Campaign Finance Report

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

Filer Identificati	ion	2022	C1303		-	Repor		CAN	DIDAT	E	C	оммітте	E	LOB	BYIST		
Number :	Committe	o Condida	ata ar l	obbyicty		Filed ROBER	-										
Name of Filing C	Lommitte	e, canula		obbyist:		RUDER		EKSKI									
Street Address:																	
City:								State:				Zip Cod	le: 16	6509			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	- 2. X	30 DA PRIM		POST	- 3	3.		AMENDMENT REPORT?		N	0	\checkmark
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA ELECTION	Y PRI	E- 5.	30 DA		POST	POST- 6.		TERMINATION REPORT?		Yes	N	0	\checkmark
report type)	ANNUAL	REPORT	7.	Year 2022				NG MET CHECK				PAPER		\checkmark	DISK	ETTE	
Name of Office Sought by Candidate:								DATE	OF E	LEC	TION	District Number	Office Code	Pai	ty Code	e Cour Code	
REPRESENTAT	IVE IN TH	IE GENER						мо	DA	Y	YEAR	2	STH	DE	Ч		
								1	1	8	3 2022	2	(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of		and	мо	DAY	YEAF	2		мо	DA	Y	YEAR	FO	R OFFIC	E USE	ONLY		
Expenditures	s from:			3 29	2	022	Ю		5	2	2 2022	2					
A. Amount Bro	ught Forv	ward Fron	n Last R	eport			\$				0.00						
B. Total Monet	ary Contr	ibutions /	And Rec	eipts (Fron	n Sche	edule I)	\$	\$ 0.00									
C. Total Funds	Available	(Sum Of	Lines A	and B)			\$				0.00						
D. Total Expen	ditures (I	From Sche	edule II	I)			\$				0.00						
E. Ending Cash	Balance	(Subtract	t Line D	From Line	C)		\$				0.00	_					
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le II)	\$				0.00						
G. Unpaid Deb	ts And Ob	ligations	(From S	Schedule I\	/)		\$				0.00						
					AFF	IDAV	IT SE	CTIO	١								
PART I - If this is		-	-	_					=	-		-					
I swear (or affirm correct and compl		report, incl	uding the	e attached so	hedule	s filed or	paper	or by ele	ctronic	med	lium, are to	the best of	f my knov	vledge	and bel	ief , tr	ue
Sworn to and subs	scribed befo day of	ore me this	5	20							Signatur	e of Persor	n Submitt	ing Rej	port		-
	_	Signatu	re				_					Print	ted Name				-
My Commission E	xpires											Emai	il				
		мо	D	AY	YR					Area	Code	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comr	nittee, (Candid	ate sha	ll sign	her	e.						
I swear (or affirm) No 320) as amende		e best of m	ny knowl	edge and bel	ief this	s politica	comm	ittee has	not vi	olate	d any provi	sions of the	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subso		re me this										Signature o	of Candida	ite			-
	day of						_					Printe	d Name				_
		Signature					_										
My Commission Exp		-										Emai	il				
	-	мо	D	AY	YR	ł	_		Ar	ea Co	ode	Da	aytime Te	elephor	ne Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** ROBERT E MERSKI From: <u>3/29/2022</u> To: 5/2/2022 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)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 0.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 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 \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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					
					То	:		
		·		DATE			AMOUNT	
Full Name of Contributing Com	nittee		мо	DAY	YEAR			
Mailing Address						\$	0.00	
City State Zip Code (Plus 4)								
						Г	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			
From: To:):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
								PAGE TOTAL
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 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				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	e			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detai	led Summary Pa	age, Sectio	n 3.			\$	0.00

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:

			D	ATE		АМС	DUNT
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 Candidate			Report	ing Perio	d				
Fro			From: To:						
				D	ATE			AMOUNT	1
Full Name				мо	DAY	YEAR	1		
Mailing Address	Mailing Address						\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description						•	•		
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	TAL
		illi y i uge,	Section				\$		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 Period		
ROBERT E MERSKI	From:	<u>3/29/2022</u> 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	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	ſF)		
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 R			Reporting Period					
F						То:		
				DATE		АМО	UNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address	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 Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	0.00	

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

Name of Filing Committee or Candidate				Reporting Period						
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor					Occupat	tion		I		
Employer Mailing Address/Principal Place of City State Business			State		Zip 4)	Code(Plus	Descri	otion of	f Contribution	

	i
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				ng Period			
				From			
	DATE AM						
To Whom Paid				DAY	YEAR		
Mailing Address						\$	0.00
City State Zip Code (Plus 4)				otion of Ex	penditure		
Enter Grand Total of Expenditures	on Page 1. Benert C	over Dage Item [`				PAGE TOTAL
	on Page 1, Report C	over Page, Item L				\$	0.00