

# Campaign Finance Report

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

|   |                          |           |                         |                                    |                 |                         |  |  |                              |                    |                                     |                    |
|---|--------------------------|-----------|-------------------------|------------------------------------|-----------------|-------------------------|--|--|------------------------------|--------------------|-------------------------------------|--------------------|
| <b>Filer Identification Number :</b>  |                          | 20180238  |                         | <b>Report Filed By :</b>           |                 | <b>CANDIDATE</b>        |  | <b>COMMITTEE</b> <input checked="" type="checkbox"/> |                              | <b>LOBBYIST</b>    |                                     |                    |
| <b>Name of Filing Committee, Candidate or Lobbyist:</b> FRIENDS OF BOB MERSKI |                          |           |                         |                                    |                 |                         |  |  |                              |                    |                                     |                    |
| <b>Street Address:</b> P.O. BOX 667   |                          |           |                         |                                    |                 |                         |  |  |                              |                    |                                     |                    |
| <b>City:</b> ERIE   |                          |           |                         |                                    |                 | <b>State:</b> PA        |  |  | <b>Zip Code:</b> 16512       |                    |                                     |                    |
| <b>TYPE OF REPORT</b><br><br>(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               | <b>FILING METHOD ( ) CHECK ONE</b> |                 |                         | <b>PAPER</b> <input checked="" type="checkbox"/> |  | <b>DISKETTE</b>              |                    |                                     |                    |
| <b>Name of Office Sought by Candidate:</b>                                    |                          |           |                         |                                    |                 | <b>DATE OF ELECTION</b> |  |  | <b>District Number</b>       | <b>Office Code</b> | <b>Party Code</b>                   | <b>County Code</b> |
|   |                          |           |                         |                                    |                 | <b>MO</b>               | <b>DAY</b>                                       | <b>YEAR</b>  | DEM                          |                    |                                     |                    |
|   |                          |           |                         |                                    |                 | 11                      | 5  | 2019   | (SEE INSTRUCTIONS FOR CODES) |                    |                                     |                    |
| <b>Summary of Receipts and Expenditures from:</b>                             |                          | <b>MO</b> | <b>DAY</b>              | <b>YEAR</b>                        | <b>TO</b>       | <b>MO</b>               | <b>DAY</b>                                       | <b>YEAR</b>  | <b>FOR OFFICE USE ONLY</b>   |                    |                                     |                    |
|   |                          | 4         | 2                       | 2019                               |                 | 5                       | 6  | 2019   |                              |                    |                                     |                    |
| <b>A. Amount Brought Forward From Last Report</b>                             |                          |           |                         |                                    |                 | \$ 27,031.67            |  |  |                              |                    |                                     |                    |
| <b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>         |                          |           |                         |                                    |                 | \$ 1,000.00             |  |  |                              |                    |                                     |                    |
| <b>C. Total Funds Available (Sum Of Lines A and B)</b>                        |                          |           |                         |                                    |                 | \$ 28,031.67            |  |  |                              |                    |                                     |                    |
| <b>D. Total Expenditures (From Schedule III)</b>                              |                          |           |                         |                                    |                 | \$ 3,920.99             |  |  |                              |                    |                                     |                    |
| <b>E. Ending Cash Balance (Subtract Line D From Line C)</b>                   |                          |           |                         |                                    |                 | \$ 24,110.68            |  |  |                              |                    |                                     |                    |
| <b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>          |                          |           |                         |                                    |                 | \$ 0.00                 |  |  |                              |                    |                                     |                    |
| <b>G. Unpaid Debts And Obligations (From Schedule IV)</b>                     |                          |           |                         |                                    |                 | \$ 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**

