Campaign Finance Report

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

Filer Identificati Number :	on 201	80238				Report Filed B		CANDI	DATE		COMM	4ITTEE	✓	LOB	BYIST		
Name of Filing C	Committee, Candi	date or L	obbyist	:	F	RIEND	S OF	BOB MER	RSKI								
Street Address:	P.O. BOX 66	7															
City:	ERIE -							State:	PA			Zip Cod	le: 16	512			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FR		PRE-	2. X	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	N	0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FR ELECTI		PRE-	5.	30 DA		POST-	6.		TERMINA REPORT?		Yes	N	0	/
report type)	ANNUAL REPORT	٦.	Year 2	2022				IG METHO				PAPER		\	DISK	ETTE	
Name of Office S	Sought by Candida	ate:						DATE 0	F ELE	CTIC)N	District Number	Office Code	Par	ty Code	Code	
	,							МО	DAY	YI	EAR	2	STH	DEI	1	25	
REPRESENTATI	VE IN THE GENE	RAL ASS	EMBLY	•				11		8	2022		(SEE IN	STRUCTI	ONS FOR	CODES	6)
	Receipts and	МО	DAY	'	YEAR			МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY	,	
Expenditures	from:		3	29	20	22 T	0	5		2	2022						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$	-		51,	000.84						
B. Total Moneta	ary Contributions	And Rec	eipts (F	From	Sched	ule I)	\$			8,	600.00						
C. Total Funds	Available (Sum O	f Lines A	and B))			\$			59,	600.84						
D. Total Expend	ditures (From Scl	nedule II	I)				\$			2,2	216.00						
E. Ending Cash	Balance (Subtra	ct Line D	From L	ine C)		\$			57,3	384.84						
F. Value Of In-	Kind Contribution	s Receiv	ed (Fro	m Sc	hedule	e II)	\$				0.00						
G. Unpaid Debt	ts And Obligation	s (From S	Schedul	le IV))		\$			37,0	033.13						
					AFFI	DAVI	ΓSE	CTION									
	s a Committee re																
I swear (or affirm) correct and complete) that this report, in ete.	cluding the	e attache	ed sch	edules 1	filed on	paper	or by elect	ronic m	edium	i, are to t	he best of	f my knov	wledge	and be	lief , tr	ue
Sworn to and subs	cribed before me th day of	is	20							5	Signature	of Persoi	n Submit	ting Re	oort		
	Signat	ure					-					Print	ted Name	•			_
My Commission Ex	cpires											Emai	i				
	мо	D	AY		YR				Ar	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a car	didate's	authori	ized (Commi	ittee, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and	d belie	f this p	oolitical	comm	ittee has n	ot viola	ted ar	ny provis	ions of the	e act of J	une 3,1	937 (P.	L. 133	з,
Sworn to and subsc	ribed before me this	;									s	ignature o	f Candid	ate			-
	day of						-					Printe	d Name				-
My Commission Exp	Signature						-					Emai	il				_
my Commission Exp							-										_
	МО	D	AY		YR				Area	Code		Da	ytime T	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:	3/29/202	<u>2</u> To:	5/2/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	100.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	1,000.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting) Period	(2)	\$	1,000.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	7,500.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	7,500.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J 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			\$	8,600.00

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	me of Filing Committee or Candidate			Period			
FRIENDS OF BOB MERSKI			From:	3/29/20) <u>22</u> To	:	5/2/2022
				DATE			AMOUNT
Full Name of Contributing Com			МО	DAY	YEAR		
DUANE MORRIS POLITICAL AC	CTION						
Mailing Address 30 S 177	TH ST					\$	250.00
City PHILADELPHIA	State	Zip Code (Plus	4) 3	22	2022		
	PA	191034001					
Full Name of Contributing Com	mittee		МО	DAY	YEAR		
SCIETEK PAC							
Mailing Address 212 LOCUST ST					2000	\$	250.00
City HARRISBURG	State	Zip Code (Plus	4) 3	2	2022		
	PA	171011527					
Full Name of Contributing Com	mittee		МО	DAY	YEAR		
HIGHMARK PAC							
Mailing Address PO BOX	890089 PO BOX 89008	9			2022	\$	250.00
City CAMP HILL	State	Zip Code (Plus	4) 3	3	2022		
	PA	170890069					
Full Name of Contributing Com	mittee		МО	DAY	YEAR		
IBC PAC							
Mailing Address 1901 MARKET ST						\$	250.00
City PHILADELPHIA	State	Zip Code (Plus	4) 3	8	2022		
	PA	191031480					
				•			

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

PAGE TOTAL 1,000.00

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 Candi	date			Rep	orting P	eriod			
				Fro	m:		To):	
						DATE			AMOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus 4)						
								$\overline{}$	

