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 : | | | | | | eport led B | | CAND | IDATE | | COM | 4ITTEE | ✓ | LOBE | YIST | | |
|---|-----------------------------|----------|-------------|-------------------------------------|---------|----------------|----------|----------------|------------|--|--------------------|----------------|------------------|----------------|----------------|----------|----------|
| Name of Filing C | Committee, Ca | ndida | te or Lo | obbyist: | | FRI | IEND | S OF I | BOB ME | RSKI | | | | _ | | | |
| Street Address: | P.O. BOX | (667 | | | | | | | | | | | | | | | |
| City: | ERIE | | | | | | | | State: | PA | | | Zip Cod | ie : 16 | 5512 | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | | 1. | 2ND FRIDAY PRIMARY | Y PRE | - | 2. | 30 DA PRIMA | | POST- | 3. | | AMENDM REPORT | | Yes | No | \ |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | | 1. | 2ND FRIDAY PRE- 5. 30 DAY ELECTION | | | | | POST- | POST- 6. | | | ATION | Yes | No | √ | |
| report type) | ANNUAL REP | PORT | 7. X | Year 2020 FILING METHO () CHECK ON | | | | | | | | PAPER / D | | | DISKE | ГТЕ | |
| Name of Office S | Sought by Can | ndidate | e: | | | | | | | | District Number | Office Code | Part | y Code | County Code | | |
| | | | | | | | | | МО | DAY | Υ | 'EAR | 2 | STH | DEM | | 25 |
| REPRESENTATI | VE IN THE GI | ENERA | AL ASS | EMBLY | | | | | 1 | 1 | 3 | 2020 | | (SEE IN | STRUCTIO | NS FOR C | ODES) |
| Summary of | | nd | МО | DAY | YEAR | ł | | | МО | DAY | Y | /EAR | FO | R OFFI | CE USE | ONLY | |
| Expenditures | from: | | 1 | 11 24 | 2 | 020 | T | 0 | 1 | 2 | 31 | 2020 | | | | | |
| A. Amount Bro | ught Forward | From | Last R | eport | | | | \$ | | | 51, | ,000.16 | | | | | |
| B. Total Moneta | ary Contributi | ions Aı | nd Rec | eipts (From | Sche | dul | le I) | \$ | | | 5, | ,833.13 | | | | | |
| C. Total Funds | Available (Su | m Of L | ines A | and B) | | | | \$ | | | 56, | ,833.29 | | | | | |
| D. Total Expend | ditures (From | Sched | dule II | I) | | | | \$ | | | 3, | 657.37 | | | | | |
| E. Ending Cash | Balance (Sub | otract | Line D | From Line (| C) | | | \$ | | | 53, | 175.92 | | | | | |
| F. Value Of In- | Kind Contribu | itions | Receive | ed (From So | chedu | le I | II) | \$ | | | | 0.00 | | | | | |
| G. Unpaid Debt | ts And Obligat | tions (| From S | Schedule IV |) | | | \$ | | | 37, | 033.13 | | | ' | | |
| | | | | | AFF | ID | AVI | T SE | CTION | | | | | | | | |
| PART I - If this is | s a Committee | e repoi | rt, trea | surer sign l | here. I | If th | his is | a Can | didate | report, | cand | idate sig | ın here. | | | | |
| I swear (or affirm) correct and comple | | t, inclu | ding the | attached sch | nedules | s file | ed on | paper o | or by elec | tronic m | nediur | n, are to t | he best o | f my kno | wledge a | nd belie | f , true |
| Sworn to and subs | cribed before m | ne this | | 20 | | | | | | | | Signature | of Perso | n Submit | ting Rep | ort | |
| | | gnature | | | | | | - - | | | | | Prin | ted Name | e | | |
| My Commission Ex | - | gilature | | | | | | | | Email | | | | | | | |
| | мо | | D/ | AY | YR | | | _ | | Aı | rea Co | de | Daytim | e Telepi | none Nur | nber | |
| Part II- If this is | a report of a | candi | date's | authorized | Comn | nitte | ee, C | andida | ate shal | l sign h | ere. | | | | | | |
| I swear (or affirm) No 320) as amende | | st of my | knowle | edge and beli | ef this | poli | litical | commi | ittee has | es not violated any provisions of the act of June 3,1937 (P.L. 1333, | | | | | 1333, | | |
| Sworn to and subsc | | e this | | | | | | | | Signature of Candidate | | | | | | | |
| | day of —— —— | | | | | | | - | | | | | Drints | d Name | | | |
| | Signa | iture | | | | | | - | | | | | | | | | |
| My Commission Exp | _ | | | | | | | | | | | | Ema | il | | _ | |
| | | 0 | D | AY | YR | ł | | • | | Area | Code | 1 | Da | aytime T | elephon | e Numbe | er |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| , - | | | | |
|--|-----------|-----------|--------------|------------|
| Name of Filing Committee or Candidate | Reporting | g Period | | |
| FRIENDS OF BOB MERSKI | From: | 11/24/202 | <u>0</u> To: | 12/31/2020 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting |) Period | (1) | \$ | 250.00 |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) | | | | |
| Contributions Received From Political Committees (Part A) | | | \$ | 3,350.00 |
| All Other Contributions (Part B) | | | \$ | 1,950.00 |
| TOTAL for the Reporting | Period | (2) | \$ | 5,300.00 |
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | | | | |
| Contributions Received From Political Committees (Part C) | | | \$ | 0.00 |
| All Other Contributions (Part D) | | | \$ | 0.00 |
| TOTAL for the Reporting | Period | (3) | \$ | 0.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) | | | | |
| TOTAL for the Reporting |) Period | (4) | \$ | 283.13 |
| 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 | | | \$ | 5,833.13 |