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

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

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

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

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

|   |             |
|---|-------------|
| <b>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.)</b> | \$ 1,000.00 |
|---|-------------|



|  |       |                   |  |                  |     |  |
|--|-------|-------------------|--|------------------|-----|--|
| <div>PART B</div> <div>ALL OTHER CONTRIBUTIONS</div> <div>\$50.01 TO \$250.00</div> <div>Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.<br/>(Exclude contributions from political committees reported in Part A)</div> |       |                   |  |                  |     |  |
| Name of Filing Committee or Candidate  |       |                   |  | Reporting Period |     |  |
|  |       |                   |  | From:            |     | To:                                      |
|  |       |                   |  | DATE             |     | AMOUNT                                   |
| Full Name of Contributor   |       |                   |  | MO               | DAY | YEAR                                     |
| Mailing Address  |       |                   |  |                  |     |  |
| City   | State | Zip Code (Plus 4) |  |                  |     |  |
|  |       |                   |  |                  |     | \$ 0.00                                  |
| Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.   |       |                   |  |                  |     | <div>PAGE TOTAL</div> <div>\$ 0.00</div> |

## 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.

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

|                                     |      |  |       | 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.

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 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: <span style="float: right;">To:</span> |

|  |       |                   | 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.

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 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<br><br>From: <span style="float: right;">To:</span> |
|---------------------------------------|--|

|                     |       |                   | DATE | AMOUNT  |
|---------------------|-------|-------------------|------|---------|
| Full Name           | MO    | DAY               | YEAR |         |
| Mailing Address     |       |                   |      | \$ 0.00 |
| City                | State | Zip Code (Plus 4) |      |         |
| Receipt Description |       |                   |      |         |

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 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**

|  |  |   |      |
|--|--|---|------|
| <b>Name of Filing Committee or Candidate</b>   |  | <b>Reporting Period</b>                   |      |
| FRIENDS OF BOB MERSKI  |  | From: <u>4/2/2019</u> To: <u>5/6/2019</u> |      |
| <b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>   |  |   |      |
| TOTAL for the Reporting Period (1)   |  | \$  | 0.00 |
| <b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>  |  |   |      |
| TOTAL for the Reporting Period (2)   |  | \$  | 0.00 |
| <b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>  |  |   |      |
| 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<br><br>From: <span style="float: right;">To:</span> |
|---------------------------------------|--|

|   |       |                   | 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. |       |                   |      |     |      | <b>PAGE TOTAL</b><br><br>\$ 0.00 |

4/30/2024 10:05:22 AM

# SCHEDULE III STATEMENT OF EXPENDITURES

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

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

|                                      |             |                                |                            |     |      |           |
|--------------------------------------|-------------|--------------------------------|----------------------------|-----|------|-----------|
| To Whom Paid<br>FRIENDS OF PETE SALA |             |                                | MO                         | DAY | YEAR | \$ 250.00 |
| Mailing Address 731 FRENCH ST FL 2   |             |                                | 4                          | 17  | 2019 |           |
| City ERIE                            | State<br>PA | Zip Code (Plus 4)<br>165011207 | Description of Expenditure |     |      |           |

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

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

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

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

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

|   |                    |                                       |  |            |             |  |
|---|--------------------|---------------------------------------|--|------------|-------------|--|
| <b>To Whom Paid</b><br>US POSTAL SERVICES |                    |                                       | <b>MO</b>                                    | <b>DAY</b> | <b>YEAR</b> |  |
| <b>Mailing Address</b> 1401 STATE ST      |                    |                                       | 1  | 16         | 2019        |  |
| <b>City</b> ERIE                          | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>165011929 | <b>Description of Expenditure</b><br>MAILING |            |             |  |

  

|   |                    |                                       |  |            |             |  |
|---|--------------------|---------------------------------------|--|------------|-------------|--|
| <b>To Whom Paid</b><br>US POSTAL SERVICES |                    |                                       | <b>MO</b>                                    | <b>DAY</b> | <b>YEAR</b> |  |
| <b>Mailing Address</b> 1401 STATE ST      |                    |                                       | 1  | 31         | 2019        |  |
| <b>City</b> ERIE                          | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>165011929 | <b>Description of Expenditure</b><br>MAILING |            |             |  |

  

|  |  |  |  |  |  |                   |
|--|--|--|--|--|--|-------------------|
| <b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b> |  |  |  |  |  | <b>PAGE TOTAL</b> |
|  |  |  |  |  |  | \$ 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

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

  

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