### **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 202	2C1303				eport iled B		CAI	NDII	NDIDATE COMMITTEE LOBBYIST								
Name of Filing C	ommittee, Candi	date or L	obbyist:		RC	DBERT	E. M	ERSK	Ι									
Street Address:																		
City:								State	e:				Zip Code	e: 16	509			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRI PRIMAR		PRE-		30 DA PRIMA		Р				AMENDME REPORT?	AMENDMENT REPORT?		N	0	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRI		PRE-		30 DA ELECT		Р	OST-	6. 2	х	TERMINAT REPORT?	ΓΙΟΝ	Yes	N	0	<b>\</b>
report type)	ANNUAL REPOR	Г 7.	Year 20	)22				IG ME					PAPER		<b>V</b>	DISK	ETTE	
Name of Office S	ought by Candid	ate:	•					DAT	E O	F ELE	СТІ	ON	District Number	Office Code	Par	ty Cod	e Cour	
DEDDECEMENTATE	VE IN THE CENE	.DAL 466	EMBLY					МО		DAY	,	YEAR	2	STH	DEN	1		
REPRESENTATI	VE IN THE GENE	KAL ASS	EMBLY						11		8	2022		(SEE IN	STRUCTI	ONS FOR	CODES	5)
Summary of		МО	DAY	Y	EAR			МО		DAY	,	YEAR	FOF	OFFIC	E USE	ONLY	7	
Expenditures	Trom:		10	25	202	2 <b>T</b> (	o —		11	:	28	2022						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$					0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (Fı	rom S	chedu	le I)	\$					0.00						
C. Total Funds	Available (Sum C	f Lines A	and B)				\$					0.00						
D. Total Expend	ditures (From Sc	nedule II	I)				\$					0.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Li	ne C)			\$					0.00						
F. Value Of In-	Kind Contribution	ıs Receiv	ed (Fron	n Sch	edule 1	II)	\$					0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule	IV)			\$					0.00			•			
				A	AFFID	OAVIT	ΓSE	CTIC	N									
PART I - If this is										•								
I swear (or affirm) correct and comple	that this report, in ete.	cluding the	e attached	l sched	dules fil	led on p	paper (	or by e	electr	onic m	ediu	m, are to	the best of	my knov	wledge	and be	lief , tr	rue
Sworn to and subs	cribed before me th day of	is	20									Signatur	e of Person	Submitt	ing Re	ort		_
	Signat	ure	_				<u>-</u>						Printe	ed Name	<u>,                                      </u>			_
My Commission Ex	-								•				Email					-
	мо	D	AY		YR					Are	ea C	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a car	ndidate's	authoriz	ed Co	ommitt	tee, Ca	andida	ate sh	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		my knowle	edge and	belief	this po	olitical	commi	ittee h	as no	ot viola	ted a	any provis	ions of the	act of J	une 3,1	937 (P	.L. 133	з,
Sworn to and subsc		5										S	ignature of	Candida	ate			-
	day of ————————————————————————————————————						•						Printed	Name				-
My Commission Exp	Signature	1					•		-				Email					-
, commission exp													- '					_
	мо	D	AY		YR					Area	Cod	e	Day	time T	elephor	e Num	ber	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
ROBERT E. MERSKI	From:	10/25/202	<u>2</u> To:	11/28/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
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
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)	\$	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			\$	0.00

#### **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 Candidate			Reporting	Period				
				From:		То	<b>!</b>	
			•		DATE			AMOUNT
Full Name of Contributing Co	ommittee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State		Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

### 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)

(EXCID	ue contributions noi	in pontical comm	iiiii	es re <sub>l</sub>	porteu	III Pait	Α)	
Name of Filing Committe	ee or Candidate		Rep	orting P	eriod			
			Fro	m:		To	<b>)</b> :	
		•			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	ame of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				DA	TE		A	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR			0.00	
Mailing Address							<b>-</b>   \$		0.00	
City	State	Zip Cod	e (Plus 4)							
								PAGE TOT	AL	
Enter Grand Total of Part C on School	dule 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.)

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate			orting Pe	riod			
			Fror	n:		To	<b>o</b> :	
				D	ATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR	\$	0.00
Mailing Address							1	
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip C	Code (Plus 4)
Enter Grand Total of Part C on Schee	dule I, Detailed Su	ımmary Page	Section	on 3.			\$	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	ing Peri	od			
			From:			To:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>						<u> </u>	
	- C		<b>.</b> .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	4.			\$	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 Peri	od	
ROBERT E. MERSKI	From:	<u>10/25/2022</u> <b>To:</b>	11/28/2022
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 Candidate	Reporting Period							
F						То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				<b> </b>		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:		•	•	•		•		
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (	Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				porting	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					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution	
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL	
Summary Page, Section 3.									0.00	

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period				
	From			То:				
				DATE			AMOUNT	
To Whom Paid	мо	DAY	YEAR					
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
Enter Grand Total of Evnenditures	on Bago 1 Bonort C	Cover Page Item [					PAGE TOTAL	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.			<b>,</b> .			\$	0.00	