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 | | | | | Period | | | |
|--|--------------------|---------------------------------|-----|-----|----------|-----------------------|----|------------|
| FRIENDS OF BOB MERSKI | | | Fro | om: | 11/24/20 |) <u>20</u> To | : | 12/31/2020 |
| | | | | | DATE | | | AMOUNT |
| Full Name of Contributing Committee COMMITTEE TO ELECT JOHN T. LOOM! | S | | | мо | DAY | YEAR | | |
| Mailing Address 5706 JONES LN | | | | | | | \$ | 100.00 |
| City ERIE | State PA | Zip Code (Plus 165051126 | 4) | 2 | 9 | 2020 | | |
| Full Name of Contributing Committee LAWPAC | | | | МО | DAY | YEAR | | |
| iling Address 212 N 3RD ST STE 101 y HADDISBURG State Zip Code (Plus 4) | | | | 3 | 2 | 2020 | \$ | 250.00 |
| City HARRISBURG PA Zip Code (Plus 4) 171011505 | | | | | | | | |
| Full Name of Contributing Committee AFSCME COUNCIL 13 POLITICAL & amp | o; LEGISLATIVE PA | AC | | МО | DAY | YEAR | | |
| Mailing Address 4031 EXECUTIVE | PARK DR | | | | | | \$ | 500.00 |
| City HARRISBURG | State PA | Zip Code (Plus 171111507 | 4) | 3 | 3 | 2020 | | |
| Full Name of Contributing Committee HIGHMARK PAC | | | | мо | DAY | YEAR | | |
| Mailing Address PO BOX 890089 | | | | 3 | 10 | 2020 | \$ | 250.00 |
| City CAMP HILL | State PA | Zip Code (Plus 170890089 | 4) | 3 | 10 | 2020 | | |
| Full Name of Contributing Committee PA INSURANCE PAC | | | | МО | DAY | YEAR | | |
| Mailing Address 1600 MARKET ST | STE 1720 | | | | | | \$ | 250.00 |
| City PHILADELPHIA | State PA | Zip Code (Plus 191037233 | 4) | 4 | 21 | 2020 | | |

| Full Name of Contr NGP PA PAC | ibuting Committee | | | МО | DAY | YEAR | |
|----------------------------------|--------------------|--------------------|------------------------------------|-----------|---------------|------------------|----------------|
| Mailing Address | 1100 STATE ST | | | _ | | | \$ 1,000.00 |
| City ERIE | | State PA | Zip Code (Plus 4) 165011912 | 9 | 23 | 2020 | |
| | | | · · | | | | |
| Full Name of Control THE LH PAC | ibuting Committee | | | МО | DAY | YEAR | |
| | ributing Committee | DRIVE | | MO | DAY 20 | YEAR 2020 | \$ 1,000.00 |

