Campaign Finance Report

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

								CANDI	DATE					BYIST	
Filer Identificati Number :	ion	20180	0238			Repor Filed I		CANDI	DATE	СОМ	MITTEE	✓	LUBI	51151	
Name of Filing C	Committee,	, Candida	ate or Lo	obbyist:		FRIEND	OS OF	BOB MEF	RSKI						
Street Address:	P.O. B	30X 667													
City:	ERIE							State:	PA		Zip Co	de: 16	512		
TYPE OF REPORT	6TH TUESE PRE-PRIMA		1.	PRIMARY F			30 D PRIM	DAY I 1ARY	POST-	3.	AMENDMENT REPORT?		Yes	No	· 🗸
(place X to the right of	6TH TUESE PRE-ELECT		4.	2ND FRIDAY PRE- ELECTION 5.X 30							TERMINATION Yes REPORT?			No	>
report type)	ANNUAL F	REPORT	7.	Year 2020				ING METHO			PAPER		\checkmark	DISKE	TTE
Name of Office S	L Sought by (Candidat	:e:					DATE O	F ELEC	TION	District Number		Par	ty Code	County Code
								мо	DAY	YEAR	2	STH	DEN	1	25
REPRESENTATI	IVE IN THE	E GENER	AL ASS	EMBLY				11	:	3 2020	1	(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		and	мо	DAY	YEAR	2		мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:			9 15	2	020 1	0	10	19	9 2020					
A. Amount Bro	ught Forwa	ard From	1 Last R	eport			4	5		50,025.92					
B. Total Moneta	ary Contrib	butions A	And Rec	eipts (From	n Sche	dule I)	9	\$		1,100.00					
C. Total Funds	Available ((Sum Of	Lines A	and B)			9	\$		51,125.92					
D. Total Expen	ditures (Fr	rom Sche	edule II	I)			9	\$		1,600.00					
E. Ending Cash	Balance (Subtract	Line D	From Line	C)			\$	4	49,525.92	-				
F. Value Of In-	Kind Contr	ributions	Receive	ed (From S	chedu	le II)	5	\$		0.00	-				
G. Unpaid Debt	ts And Obli	igations	(From S	chedule IV	')		9	\$ 37,033.13							
					AFF	IDAVI	T SI	ECTION							
PART I - If this is															
I swear (or affirm) correct and comple		eport, inclu	uding the	attached sc	hedules	s filed on	papei	r or by elect	ronic mee	dium, are to	the best o	of my knov	vledge	and beli	ef , true
Sworn to and subs	cribed befor day of	re me this		20						Signatur	e of Perso	on Submitt	ing Rep	oort	
		Signatur	'e				_				Prir	nted Name			
My Commission Ex	xpires		-								Ema	ail			
	м	10	D/	AY	YR		_		Area	a Code	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report o	of a cand	lidate's	authorized	Comn	nittee, C	Candi	date shall	sign hei	·e.					
I swear (or affirm) No 320) as amende		best of m	ıy knowle	edge and beli	ef this	political	comr	nittee has n	ot violate	ed any provis	ions of th	ne act of Ju	ine 3,1	937 (P.I	1333,
Sworn to and subso	ribed before day of	e me this		20						5	ignature	of Candida	ite		
							_				Print	ed Name			
My Commission Exp		ignature					_				Ema	ail			
	_	мо	D/	AY	YR	1	-		Area C	ode	D	aytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FRIENDS OF BOB MERSKI From: <u>9/15/2020</u> To: 10/19/2020 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)** 100.00 All Other Contributions (Part B) \$ **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 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 \$ 1,100.00 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 Candidate				Reporting Period					
			Fro	om:		То	:		
					DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	4)						
							Γ	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 Candidat	e		Rep	orting P	eriod					
FRIENDS OF BOB MERSKI				From: <u>9/15/2020</u> To:				<u>10/19/2020</u>		
					DATE			AMOUNT		
Full Name of Contributor RICHARD KUBIAK				мо	DAY	YEAR				
Mailing Address							\$	100.00		
City	State	Zip Code (Plus 4))	9	5	2020		100.00		
								PAGE TOTAL		
Enter Grand Total of Part A on S	Schedule I,	Detailed Summary Pag	ge, Se	ection 2			\$	100.00		

