Campaign Finance Report

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

Filer Identificat Number :	iler Identification 20180238					t 3y:	CANDI	DATE		СОМ	MITTEE	✓	LOBI	BYIST		
Name of Filing (Committee, Candic	late or L	obbyist:			-	BOB MEF	RSKI								
Street Address:	P.O. BOX 667	7														
City:	ERIE						State:	PA			Zip Co	de: 16	512			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	- 2. X	30 DA PRIMA		POST-	POST- 3.		AMENDMENT REPORT?		Yes	No	D	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRID		- 5.	30 DA ELECT		POST- 6.			TERMINATION REPORT?		Yes	No	D	\checkmark
report type)	ANNUAL REPORT	7.	Year 2019	Ð			NG METH				PAPER		\checkmark	DISK	TTE	
Name of Office	Sought by Candida	te:					DATE O	F ELE	СТІС	N	District Number	Office Code	Par	ty Code	Cour	
							мо	DAY	Y	EAR	Number	Code	DEN	1	Teone	
							11		5	2019		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	Y	EAR	FC	OR OFFIC	E USE	ONLY		
Expenditures from:422019						0	5	;	6	2019						
A. Amount Brought Forward From Last Report							•		27,0	031.67	1					
B. Total Monetary Contributions And Receipts (From Schedule I)						\$		1,000.00								
C. Total Funds Available (Sum Of Lines A and B)						\$			28,0	031.67						
D. Total Expenditures (From Schedule III)					\$			3,9	920.99							
E. Ending Cash	n Balance (Subtrac	t Line D	From Line	C)		\$			24,1	10.68						
F. Value Of In-	-Kind Contribution	s Receiv	ed (From S	Schedu	le II)	\$				0.00						
G. Unpaid Deb	ts And Obligations	(From S	Schedule I	V)		\$		37,033.13								
				AFF	IDAVI	T SE	CTION									
	s a Committee rep	•	-					• •			-					
I swear (or affirm correct and compl) that this report, inc lete.	luding the	e attached s	chedules	s filed on	paper	or by elect	ronic m	edium	, are to f	the best o	f my knov	vledge	and bel	ief , tr	ue
Sworn to and sub	scribed before me thi day of 	S	20						9	Signature	e of Perso	n Submitt	ing Rep	oort		-
	Signatu	ıre				_					Prin	ted Name				-
My Commission E	xpires					_					Ema	il				_
	мо	D	AY	YR				Are	ea Coo	le	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	d Comn	nittee, C	andid	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amend) that to the best of r ed.	ny knowle	edge and be	lief this	political	comm	ittee has n	iot viola	ted an	ıy provis	ions of th	e act of Ju	ine 3,1	937 (P.I	L. 133	3,
Sworn to and subse	cribed before me this day of		20							s	ignature (of Candida	ite			-
						-					Printe	ed Name				-
My Commission Ex	Signature Ay Commission Expires							Email					-			
MO DAY YR						-		Area	Code		D	aytime Te	elephon	e Numt	per	-

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 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 1,000.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 1,000.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Candidat	e		Reporting Period					
			From: To:					
					DATE			AMOUNT
Full Name of Contributing Committee	мо		DAY	YEAR				
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	0.00

PART B ALL OTHER CONTRIBUTIONS \$50.01 TO \$250.00 Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part A)									
Name of Filing Committee or Candidate Reporting Period									
				From: To			o:		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address		_					\$	0.00	
City State Zip Code (Plus									
								PAGE TOTAL	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	0.00	

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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			Reporting Period						
FRIENDS OF BOB MERSKI From:				<u>4/</u>	2/2019	То:		<u>5/6/2019</u>	
							AMOUNT		
Full Name of Contributing Committee ERIE INSURANCE PAC					DAY	YEAR	\$	1,000.00	
Mailing Address PO BOX 1699				1	31	2019		_,	
City ERIE	State	Zip Cod	e (Plus 4)		01				
	PA	165301	.000						
								PAGE TOTAL	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							\$	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.)

ame of Filing Committee or Candidate			Reporting Period					
			From:			То:		
			DATE			AMOUNT		
			мо	DAY	YEAR	\$	0.00	
Mailing Address								
State	Zip Code (Plu	s 4)						
•			Occupation					
ce of Business	City			State		Zip Code	(Plus 4)	
dule I, Detailed Su	ummary Page	Sectio	on 3.				GE TOTAL 0.00	
	State ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4) ce of Business City	From: DA DA State Zip Code (Plus 4) Occupat	From: DATE DATE DATE State Zip Code (Plus 4) City Occupation Ce of Business City State	From: To DATE MO DAY YEAR State Zip Code (Plus 4) Image: Comparison of the second	From: To: DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation ce of Business City State Zip Code	

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			Report	ing Perio	d				
			From:	From: To:					
				DATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$	0	.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description									
								PAGE TOTAL	
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.					\$	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> То:	<u>5/6/2019</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	riod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)								
TOTAL for the Reporting Pe	riod (2)	\$	0.00						
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)									
TOTAL for the Reporting Pe	riod (3)	\$	0.00						
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	0.00						

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate			Reporting Period					
			From:			То:			
	DATE			AMOUNT					
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address						\$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:						-			
Enter Grand Total of Part F on Sched Section 2.	iled Sum	mary Pag	e,		PAGE TOTA	<u>، ۱</u>			
						\$		0.00	