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

PAGE TOTAL \$ 3,350.00

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 | Name of Fining Committee of Canadate | | | orting Pe | eriod | | | |
|---|--------------------------------------|---------------------------------------|------|-----------|---------|-----------------|------------|------------|
| FRIENDS OF BOB MERSKI | | | Fror | m: | 11/24/2 | 2020 T o |) : | 12/31/2020 |
| | | | | | DATE | | | AMOUNT |
| Full Name of Contributor MARY SUSAN DELAURA | | | | МО | DAY | YEAR | | |
| Mailing Address 33 ACTON ST APT | 2 | | | | | | \$ | 250.00 |
| City ARLINGTON | State MA | Zip Code (Plus 4) 024766012 | | 1 | 1 | 2020 | | |
| Full Name of Contributor MICHAEL MOROCCO | | | | МО | DAY | YEAR | | |
| Mailing Address 3222 STOUGH AVE | | | | | | | \$ | 100.00 |
| City ERIE | State PA | Zip Code (Plus 4) 165082083 | | 2 | 9 | 2020 | | |
| Full Name of Contributor PETER RUSSO | | | | МО | DAY | YEAR | | |
| Mailing Address 5672 BONDY DR | | | | | | | \$ | 500.00 |
| City ERIE | State PA | Zip Code (Plus 4) 165093055 | | 2 | 18 | 2020 | | |
| Full Name of Contributor RICHARD KUBIAK | | | | МО | DAY | YEAR | | |
| Mailing Address | State | Zip Code (Plus 4) | | 9 | 5 | 2020 | \$ | 100.00 |
| City | State | zip couc (1 ius 4) | | | | | | |
| Full Name of Contributor PHIL KATEN | | | | МО | DAY | YEAR | | |
| Mailing Address 522 SEMINOLE DR | | | | | | | \$ | 1,000.00 |
| City ERIE | State PA | Zip Code (Plus 4) 165052428 | | 12 | 20 | 2020 | | |

PAGE TOTAL

\$ 1,950.00

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

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 | me of Filing Committee or Candidate Report | | | orting Period | | | | |
|---------------------------------------|--|----------|-------------|---------------|-----|------|----|------------|
| | | | From: | | | То: | | |
| | | | | DA | TE | | А | MOUNT |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Cod | e (Plus 4) | | | | | |
| | | | | | | | | PAGE TOTAL |
| Enter Grand Total of Part C on Scho | edule I, Detailed Sun | nmary Pa | age, Sectio | n 3. | | | \$ | 0.00 |

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.)

| lame of Filing Committee or Candidate | | | | orting Pe | riod | | | | |
|--|-------|----------------|---------|-----------|-------|------|----------|----------------------|--|
| | | | From: | | | To | То: | | |
| | | | | D | ATE | | AMOUNT | | |
| | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | \$ | 0.00 | |
| City | State | Zip Code (Plus | s 4) | | | | | | |
| Employer Name | | | | Occupa | tion | | | | |
| Employer Mailing Address/Principal Plac Business | e of | City | | | State | | Zip Code | (Plus 4) | |
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Se | | | Section | on 3. | | | PA(| GE 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 Perio | d | | |
|---------------------------------------|---------------------|------------|---------|-----------|------------|------|-----------|
| FRIENDS OF BOB MERSKI | | | From: | | 12/31/2020 | | |
| | | | | D | ATE | | AMOUNT |
| Full Name | | | | | DAY | YEAR | |
| NATIONAL FUEL | | | | МО | DAT | TEAR | |
| Mailing Address 6363 MAIN ST | | | | | | | \$ 33.13 |
| City WILLIAMSVILLE | State | Zip Code (| Plus 4) | 1 | 26 | 2020 | |
| | NY | 1422158 | 55 | | | | |
| Receipt Description | | • | | | | | |
| Full Name PERRY HIGHWAY HOSE CO. | | | | МО | DAY | YEAR | |
| | | | | | | | |
| Mailing Address 8281 OLIVER RD | | | | | | | \$ 250.00 |
| City ERIE | State | Zip Code (| Plus 4) | 12 | 20 | 2020 | |
| | PA | 1650946 | 23 | | | | |
| Receipt Description SOCIAL HALL S | SECURITY DEPOSIT RI | ETURN | | | | | |