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

PAGE TOTAL \$0.00

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	Period			
FRIENDS OF BOB MERSKI			From:	<u>3/2</u>	9/2022	То:	5/2/2022
				DA	TE		AMOUNT
Full Name of Contributing Committee ASSOCIATION OF PA COLLEGE PROFES	SSORS			МО	DAY	YEAR	
Mailing Address 319 N FRONT ST							\$ 500.00
City HARRISBURG	State PA	Zip Cod	e (Plus 4) 203	2	18	2022	
Full Name of Contributing Committee ERIE INSURANCE PAC				МО	DAY	YEAR	
Mailing Address PO BOX 1699 City ERIE	State PA	Zip Cod 165301	e (Plus 4) 000	1	25	2022	\$ 1,000.00
Full Name of Contributing Committee FRIENDS OF JOANNA MCCLINTON				МО	DAY	YEAR	
Mailing Address PO BOX 16668							\$ 1,000.00
City PHILADELPHIA	State PA	Zip Cod 191396	e (Plus 4) 6668	3	6	2022	
Full Name of Contributing Committee LAWPAC		-		МО	DAY	YEAR	
Mailing Address 212 N 3RD ST STE	101			3	7	2022	\$ 500.00
City HARRISBURG	State PA	Zip Cod 171011	e (Plus 4) 505	3	,	2022	
Full Name of Contributing Committee OPERATORS FOR SKILL PAC				мо	DAY	YEAR	
Mailing Address PO BOX 343							\$ 500.00
City HARRISBURG	State PA	Zip Code 171080	e (Plus 4)	4	25	2022	

Full Name of Contributing Committee OPERATORS FOR SKILL PAC	RATORS FOR SKILL PAC				YEAR	
Mailing Address PO BOX 343						\$ 500.00
City HARRISBURG	State	Zip Code (Plus 4)	4	26	2022	
	PA	171080343				
Full Name of Contributing Committee PLUMBERS LOCAL UNION 27 PAC	МО	DAY	YEAR			
Mailing Address 1040 MONTOUR WEST IND PARK						\$ 1,000.00
City CORAOPOLIS	State PA	Zip Code (Plus 4) 151089307	4	4	2022	
Full Name of Contributing Committee PSEA PACE			мо	DAY	YEAR	
lailing Address 400 N 3RD ST P.O. BOX 1724		_			\$ 2,500.00	
City HARRISBURG	State	Zip Code (Plus 4)	3	14	2022	
	PA	171011346				

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

PAGE TOTAL \$ 7,500.00

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			
			Froi	m:		To) :	
				D	ATE		А	MOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed So	ummary Page	, Section	on 3.			F \$	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	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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:	3/29/2022 To :	<u>5/2/2022</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, 1		\$	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:			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 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	eporting F	Period			
				Fr	om:		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	ee of Ci	ity	State	•	Zip 4)	Code(Plus	Descri	ption o	of Contribution
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-l	Kind (Contributions [etail	led				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	andidate		Reporti	ng Period			
FRIENDS OF BOB MERSKI			From	<u>3/29</u>	9/2022	То:	5/2/2022
		•		DATE			AMOUNT
To Whom Paid HBCC			мо	DAY	YEAR		
Mailing Address 205 STATE	ST		1 14 2022 \$				2,000.00
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	171011130	DUES				
To Whom Paid MARTIN LUTHER KING CENTER			МО	DAY	YEAR		
Mailing Address 312 CHESTI	NUT ST		1	14	2022	\$	50.00
City ERIE	State	Zip Code (Plus 4)	Descrip	tion of Ex	enditure	•	
	PA	165071294	MLK DI	NNER			
To Whom Paid US POSTAL SERVICES	1		МО	DAY	YEAR		
Mailing Address 1401 STATE	E ST		1	30	2022	\$	166.00

PAGE TOTAL Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. \$ 2,216.00

165011929

PΑ

P.O. BOX RENEWAL

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:	3/29/2022 To:				5/2/2022		
						DATE				tanding nce of Debt	
Name of Creditor ROBERT E MARSKI					МО	DAY	YEAR				
Mailing Address	625 JAMES ST				5	2	2017	7 .	\$	37,000.00	
City ERIE		State PA	Zip Code (Pl 165091619	Description of Debt							
					DATE				Outstanding Balance of Debt		
						DATE					
Name of Creditor NATIONAL FUND					МО	DATE	YEAR				
	6363 MAIN ST				MO 2		YEAR 2019				
NATIONAL FUND		State NY	Zip Code (Pl : 142215855	-	2 Descrip	DAY	2019		Bala	nce of Debt	
NATIONAL FUND Mailing Address City WILLIAMSVI		NY	142215855	-	2 Descrip	DAY 4	2019		Balai	nce of Debt	