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

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate			Reporting Period				
						То:		
					DATE		AMOUNT	
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$ 0.00	
City	State	Zip Code(Plus 4)						
Employer of Contributor				Occupa	ation		·	
Employer Mailing Address/Principal Plac	e of Business	City	Stat	e Zip	Code(Plus 4)	Descri	ption of Contribution	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	ed			PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period				
FRIENDS OF BOB MERSKI			From	<u>4/2</u>	2/2019	То:	<u>5/6/2019</u>	
				DATE			AMOUNT	
To Whom Paid			мо	DAY	YEAR			
COMMITTEE TO ELECT DAVID RIDGE								
Mailing Address 6324 LONGWOOD D	R		4	17	2019	\$	150.00	
City ERIE	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure			
	РА	165051025	DONATI	ION				
To Whom Paid COMMITTEE TO ELECT ERIN CONNELLY			мо	DAY	YEAR			
Mailing Address 5186 WALNUT RIDG	E DRIVE		4	17	2019	\$	150.00	
City ERIE	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	16506	DONATION					
To Whom Paid COMMITTEE TO ELECT JOSEPH E. SINNOTT				DAY	YEAR			
Mailing Address PO BOX 3261			4	17	2019	\$	250.00	
City ERIE	State	Zip Code (Plus 4)	Descript	l tion of Exp	enditure			
	PA	165080261	DONATION					
To Whom Paid ERIE FIREFIGHTERS LOCAL 293			мо	DAY	YEAR			
Mailing Address 3507 PEACH ST			4	26	2019	\$	400.00	
City ERIE	State	Zip Code (Plus 4)	Descript	l tion of Exp	enditure			
	PA	165082741	AD					
To Whom Paid ERIE-CRAWFORD COUNTY CLC			мо	DAY	YEAR			
Mailing Address 32 W 8TH ST STE 60)4		4	26	2019	\$	50.00	
City ERIE	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure			
PA 165011352			AD					
To Whom Paid FRIENDS OF PETE SALA			мо	DAY	YEAR			
Mailing Address 731 FRENCH ST FL 2			4	17	2019	\$	250.00	
City ERIE State Zip Code (Plus 4)			Descript	 tion of Exp				
	PA	165011207						

								FAGE 12
To Wh	om Paid			мо	DAY	YEAR		
LAURI	E LAIRD					TEAR		
Mailing	g Address 455 GLENRID	DGE RD		1	31	2019	\$	108.95
City	ERIE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		РА	165093218	REIMBL	IRSEMENT	NOTARY		
To Wh	om Paid			мо	DAY	YEAR		
LAURI	E LAIRD							
Mailing	Address 455 GLENRID	DGE RD		2	25	2019	\$	107.00
City	ERIE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	165093218	NOTARY	Y FEES			
To Wh	om Paid			мо	DAY	YEAR		
EMILY	E. MERSKI ESQ			no		12/43		
Mailing	Address 625 JAMES S	т		3	15	2019	\$	1,800.00
City	ERIE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
		РА	165091619	REIMBL	IRSEMENT	NGP		
To Wh	om Paid			мо	DAY	YEAR		
KARI N	1ERSKI					12/43		
Mailing Address 3309 CANNONCADE CT			1	16	2019	\$	184.91	
City CHESAPEAKE BEACH State Zip Code (Plus 4)			Descrip	tion of Exp	enditure			
		MD	207324107	FOOD-S	WEARING	IN		
To Wh	om Paid			мо	DAY	YEAR		
SPECT	RUM BUSINESS							
Mailing	Address PO BOX 901			2	25	2019	\$	342.63
City	CAROL STREAM	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		IL	601320901	FINAL P	PAYMENT			
To Wh	om Paid			мо	DAY	YEAR		
US PO	STAL SERVICES							
Mailing	g Address 1401 STATE	ST		1	16	2019	\$	102.00
City	ERIE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	165011929	MAILIN	G			
To Wh	om Paid			мо	DAY	YEAR		
US PO	STAL SERVICES							
Mailing Address 1401 STATE ST			1	31	2019	\$	25.50	
City	ERIE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		РА	165011929	MAILIN	G			
Enter	Grand Total of Expandit	tures on Dage 1. De	port Cover Page, Item D					PAGE TOTAL
Enter	Granu Total OF Expendit	tures on Page 1, Re	port Cover Page, Item D				\$	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	me of Filing Committee or Candidate				Reporting Period					
FRIENDS OF BOB MERSKI			From:		<u>4/2/2019</u>	То:		<u>5/6/2019</u>		
					DATE			itstanding llance of Debt		
Name of Creditor ROBERT E MERSKI				мо	DAY	YEAR				
Mailing Address 625 JAMES ST					2	2017	7 \$	37,000.00		
City ERIE	State	Zip Code (F	Plus 4) Description of Debt							
	РА	165091619)	LOAN R	ECEIVED					
Name of Creditor NATIONAL FUEL				мо	DAY	YEAR				
Mailing Address 6363 MAIN ST				2	6	2019	\$	33.13		
City WILLIAMSVILLE	State	Zip Code (P	lus 4)	Descrip	tion of Deb	t				
	NY	142215855	5	OVER P	AYMENT					
								PAGE TOTAL		
Enter Grand Total of Unpaid Debt	s on Page 1, Repo	ort Cover Pa	ge, Item	G.			\$	37,033.13		