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

PAGE TOTAL \$ 283.13

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 | Reporting Pe | eriod | |
|--|--------------|----------------|------------|
| FRIENDS OF BOB MERSKI | From: | 11/24/2020 To: | 12/31/2020 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | ER CONTRIBUT | OR | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR | TF) | | |
| 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 Candid | ate | | Reporting | g Period | | | |
|------------------------------------|---------------------|-----------------------|-----------|---------------|------|-----------|------------|
| | | | From: | | | То: | |
| | | | | 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 S | chedule II In-Kir | nd Contributions Deta | iled Sum | mary Pag | ле Г | | PAGE TOTAL |
| Section 2. | incudic 11, 111 Kii | ia contributions beta | nea Sam | illial y I as | , | | PAGE TOTAL |
| | | | | | | \$ | 0.00 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | Re | porting P | Period | | | | |
|--|----------------|--------|------------------|--------|-----------|-----------|--------|---------|--------------------|--|
| | | | | Fre | om: | | То: | То: | | |
| | | | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | | \$ | 0.00 | |
| City | State | | Zip Code(Plus 4) | | | | | | | |
| Employer of Contributor | | | | | Occupa | tion | | | | |
| Employer Mailing Address/Principal Plac Business | ce of Cit | ty | State | | Zip 4) | Code(Plus | Descri | ption o | f Contribution | |
| Enter Grand Total of Part G on Sch Summary Page, Section 3. | edule II, In-K | Cind C | Contributions De | etaile | ed | | | | PAGE TOTAL 0.00 | |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period | | | | | |
|---------------------------------------|------------------|------------|-----|------------|--|--|
| FRIENDS OF BOB MERSKI | From | 11/24/2020 | То: | 12/31/2020 | | |

| | | DATE | | AMOUNT | | | | |
|--|---|---------------------------------------|---|--------|-----------------------|----|--------|--|
| To Whom Paid FRIENDS OF JULIE SLOMSKI | | | МО | DAY | YEAR | | | |
| Mailing Address 5510 MILL ST | | | 1 | 9 | 2020 | \$ | 50.00 | |
| City ERIE | Description of Expenditure CAMPAIGN CONTRIBUTION | | | | | | | |
| To Whom Paid PERRY HIGHWAY HOSE CO. | | | | DAY | YEAR | | | |
| Mailing Address 8281 OLIVER RD | | | | 9 | 2020 | \$ | 250.00 | |
| City ERIE | State PA | Zip Code (Plus 4) 165094623 | Description of Expenditure RENTAL FEE FOR HALL | | | | | |
| To Whom Paid SOUTH SHORE PARTY RENTAL | | | МО | DAY | YEAR | | | |
| Mailing Address 100 INDUSTRIAL DR | | | | 20 | 2020 | \$ | 365.17 | |
| City EDINBORO | Description of Expenditure SUMMER TENT RENTAL | | | | | | | |
| To Whom Paid ERIE COUNTY DEMOCRATIC PARTY | | | МО | DAY | YEAR | | | |
| Mailing Address 1305 STATE ST | | | 2 | 7 | 2020 | \$ | 100.00 | |
| City ERIE | State PA | Zip Code (Plus 4) 165011915 | Description of Expenditure PETITION SIGNING PARTY | | | | | |
| To Whom Paid MILLCREEK DEMOCRATS | | | МО | DAY | YEAR | | | |
| Mailing Address 1526 HIGH ST | | | 2 | 7 | 2020 | \$ | 100.00 | |
| City ERIE | ERIE State Zip Code (Plus 4) PA 165091963 | | | | penditure IG PARTY | | | |