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 Ro				Reporting Period					
FRIENDS OF BOB MERSKI				<u>9/1</u>	<u>5/2020</u>	То:	<u>10/19/2020</u>		
				DA	TE		А	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address 1100 STATE ST							\$	1,000.00	
City _{ERIE}	State PA	Zip Cod 165011	e (Plus 4) .912	9	23	2020)		
Enter Grand Total of Part C on Sche	edule I, Detailed	d Summary Pa	age, Sectio	n 3.			\$	PAGE TOTAL 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:	То:

			DATE			AMOUNT		
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
Employer Name			Occupat	tion				
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip Code ((Plus 4)	
Enter Grand Total of Part C on Sch	edule I, Detailed S	ummary Page, Sectio	on 3.		\$		бе тота L 0.00	

I

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 Candi	Name of Filing Committee or Candidate			Reporting Period						
Fr				From: To				1		
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR				
Mailing Address							\$	5	0.00	
City	State	Zip Code (Plus 4)							
Receipt Description					1					
Enter Grand Total of Part E on Sc	hadula I. Datailar	l Summary Page	Section	4				PAGE TO	TAL	
		summaly Page,	Section				\$		0.00	

SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS

E THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THING DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
FRIENDS OF BOB MERSKI	From:	<u>9/15/2020</u> то:	<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	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ΓF)		
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			Reporting Period					
F						То:		
				DATE		АМО	UNT	
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.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	0.00	

0.00

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

Name 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)						
Employer of Contributor			1		Occupa	l tion				
Employer Mailing Address/Prin Business	cipal Place of	City	Sta	te	Zip 4)	Code(Plus	Descri	ption of	Contribution	
Enter Grand Total of Part G	Con Schedule II	In-Kind	Contributions	Dota	iled				PAGE TOTAL	

	1
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAC

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candi	idate		Reporti	ng Period			
FRIENDS OF BOB MERSKI			From	<u>9/1</u>	<u>5/2020</u>	То:	<u>10/19/2020</u>
				DATE			AMOUNT
To Whom Paid ERIE FIREFIGHTERS LOCAL 293			мо	DAY	YEAR		
Mailing Address 3507 PEACH ST			7	20	2020	\$	100.00
City ERIE State Zip Code (Plus 4) PA 165082741				otion of Exp OUTING	penditure		
To Whom Paid ERIE'S PUBLIC SCHOOLS FOUNDA	TION		мо	DAY	YEAR		
Mailing Address			6	30	2020	\$	500.00
City	State	Zip Code (Plus 4)		otion of Exp			
To Whom Paid HDCC			мо	DAY	YEAR		
Mailing Address 205 STATE ST			9	28	2020	\$	1,000.00
City HARRISBURG	State PA	Zip Code (Plus 4) 171011130	Descrip	tion of Exp	penditure	I	
Enter Grand Total of Expenditu	res on Page 1. F	Report Cover Page, Item I).				PAGE TOTAL
	res on rage 1, k					\$	1,600.00

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:	9	/15/2020	То:		10/19/2020
				DATE				Outstanding Balance of Debt
Name of Creditor ROBERT E MERSKI				мо	DAY	YEAR		
Mailing Address 625 JAMES ST				5	2	2017	′ \$	37,000.00
City _{ERIE}	State	Zip Code (Plu	ıs 4)	Description of Debt			•	
	PA 165091619 LOAN REC				ECEIVED			
DATE								Outstanding Balance of Debt
Name of Creditor NATIONAL FUEL				мо	DAY	YEAR		
Mailing Address 6363 MAIN ST				2	6	2019	, \$	33.13
City WILLIAMSVILLE	State	Zip Code (Plu	s 4) Description of Debt			ot		
	NY	142215855		OVER PAYMENT				
								PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							\$	37,033.13