Campaign Finance Report

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

Filer Identification 20180238 Number :							•	Report CANDID		NDII	DATE		СОМИ	MITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Ca	ndidat	te or Lo	bbyi	st:	F	RIENE	S OF	ВОВ	MER	SKI								
Street Address:	P.O. BOX	667																	
City:	ERIE								State	e:	PA			Zip Cod	le: 16	512			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1	l.	2ND PRIM	FRIDAY ARY	PRE-	2.	30 DA		Р	OST-	3.		AMENDM REPORT?	Yes	N	0	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION		1.	2ND ELEC	FRIDAY TION	PRE-	5. X	30 D		Р	OST-	6.		TERMINA REPORT?		Yes	N	0	\
report type)	ANNUAL REP	ORT 7	7.	Year	2020				NG ME		_			PAPER		√	DISK	ETTE	
Name of Office S	ought by Can	didate):						DAT	ΈO	F ELE	CTI	ON	District Number	Office Code	Par	ty Cod	Code	
REPRESENTATI	VE IN THE GE	ENERA	L ASS	EMBL	.Y				МО		DAY	Y	EAR	2	STH	DE	1	25	
										11		3	2020		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of Expenditures		d	МО	DA		YEAR			МО		DAY		'EAR		R OFFIC	E USE	ONLY	,	
-				9	15	20	20	ГО		10		19	2020	ļ					
A. Amount Bro								\$,025.92						
B. Total Moneta	ary Contributi	ons Ar	nd Reco	eipts	(From	Sched	ule I)	\$.			1,	100.00						
C. Total Funds Available (Sum Of Lines A and B)							\$				51,	,125.92							
D. Total Expenditures (From Schedule III)							\$	1			1,	600.00							
E. Ending Cash	Balance (Sub	tract L	Line D	From	Line C)		\$	<u> </u>			49,	525.92						
F. Value Of In-							e II)	\$	<u> </u>				0.00	1	,				
G. Unpaid Debt	s And Obligat	ions (I	From S	ched	ule IV)			\$				37,	033.13						_
						AFFI	DAV:	T SE	CTI	NC									
PART I - If this is		-	•										_						
I swear (or affirm) correct and comple		t, includ	ding the	attac	hed sch	edules 1	filed on	paper	or by	electr	onic m	ediun	n, are to t	the best o	my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed before m day of	e this		20						,			Signature	of Perso	n Submitt	ing Re _l	ort		
	Sig	gnature	<u> </u>					_						Prin	ted Name				
My Commission Ex	pires							_		•				Ema	il				
	МО		DA	ΑY		YR					Are	ea Co	de	Daytim	e Teleph	one Nu	mber		ᆜ
Part II- If this is	a report of a	candid	date's	autho	rized (Commi	ittee, (Candid	late s	halls	sign he	ere.							
I swear (or affirm) No 320) as amende		t of my	knowle	dge a	nd belie	f this p	olitical	comm	ittee l	as no	ot viola	ted a	ny provis	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subsc	ribed before me day of	this		20									s	ignature o	of Candida	ite			_
				-				_						Printe	d Name				-
My Commission Exp	Signat	ture						-						Ema	il				-
,								_											_
	МС)	DA	AY		YR					Area	Code		Da	aytime Te	elephor	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF BOB MERSKI	From:	9/15/202	<u>0</u> To:	10/19/2020
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)			\$	100.00
TOTAL for the Reporting) Period	(2)	\$	100.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	1,100.00

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 Candida	e	R	eporting	Period			
		F	rom:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

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: 9/15/2020 To:

DATE

10/19/2020

AMOUNT

Full Name of Contributor RICHARD KUBIAK			МО	DAY	YEAR	
Mailing Address						\$ 100.00
City	State	Zip Code (Plus 4)	9	5	2020	

PAGE TOTAL

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

\$ 100.00

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	Reporting Pe	eriod		
FRIENDS OF BOB MERSKI	From:	9/15/2020	То:	10/19/2020

DATE AMOUNT

Full Name of Contributing Committee	Full Name of Contributing Committee				YEAR	
NGP PA PAC				DAY	IEAR	\$ 1,000.00
Mailing Address 1100 STATE ST			9	23	2020	
City ERIE	State	Zip Code (Plus 4)			2020	
	PA	165011912				

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

PAGE TOTAL \$ 1,000.00

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			Rep	orting Pe	riod			
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	PAGE TOTAL 0.00

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 Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus 4)					
Receipt Description	•	•			•			
Forten Commit Tatal of Boot	F an Cabadala I Batallad	I C B	C					PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, Detalled	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 Perio	d	
FRIENDS OF BOB MERSKI	From:	<u>9/15/2020</u> To:	<u>10/19/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	g Period				
			From:			To:		
				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 Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	Stat	e Zip	Code(Plus 4)	Desci	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period			
FRIENDS OF BOB MERSKI			From	<u>9/1!</u>	5/2020	То:	10/19/2020
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
ERIE FIREFIGHTERS LOCAL 293							
Mailing Address 3507 PEACH ST			7	20	2020	\$	100.00
City ERIE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	165082741	GOLF O	UTING			
To Whom Paid			мо	DAY	YEAR		
ERIE'S PUBLIC SCHOOLS FOUNDATION			1-10				
Mailing Address			6	30	2020	\$	500.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
			BILETN	KOFF FIEL	D DONA	TION	
To Whom Paid			МО	DAY	YEAR		
HDCC			MO	DAT	TEAR		
Mailing Address 205 STATE ST			9	28	2020	\$	1,000.00
City HARRISBURG	State	Zip Code (Plus 4)	1	tion of Exp		•	

171011130

State PA

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

1,600.00

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>9</u>)/15/202 <u>0</u>	То:	<u>1</u>	.0/19/2020	
				DATE				itstanding lance of Debt	
Name of Creditor ROBERT E MERSKI				мо	DAY	YEAR			
Mailing Address 625 JAMES ST				5	2	2017	7 \$	37,000.00	
City ERIE	State Zip Code (Plus 4)				Description of Debt				
	PA	165091619			LOAN RECEIVED				
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)	Description of Debt					
	NY	142215855 OVER			AYMENT				
								PAGE TOTAL	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						\$	37,033.13		