| To Whom Paid NUOVA AURORA SOCIETY Mailing Address 1518 WALNUT ST Mo DAY YEAR 2 9 2020 \$ | |
|---|----------|
| Mailing Address 1518 WALNUT ST 2 9 2020 \$ | |
| | 222.00 |
| City ERIE State Zip Code (Plus 4) Description of Expenditure PA 165021759 FUNDRAISER FOOD | |
| To Whom Paid RORY'S RISTORANTE MO DAY YEAR | |
| Mailing Address 1518 WALNUT ST 2 9 2020 | 340.20 |
| City ERIE State Zip Code (Plus 4) Description of Expenditure PA 165021759 FUNDRAISER FOOD | |
| To Whom Paid ERIE CITY MISSION MO DAY YEAR | |
| Mailing Address 1017 FRENCH ST 2 25 2020 \$ | 130.00 |
| City ERIE State Zip Code (Plus 4) Description of Expenditure PA 165012003 KNOCK OUT HOMELESSNESS TICKET | S AND AD |
| | |
| To Whom Paid FRIENDS OF JULIE SLOMSKI MO DAY YEAR | |
| MO DAY YEAR | 500.00 |
| FRIENDS OF JULIE SLOMSKI Mo DAY YEAR Mailing Address | 500.00 |
| FRIENDS OF JULIE SLOMSKI Mailing Address 5510 MILL ST State Zip Code (Plus 4) Description of Expenditure | 500.00 |
| FRIENDS OF JULIE SLOMSKI Mailing Address 5510 MILL ST State Zip Code (Plus 4) Description of Expenditure CAMPAIGN CONTRIBUTION To Whom Paid MO DAY YEAR 165092922 MO DAY YEAR | 500.00 |
| FRIENDS OF JULIE SLOMSKI Mailing Address 5510 MILL ST State Zip Code (Plus 4) 165092922 To Whom Paid ERIE'S PUBLIC SCHOOLS FOUNDATION MO DAY YEAR To Whom Paid ERIE'S PUBLIC SCHOOLS FOUNDATION | |
| FRIENDS OF JULIE SLOMSKI Mailing Address 5510 MILL ST State PA State PA 165092922 To Whom Paid ERIE'S PUBLIC SCHOOLS FOUNDATION Mo Day YEAR To Whom Paid ERIE'S PUBLIC SCHOOLS FOUNDATION Mo Day YEAR State Zip Code (Plus 4) 165092922 Address 6 30 2020 \$ City State Zip Code (Plus 4) Description of Expenditure CAMPAIGN CONTRIBUTION Mo Day YEAR State Zip Code (Plus 4) Description of Expenditure | |
| FRIENDS OF JULIE SLOMSKI Mailing Address 5510 MILL ST State Zip Code (Plus 4) 165092922 To Whom Paid ERIE'S PUBLIC SCHOOLS FOUNDATION MO DAY YEAR MO DAY YEAR To Whom Paid ERIE'S PUBLIC SCHOOLS FOUNDATION State Zip Code (Plus 4) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | |

| HDCC MO DAY YEAR | 13 | | | | | | | | | |
|--|-----------------------|---------|---|-------------|---------|------------------------------|--|----|------------|--|
| State Tin Code (Plus 4) | | | YEAR | DAY | МО | To Whom Paid HDCC | | | | |
| City HARRISBURG State Zip Code (Plus 4) Description of Expenditure | 1,000.0 | 1 | \$ 2020 | 28 | 9 | Mailing Address 205 STATE ST | | | | |
| PA 171011130 | | | enditure | tion of Exp | Descrip | | | RG | HARRISBURG | |
| | TOTAL 3,657.37 | PAGE TO | \$ Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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 | | | Reporti | ting Period | | | | | |
|---------------------------------------|--------------------|----------------------------------|----------|----------------------------------|--------------------------------|------|------------|--------------------------------|--|
| FRIENDS OF BOB MERSKI From: | | | | <u>11/24/2020</u> To : | | | 12/31/2020 | | |
| | | | | | DATE | | | Outstanding Balance 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 PA | Zip Code (Pl 165091619 | • | l - | otion of Del RECEIVED | | | | |
| | | 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 NY | Zip Code (Pl | • | Description of Debt OVER PAYMENT | | | | | |
| | | | | | | | | PAGE TOTAL | |
| Enter Grand Total of Unpaid Debt | s on Page 1, Repo | ort Cover Pa | ge, Item | G. | | | \$ | 37,033.13 | |