

Commonwealth of Pennsylvania

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: 16521					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2020	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
REPRESENTATIVE IN THE GENERAL ASSEMBLY				MO	DAY	YEAR	2	STH	DEM	25
				11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		3	10	2020	TO	5	18	2020		
A. Amount Brought Forward From Last Report				\$		50,650.16				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		2,433.13				
C. Total Funds Available (Sum Of Lines A and B)				\$		53,083.29				
D. Total Expenditures (From Schedule III)				\$		2,057.37				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		51,025.92				
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
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 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
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 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>3/10/2020</u> To: <u>5/18/2020</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 200.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 850.00
All Other Contributions (Part B)	\$ 350.00
TOTAL for the Reporting Period (2)	\$ 1,200.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 500.00
All Other Contributions (Part D)	\$ 500.00
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)	\$ 33.13

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.)	\$ 2,433.13
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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
FRIENDS OF BOB MERSKI	From: <u>3/10/2020</u> To: <u>5/18/2020</u>
DATE	
AMOUNT	

Full Name of Contributing Committee	MO	DAY	YEAR	\$ 250.00
PA INSURANCE PAC				
Mailing Address 1600 MARKET ST STE 1720				
City PHILADELPHIA	4	21	2020	
State PA				
Zip Code (Plus 4) 191037233				

Full Name of Contributing Committee	MO	DAY	YEAR	\$ 250.00
LAWPAC				
Mailing Address 212 N 3RD ST STE 101				
City HARRISBURG	3	2	2020	
State PA				
Zip Code (Plus 4) 171011505				

Full Name of Contributing Committee	MO	DAY	YEAR	\$ 250.00
HIGHMARK PAC				
Mailing Address PO BOX 890089				
City CAMP HILL	3	10	2020	
State PA				
Zip Code (Plus 4) 170890089				

Full Name of Contributing Committee	MO	DAY	YEAR	\$ 100.00
COMMITTEE TO ELECT JOHN T. LOOMIS				
Mailing Address 5706 JONES LN				
City ERIE	2	9	2020	
State PA				
Zip Code (Plus 4) 165051126				

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

PAGE TOTAL
\$ 850.00

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
FRIENDS OF BOB MERSKI	From: <u>3/10/2020</u> To: <u>5/18/2020</u>

				DATE	AMOUNT
Full Name of Contributor			MO	DAY	YEAR
MARY SUSAN DELAURA					
Mailing Address					
33 ACTON ST APT 2					
City	State	Zip Code (Plus 4)			
ARLINGTON	MA	024766012	1	1	2020
					\$ 250.00

Full Name of Contributor			MO	DAY	YEAR
MICHAEL MOROCCO					
Mailing Address					
3222 STOUGH AVE					
City	State	Zip Code (Plus 4)			
ERIE	PA	165082083	2	9	2020
					\$ 100.00

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

PAGE TOTAL
\$ 350.00

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>3/10/2020</u> To: <u>5/18/2020</u>
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	DATE		AMOUNT
Full Name of Contributing Committee AFSCME COUNCIL 13 POLITICAL & LEGISLATIVE PAC	MO	DAY	YEAR
Mailing Address 4031 EXECUTIVE PARK DR	3	3	2020
City HARRISBURG			
State PA			
Zip Code (Plus 4) 171111507			
			\$ 500.00

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

PAGE TOTAL
\$ 500.00

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 FRIENDS OF BOB MERSKI	Reporting Period From: <u>3/10/2020</u> To: <u>5/18/2020</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
PETER RUSSO					
Mailing Address 5672 BONDY DR				\$ 500.00	
City ERIE State PA Zip Code (Plus 4) 165093055	2	18	2020		
Employer Name RETIRED	Occupation INFORMATION REQUESTED				
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
\$ 500.00

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 FRIENDS OF BOB MERSKI	Reporting Period From: <u>3/10/2020</u> To: <u>5/18/2020</u>
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				DATE	AMOUNT		
Full Name	Mailing Address	City	State	MO	DAY	YEAR	
NATIONAL FUEL	6363 MAIN ST	WILLIAMSVILLE	NY	1	26	2020	\$ 33.13
Receipt Description							

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

PAGE TOTAL
\$ 33.13

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 FRIENDS OF BOB MERSKI	Reporting Period From: <u>3/10/2020</u> To: <u>5/18/2020</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 RECEIVED - 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: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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: _____
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address				\$	0.00
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>3/10/2020</u> To: <u>5/18/2020</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
ERIE CITY MISSION	2	25	2020	\$ 130.00
Mailing Address 1017 FRENCH ST				
City ERIE	State PA	Zip Code (Plus 4) 165012003	Description of Expenditure KNOCK OUT HOMELESSNESS TICKETS AND AD	
To Whom Paid ERIE COUNTY DEMOCRATIC PARTY	2	7	2020	\$ 100.00
Mailing Address 1305 STATE ST				
City ERIE	State PA	Zip Code (Plus 4) 165011915	Description of Expenditure PETITION SIGNING PARTY	
To Whom Paid FRIENDS OF JULIE SLOMSKI	1	9	2020	\$ 50.00
Mailing Address 5510 MILL ST				
City ERIE	State PA	Zip Code (Plus 4) 165092922	Description of Expenditure CAMPAIGN CONTRIBUTION	
To Whom Paid FRIENDS OF JULIE SLOMSKI	5	16	2020	\$ 500.00
Mailing Address 5510 MILL ST				
City ERIE	State PA	Zip Code (Plus 4) 165092922	Description of Expenditure CAMPAIGN CONTRIBUTION	
To Whom Paid MILLCREEK DEMOCRATS	2	7	2020	\$ 100.00
Mailing Address 1526 HIGH ST				
City ERIE	State PA	Zip Code (Plus 4) 165091963	Description of Expenditure PETITION SIGNING PARTY	

To Whom Paid NUOVA AURORA SOCIETY			MO	DAY	YEAR	
Mailing Address 1518 WALNUT ST			2	9	2020	\$ 222.00
City ERIE	State PA	Zip Code (Plus 4) 165021759	Description of Expenditure FUNDRAISER FOOD			
To Whom Paid PERRY HIGHWAY HOSE CO.			MO	DAY	YEAR	
Mailing Address 8281 OLIVER RD			1	9	2020	\$ 250.00
City ERIE	State PA	Zip Code (Plus 4) 165094623	Description of Expenditure RENTAL FEE FOR HALL			
To Whom Paid RORY'S RISTORANTE			MO	DAY	YEAR	
Mailing Address 1518 WALNUT ST			2	9	2020	\$ 340.20
City ERIE	State PA	Zip Code (Plus 4) 165021759	Description of Expenditure FUNDRAISER FOOD			
To Whom Paid SOUTH SHORE PARTY RENTAL			MO	DAY	YEAR	
Mailing Address 100 INDUSTRIAL DR			1	20	2020	\$ 365.17
City EDINBORO	State PA	Zip Code (Plus 4) 164123106	Description of Expenditure SUMMER TENT RENTAL			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 2,057.37

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>3/10/2020</u> To: <u>5/18/2020</u>			
						Outstanding Balance of Debt	
				DATE			
Name of Creditor ROBERT E MERSKI				MO	DAY	YEAR	
Mailing Address 625 JAMES ST				5	2	2017	\$ 37,000.00
City ERIE	State PA	Zip Code (Plus 4) 165091619		Description of Debt LOAN RECEIVE			
						Outstanding Balance of Debt	
				DATE			
Name of Creditor NATIONAL FUEL				MO	DAY	YEAR	
Mailing Address 6363 MAIN ST				2	6	2019	\$ 33.13
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	