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 :	ion	20180	0238			Repo Filed		0	ANDI	DATE		СОМІ	MITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, C	andida	ate or L	obbyist:		FRIEN	-	F BO	B MEF	L SKI								
Street Address:	P.O. BO	X 667																
City:	ERIE							Sta	ate:	PA			Zip Co	de: 16	512			
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRIDA PRIMARY	AY PRE	- 2.		DAY MARY		POST- 3. X			AMENDN REPORT		Yes	N	0	\checkmark
(place X to the right of	6TH TUESDA PRE-ELECTIC		4.					DAY CTIO		POST- 6.			TERMIN/ REPORT		Yes	N	0	\checkmark
report type)	ANNUAL RE	PORT	7.	Year 2022	2				METHO				PAPER		\checkmark	DISK	ЕТТЕ	
Name of Office S	L Sought by Ca	ndidat	e:					D/	ATE O	F ELE	СТІС	N	District Number	Office Code	Par	ty Code	e Cour Code	
REPRESENTAT								м)	DAY	YI	EAR	2	STH	DEN	1	25	
REPRESENTATI		JLINER	AL ASS						11		8	2022]	(SEE INS	TRUCTI	ONS FOR	CODES	;)
Summary of		nd	мо	DAY	YEAF	2		м)	DAY	Y	EAR	FC	OR OFFIC	E USE	ONLY		
Expenditures	s from:			5 3	3 2	022	то		6		6	2022						
A. Amount Bro	ught Forwar	d From	n Last R	eport				\$			51,0	000.84						
B. Total Monet	ary Contribu	tions A	And Rec	eipts (Fror	n Sche	dule I))	\$		700.00								
C. Total Funds Available (Sum Of Lines A and B)								\$			51,	700.84						
D. Total Expen	ditures (From	m Sche	dule II	I)				\$				30.00]					
E. Ending Cash	Balance (Su	ıbtract	Line D	From Line	C)			\$			51,6	570.84						
F. Value Of In-	Kind Contrib	utions	Receiv	ed (From S	Schedu	le II)		\$				0.00	-					
G. Unpaid Deb	ts And Obliga	ations	(From S	Schedule I	V)			\$ 37,033.13										
					AFF	IDAV	'IT S	SECT	ION									
PART I - If this is														¢ 1				
I swear (or affirm correct and compl		ort, incli	uding the	e attached so	chedule	s filed o	n pape	er or b	y elect	ronic me	eaium	, are to	the best o	т ту кпоч	leage	and be	ier, tr	ue
Sworn to and subs	cribed before day of	me this		20							5	Signaturo	e of Perso	n Submitt	ing Rep	oort		_
	s	Signatur	e				_						Prin	ted Name				-
My Commission E		-											Ema	il				_
	мо		D,	AY	YR					Are	ea Coo	le	Daytin	ne Teleph	one Nu	mber		_
Part II- If this is	a report of	a cand	idate's	authorized	l Comr	nittee,	Cand	idate	shall	sign he	ere.							
I swear (or affirm) No 320) as amendo		est of m	y knowle	edge and bel	lief this	s politica	al com	nmitte	e has n	ot viola	ted ar	ıy provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subso	ribed before m day of	ne this		20								s	ignature	of Candida	ite			-
													Printe	ed Name				-
My Commission Exp	-	ature											Ema	il				_
,																		_
	м	10	D	AY	YR	2				Area	Code		D	aytime Te	elephon	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

	C			
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF BOB MERSKI	<u>5/3/202</u>	2 <u>2</u> To:	<u>6/6/2022</u>	
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	175.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	250.00
All Other Contributions (Part B)			\$	275.00
TOTAL for the Reporting	g Period	(2)	\$	525.00
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	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)			1	
TOTAL for the Reporting	g 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			\$	700.00

\$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							
FRIENDS OF BOB MERSKI Fro				From: <u>5/3/2022</u> T			<u>6/6/2022</u>			
				DATE			AMOUNT			
Full Name of Contributing Comm PENNSYLVANIA OPTOMETRIC P		MMITTEE	мо	DAY	YEAR					
Mailing Address 218 NOR	TH ST					\$	250.00			
City HARRISBURG	State PA	Zip Code (Plus 4) 171011124	5	18	2022					
							PAGE TOTAL			
Enter Grand Total of Part A o	on Schedule I, Detail	ed Summary Page, Sec	tion 2.			\$	250.00			

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

\$

Use this Part to it	emize all othe 50.01 to \$250.	1 TO \$250.00 r contribution 00 in the repo	s w ortir	ith an 1g peri	aggreg			rom
Name of Filing Committee or Candida	te		Rep	oorting Po	eriod			
FRIENDS OF BOB MERSKI	m:	<u>5/3/</u> 2	<u>2022</u> То):	<u>6/6/2022</u>			
					DATE			AMOUNT
Full Name of Contributor DAN CEPHAS		мо	DAY	YEAR				
Mailing Address 4417 CHERRY ST	Address 4417 CHERRY ST						\$	100.00
City _{ERIE}	State PA	Zip Code (Plus 4)		5	18	2022		
Full Name of Contributor KAREN MOSKI				мо	DAY	YEAR		
Mailing Address 480 MOORHEADVI	LLE RD						\$	75.00
City NORTH EAST	State PA	Zip Code (Plus 4)		5	18	2022		
Full Name of Contributor PETER J. SALA				мо	DAY	YEAR		
Mailing Address 731 FRENCH ST							\$	100.00
City ERIE	State	Zip Code (Plus 4)		5	18	2022		
	PA	165011207						
								PAGE TOTAL
Enter Grand Total of Part A on	Schedule I, Detail	ed Summary Pag	je, S	ection 2	-		\$	275.00

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 Comm	ittee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
						ſ		PAGE TOTAL	
Enter Grand Total of Part C or	n Schedule I, Detaile	ed 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	Name of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				D	ATE			AMOUNT	1	
Full Name				мо	DAY	YEAR				
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		
FRIENDS OF BOB MERSKI	From:	<u>5/3/2022</u> то:	<u>6/6/2022</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	T F)		
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, 3		\$	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					
	From:			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					
					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						Occupat	tion			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descri	otion o	of Contribution
Enter Grand Total of Part G on Sch	edule II, 1	In-Kind	Contributio	ons De	taile	d				PAGE TOTAL

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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period						
FRIENDS OF BOB MERSKI			From	From <u>5/3/2022</u>			<u>6/6/2022</u>		
				DATE		AMOUNT			
To Whom Paid ERIE-CRAWFORD COUNTY CLC			мо	DAY	YEAR				
Mailing Address 32 W 8TH ST STE 604			5	14	2022	\$	30.00		
City ERIE	State PA	Zip Code (Plus 4) 165011352	Description of Expenditure LABOR DINNER						
							PAGE TOTAL		
Enter Grand Total of Expenditures of	\$	30.00							

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:		<u>5/3/2022</u>	То:		<u>6/6/2022</u>
					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	Zip Code (Pl	us 4)	Description of Debt LOAN RECEIVED				
	РА	165091619						
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 (Pl	us 4)	Description of Debt				
	NY	142215855		OVER PAYMENT				
	•	•						PAGE TOTAL
Enter Grand Total of Unpaid Debt	s on Page 1, Repo	ort Cover Pa	ge, Item	G.			\$	37,033.13