	Cr 1252 (1), 10.11	The state of the s		<u> </u>
Full Name of Contrib	utor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	**************************************
				 (4) 1973年の日本の一番日本の日本の「単独集の書の日本」、1973年の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の	
City	AUGULAUS DE SESTE	State	Zip Code	Date [MM/DD/YYYY]	\$
				Court disperse (1 € Truns) = € volume (1 + 43 estens es € 2)	ids, id Article
Description of Contri	oution	ROTH ASSESSMENT	Extra contract Construction		
Full Name of Contribu	itor			Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	A3
				and the state of the manufacture of the state of the sta	
City	全是空間度率是阻震型	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contril	oution	· · · · · · · · · · · · · · · · · · ·	to the second se		· · · · · · · · · · · · · · · · · · ·

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:		
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Stree	t Address	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		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] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Place of Business	Principal	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	Description
Place of Business		of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
	Address	Date [MM/DD/YYYY] \$
Gity	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address /	Principal	Description
Place of Business		of Contribution

Statement of Expenditures

Filer Identification Number:		

To Whom Paid				Date [MM/DD/YYYY] \$	
	MELVIN WITHERSPOON			11/2/19	27.54
House # 832	Street Address EAST 36	TH STREET	. "	Description of Expenditure	
City ERIE	Sta	rte PA	Zip Code 16504	REIMBURSE FOR BREAKFAST	
To Whom Paid	KEVIN ARRINGTON			Date [MM/DD/YYYY] \$	40.00
House #	Street Address			Description of Expenditure	
1149	WEST 10	TH STREET		igese de la la company de	
City ERIE	Sta	t e PA	Zip Code 16501	HOLY TRINITY EVENT DONATION	
To Whom Paid	CALAMADIS COLUD DOIA			Date [MM/DD/YYYY] \$	4450.00
CALAMARI'S SQUID ROW				11/5/19	1168.08
House # 1317	Street Address STATE ST	REET		Description of Expenditure	
City ERIIE	Sta	t e PA	Zip Code 16501	ELECTION DAY PARTY	
To Whom Paid	FIRST NATIONAL BANK			Date [MM/DD/YYYY] \$	22.00
House # 1424	Street Address EAST GRA	ANDVIEW BLVD		Description of Expenditure	
City ERIE	Sta	te PA	Zip Code 16510	BANK FEES	in Process State 9:3 等 in mineral (S.B.) State Sta
To Whom Paid	SONYA ADAMS			Date [MM/DD/YYYY] \$	49.90
House # 938	Street Address WEST 25	TH STREET		Description of Expenditure	
Gity ERIE	St	te PA	Zip Code 16502	GAS, REFRESMENTS FOR MEETIN	G/POSTAGE .
To Whom Paid		***************************************		Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City	Sta 1	5.53	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address		 -	Description of Expenditure	
City	Sta	ie i	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City	Sta		Zip Code		在在20次的重要1.4台目的1988年代。然后仍然中等编制

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 Nur	nber:		
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	\$
		[MM/DD/YYYY]	
City		State Zip Code	4
Description of Debt		<u> </u>	[36]
Name of Creditor			Outstanding Balance of Debt.
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State Zip Code	## 1
Description of Debt			
Name of Creditor	在實際學 一個學 用 用 用 用	100 mm	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City	Barazan samasa samag Samasan	State Zip Code	
Description of Debt		<u> </u>	<u></u>
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	200 7 (1) 10 (1)
City		State Zip	
Description of Debt		Code	
	。 現實 財務 財務 財務 財務 財務 財務 財務 財務 財務 大規 大規 大規 大規 大規 大規 大規 大規 大規 大規		
Name of Creditor	Section 1		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	(株)	State Zip Code	
Description of Debt			180.001
Name of Creditor		,	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State Zip Code	
Description of Debt		ACCES NACORES II	[美雄]