# **Campaign Finance Report**

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

Filer Identificat	tion 20	180238			Repor Filed I		CANDI	DATE		СОМІ	MITTEE	✓	LOB	BYIST	
Name of Filing	Committee, Cand	idate or L	obbyist:			-	BOB MEF	RSKI							
Street Address	P.O. BOX 6	67													
City:	ERIE						State:	PA			Zip Co	<b>de:</b> 16	512		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRID PRIMARY	AY PRE	- 2. <b>X</b>	30 D/ PRIM		POST-	3.		AMENDN REPORT		Yes	No	· 🗸
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA		E- 5.	30 D/ ELEC	AY I TION	POST-	6.		TERMIN REPORT		Yes	No	° 🗸
report type)	ANNUAL REPOR	<b>RT</b> 7.	<b>Year</b> 2019	9			NG METHO CHECK O				PAPER		$\checkmark$	DISKE	TTE
Name of Office	Sought by Candid	date:					DATE O	F ELE	СТІС	<b>N</b>	District Number		Par	ty Code	County Code
							мо	DAY	Y	EAR	Itumber	coue	DEN	1	
							11		5	2019	<b> </b>	(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of	Receipts and	мо	DAY	YEAF	2		мо	DAY	Y	EAR	FC	DR OFFIC	E USE	ONLY	
Expenditure	s from:		4	2 2	019 1	О	5		6	2019					
A. Amount Bro	ought Forward Fr	om Last R	eport			\$			27,	031.67					
B. Total Monetary Contributions And Receipts (From Schedule					dule I)	\$	5		1,	000.00	1				
C. Total Funds	Available (Sum	Of Lines A	and B)			\$	5		28,	031.67					
D. Total Exper	nditures (From Se	chedule II	I)			\$	;		3,9	920.99	1				
E. Ending Cas	h Balance (Subtra	act Line D	From Line	e C)		\$	5		24,1	110.68	]				
F. Value Of In	-Kind Contributio	ons Receiv	ed (From S	Schedu	le II)	\$	5			0.00					
G. Unpaid Deb	ots And Obligatio	ns (From S	Schedule I	V)		\$	5		37,0	033.13					
				AFF	IDAVI	T SE	CTION								
PART I - If this	is a Committee r	eport, trea	isurer sign	here.	If this is	s a Ca	ndidate re	eport, c	andi	date sig	gn here.				
I swear (or affirn correct and comp	1) that this report, i lete.	ncluding the	e attached s	chedule	s filed on	paper	or by elect	ronic me	edium	i, are to i	the best o	of my knov	vledge	and beli	ef , true
Sworn to and sub	scribed before me t day of	his	20						9	Signaturo	e of Perso	n Submitt	ing Rep	oort	
		ture	-			_					Prin	ited Name			
My Commission E	-					_					Ema	nil			
	МО	D	AY	YR				Are	ea Co	de	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	s a report of a ca	indidate's	authorize	d Comr	nittee, C	Candid	late shall	sign he	ere.						
I swear (or affirm No 320) as amend	) that to the best o led.	f my knowl	edge and be	lief this	o political	comm	nittee has n	ot viola	ted ar	ıy provis	ions of th	e act of Ju	ine 3,1	937 (P.I	1333,
Sworn to and subs	cribed before me th day of	is	20							s	ignature	of Candida	ite		
						_					Printe	ed Name			
My Commission Ex	Signatur pires	e				_					Ema	nil			
	мо	n	AY	YR	2	-		Area	Code		D	aytime Te	elephor	e Numb	er
													-		

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

	<b></b>			
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF BOB MERSKI	From:	<u>4/2/20</u> 2	<u>19</u> <b>To:</b>	<u>5/6/2019</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	J 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	J 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)			1	
TOTAL for the Reporting	J Period	(4)	\$	0.00
[				
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa	id enter am ge, Item B.	ount )	\$	1,000.00

## 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.

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

Use this Part to it	emize all other 50.01 to \$250.0	1 TO \$250.00 contribution 00 in the repo	s wi ortin	ith an ng per	aggreg iod.			rom
Name of Filing Committee or Candida	te		Rep	orting P	eriod			
			Fror	m:		Тс	):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address	_	_					\$	0.00
City	State	Zip Code (Plus 4	)					
								PAGE TOTAL
Enter Grand Total of Part A on	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	0.00

### PAGE 5

## 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>
				DA	TE		A	MOUNT
Full Name of Contributing Committee ERIE INSURANCE PAC				мо	DAY	YEAR	\$	1,000.00
Mailing Address PO BOX 1699				1	31	2019		_,
City ERIE	State	-	e (Plus 4)					
	PA	165301	.000			<u> </u>		
								PAGE TOTAL
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary Pa	age, Sectio	n 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.)

