

Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number :		20180238		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF BOB MERSKI												
Street Address: P.O. BOX 667												
City: ERIE						State: PA			Zip Code: 16512			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY PRIMARY	POST-	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2019	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>		DISKETTE			
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR	DEM			
						11	5	2019	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		4	2	2019		5	6	2019				
A. Amount Brought Forward From Last Report						\$ 27,031.67						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 1,000.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 28,031.67						
D. Total Expenditures (From Schedule III)						\$ 3,920.99						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 24,110.68						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 37,033.13						

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 filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF BOB MERSKI	From: <u>4/2/2019</u> To: <u>5/6/2019</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 0.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 0.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 1,000.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 1,000.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.00

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 Page1, Report Cover Page, Item B.)	\$ 1,000.00
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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.							
Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				DATE	AMOUNT		
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL	
\$	0.00

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL	
\$	0.00

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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate FRIENDS OF BOB MERSKI	Reporting Period From: <u>4/2/2019</u> To: <u>5/6/2019</u>
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				DATE			AMOUNT		
Full Name of Contributing Committee					MO	DAY	YEAR	\$	1,000.00
ERIE INSURANCE PAC									
Mailing Address					1	31	2019		
PO BOX 1699									
City			ERIE	State	PA	Zip Code (Plus 4)		165301000	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 1,000.00

PART D
ALL OTHER CONTRIBUTIONS
OVER \$250.00

**Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)**

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL	
\$	0.00

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.

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 0.00

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

Name of Filing Committee or Candidate		Reporting Period	
FRIENDS OF BOB MERSKI		From: <u>4/2/2019</u> To: <u>5/6/2019</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
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, Reports Cover Page, Item F.)		\$	0.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF BOB MERSKI	From <u>4/2/2019</u> To: <u>5/6/2019</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
COMMITTEE TO ELECT DAVID RIDGE				
Mailing Address 6324 LONGWOOD DR	4	17	2019	\$ 150.00
City ERIE	State PA	Zip Code (Plus 4) 165051025	Description of Expenditure DONATION	
To Whom Paid	MO	DAY	YEAR	
COMMITTEE TO ELECT ERIN CONNELLY				
Mailing Address 5186 WALNUT RIDGE DRIVE	4	17	2019	\$ 150.00
City ERIE	State PA	Zip Code (Plus 4) 16506	Description of Expenditure DONATION	
To Whom Paid	MO	DAY	YEAR	
COMMITTEE TO ELECT JOSEPH E. SINNOTT				
Mailing Address PO BOX 3261	4	17	2019	\$ 250.00
City ERIE	State PA	Zip Code (Plus 4) 165080261	Description of Expenditure DONATION	
To Whom Paid	MO	DAY	YEAR	
ERIE FIREFIGHTERS LOCAL 293				
Mailing Address 3507 PEACH ST	4	26	2019	\$ 400.00
City ERIE	State PA	Zip Code (Plus 4) 165082741	Description of Expenditure AD	
To Whom Paid	MO	DAY	YEAR	
ERIE-CRAWFORD COUNTY CLC				
Mailing Address 32 W 8TH ST STE 604	4	26	2019	\$ 50.00
City ERIE	State PA	Zip Code (Plus 4) 165011352	Description of Expenditure AD	
To Whom Paid	MO	DAY	YEAR	
FRIENDS OF PETE SALA				
Mailing Address 731 FRENCH ST FL 2	4	17	2019	\$ 250.00
City ERIE	State PA	Zip Code (Plus 4) 165011207	Description of Expenditure	

To Whom Paid LAURIE LAIRD			MO	DAY	YEAR	\$ 108.95
Mailing Address 455 GLENRIDGE RD			1	31	2019	
City ERIE	State PA	Zip Code (Plus 4) 165093218	Description of Expenditure REIMBURSEMENT-NOTARY			

To Whom Paid LAURIE LAIRD			MO	DAY	YEAR	\$ 107.00
Mailing Address 455 GLENRIDGE RD			2	25	2019	
City ERIE	State PA	Zip Code (Plus 4) 165093218	Description of Expenditure NOTARY FEES			

To Whom Paid EMILY E. MERSKI ESQ			MO	DAY	YEAR	\$ 1,800.00
Mailing Address 625 JAMES ST			3	15	2019	
City ERIE	State PA	Zip Code (Plus 4) 165091619	Description of Expenditure REIMBURSEMENT NGP			

To Whom Paid KARI MERSKI			MO	DAY	YEAR	\$ 184.91
Mailing Address 3309 CANNONCADE CT			1	16	2019	
City CHESAPEAKE BEACH	State MD	Zip Code (Plus 4) 207324107	Description of Expenditure FOOD-SWEARING IN			

To Whom Paid SPECTRUM BUSINESS			MO	DAY	YEAR	\$ 342.63
Mailing Address PO BOX 901			2	25	2019	
City CAROL STREAM	State IL	Zip Code (Plus 4) 601320901	Description of Expenditure FINAL PAYMENT			

To Whom Paid US POSTAL SERVICES			MO	DAY	YEAR	\$ 102.00
Mailing Address 1401 STATE ST			1	16	2019	
City ERIE	State PA	Zip Code (Plus 4) 165011929	Description of Expenditure MAILING			

To Whom Paid US POSTAL SERVICES			MO	DAY	YEAR	\$ 25.50
Mailing Address 1401 STATE ST			1	31	2019	
City ERIE	State PA	Zip Code (Plus 4) 165011929	Description of Expenditure MAILING			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 3,920.99

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

Name of Filing Committee or Candidate FRIENDS OF BOB MERSKI	Reporting Period From: <u>4/2/2019</u> To: <u>5/6/2019</u>
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				DATE		Outstanding Balance of Debt	
Name of Creditor ROBERT E MERSKI				MO	DAY	YEAR	\$ 37,000.00
Mailing Address 625 JAMES ST				5	2	2017	
City ERIE		State PA	Zip Code (Plus 4) 165091619	Description of Debt LOAN RECEIVED			
Name of Creditor NATIONAL FUEL				MO	DAY	YEAR	\$ 33.13
Mailing Address 6363 MAIN ST				2	6	2019	
City WILLIAMSVILLE		State NY	Zip Code (Plus 4) 142215855	Description of Debt OVER PAYMENT			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 37,033.13