		Rep	orting Pe	riod			
		From	n:		Т	<b>):</b>	
			D	<b>ATE</b>		AM	OUNT
			мо	DAY	YEAR	\$	0.00
State	Zip Code (Plu	s 4)					
•			Occupat	ion			
ce of Business	City			State		Zip Code	(Plus 4)
dule I, Detailed Su	ummary Page	Sectio	on 3.				<b>GE TOTAL</b> 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 Ca	andidate		Report	ing Peri	od				
			From:			То:			
				C	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (	Plus 4)						
Receipt Description	I					1	1		
			<b>.</b>					PAGE TO	ΓAL
Enter Grand Total of Part E on	i Schedule I, Detalled	i 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> <b>To:</b>	<u>5/6/2019</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Cano	lidate		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address	_	_				<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:			-			-	
Enter Grand Total of Part F on Section 2.	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	je,	Ρ	AGE TOTAL
						\$	0.00

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

Name of Filing Committee or Candidate			Rej	porting I	Period		
			Fro	om:		То:	
					DATE		AMOUNT
Full Name of Contributor				мо	DAY	YEAR	
Mailing Address			-				<b>\$</b> 0.00
City	State	Zip Code(Plus 4)					
Employer of Contributor	•	·		Occupa	ation		•
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kin	d Contributions D	etaile	ed			<b>PAGE TOTAL</b> 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)	Descrip	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)	Descript	l tion of Exp	enditure		
	PA	16506	DONATI				
To Whom Paid COMMITTEE TO ELECT JOSEPH E. SINNOTT			мо	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	DONATI	[ON			
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				17	2019	\$	250.00
City ERIE	State	Zip Code (Plus 4)					
	PA	165011207					

								PAGE 12
To Whom Pa	aid			мо	DAY	YEAR		
LAURIE LAI	RD			мо				
Mailing Add	ress 455 GLENRIDGE RD	)		1	31	2019	\$	108.95
City ERI	E	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
		РА	165093218	REIMBU	IRSEMENT	NOTARY		
To Whom Pa	aid			мо	DAY	YEAR		
LAURIE LAI	RD							
Mailing Add	ress 455 GLENRIDGE RD	)		2	25	2019	\$	107.00
City ERI	E	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	165093218	NOTARY	/ FEES			
To Whom Pa	aid			мо	DAY	YEAR		
EMILY E. M	ERSKI ESQ							
Mailing Add	ress 625 JAMES ST			3	15	2019	\$	1,800.00
City ERI	E	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	165091619	REIMBU	IRSEMENT	NGP		
To Whom Paid				мо	DAY	YEAR		
KARI MERSKI								
Mailing Address 3309 CANNONCADE CT				1	16	2019	\$	184.91
City CHE	SAPEAKE BEACH	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		MD	207324107	FOOD-S	SWEARING	IN		
To Whom Pa	aid			мо	DAY	YEAR		
SPECTRUM	BUSINESS							
Mailing Add	ress PO BOX 901			2	25	2019	\$	342.63
City CAR	OL STREAM	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		IL	601320901	FINAL P	AYMENT			
To Whom Pa	aid			мо	DAY	YEAR		
US POSTAL	SERVICES							
Mailing Add	ress 1401 STATE ST			1	16	2019	\$	102.00
City ERI	E	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	165011929	MAILIN	G		-	
To Whom Pa	aid			мо	DAY	YEAR		
US POSTAL	SERVICES							
Mailing Address 1401 STATE ST			1	31	2019	\$	25.50	
City ERI	E	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		РА	165011929	MAILIN	G			
Enter Grar	nd Total of Expenditures	n Page 1 Report	Cover Page Item D					PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report 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			Reporting Period						
FRIENDS OF BOB MERSKI			From:		<u>4/2/2019</u>	То:		<u>5/6/2019</u>	
				DATE				Outstanding Balance of Debt	
Name of Creditor ROBERT E MERSKI				мо	DAY	YEAR			
Mailing Address 625 JAMES ST				5	2	201	7 \$	37,000.00	
City ERIE	State	Zip Code (P	lus 4)	s 4) Description of Debt					
	PA 165091619				LOAN RECEIVED				
Name of Creditor NATIONAL FUEL				мо	DAY	YEAR			
Mailing Address 6363 MAIN ST				2	6	2019	<b>\$</b>	33.13	
City     WILLIAMSVILLE     State     Zip Code (Plus 4)     Description of Debt						t			
NY 142215855 OVER PAYMENT									
							PAGE TOTAL		
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							\$	37,033.13	