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 :	tification 20180238 Report Filed By :					COM	AITTEE	Y	LOBE	1131							
Name of Filing C	ommittee, Candi	idate or L	obbyist:	•	FRIE	END	S OF	BOB I	MER	SKI		•					
Street Address:	P.O. BOX 66	57															
City:	ERIE							State	e:	PA			Zip Co	de: 16	5512		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA		F	POST- 3. X			AMENDMENT REPORT?		Yes	No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	AY PRE	Ē	5.	30 DA		F	POST-	OST- 6.		TERMINA REPORT		Yes	No	√
report type)	ANNUAL REPOR	T 7.	Year 2024	•				NG ME CHEC					PAPER		\checkmark	DISKE	TTE
Name of Office S	- Sought by Candid	ate:			-			DAT	ΕO	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	County Code
DEDDECENTATI	VE IN THE GENE	EDAL ACO	SEMBLY					МО		DAY	YI	EAR	2	STH	DEM	1	25
REFRESENTATI	VE IN THE GENE	INAL ASS	JEMBE1						11		5	2024		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR	2			МО		DAY	Y	EAR	FC	R OFFI	CE USE	ONLY	
Expenditures	from:		4 9	2	024	T	0		5	:	L3	2024					
A. Amount Bro	ught Forward Fro	om Last F	Report				\$				36,	289.71					
B. Total Moneta	ary Contributions	s And Red	ceipts (Fron	n Sche	dule	I)	\$					0.00					
C. Total Funds	Available (Sum (Of Lines A	A and B)				\$										
D. Total Expenditures (From Schedule III)						\$				2	266.25						
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$				36,0	23.46					
F. Value Of In-	Kind Contributio	ns Receiv	ed (From S	chedu	le II)	\$					0.00					
G. Unpaid Debt	s And Obligation	s (From	Schedule I\	/)			\$				37,0	33.13			1		
							T SE										
	that this report, in		_									_		f my kno	wledge a	and belie	ef , true
correct and comple	cribed before me th	nis											of Davas	n Submit	tina Dan		
	day of						-					signature	or Perso	ii Subiiiit	ung Kep	ort	
	Signat	ture					-						Prin	ted Name	•		
My Commission Ex	rpires						_						Ema	il			
	МО	D	PAY	YR						Are	ea Coo	de	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	•					•				_							
I swear (or affirm) No 320) as amende	ed.	-	ledge and bel	ief this	polit	ical	comm	ittee h	as n	ot viola	ed ar	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subsc	ribed before me thi day of	S	20									S	ignature	of Candid	ate		
							-						Printe	ed Name			
My Commission Exp	Signature My Commission Expires						_			Email				-			
	МО	D	PAY	YR	l		-			Area	Code		D	aytime T	elephon	e Numbe	 er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Detailed Sammary 1 age	-			
Name of Filing Committee or Candidate	Reporting	Period		
FRIENDS OF BOB MERSKI	From:	4/9/202	<u>4</u> To:	5/13/2024
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 Page 1			\$	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 Commit	Name of Filing Committee or Candidate			Reporting Period					
				From:		То	•		
			'		DATE			AMOUNT	
Full Name of Contributin	g Committee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	s	itate	Zip Code (Plus 4)						

PAGE TOTAL
0.00

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

0.00

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			Reporting Period						
			From: To) :			
			•			DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
1				- 1					
Mailing Address								\$	0.00
Mailing Address City	St	tate	Zip Code (Plus 4)				\$	0.00

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.

lame of Filing Committee or Candidate			Reporting Period						
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.0	
Mailing Address							- \$	0.0	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	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	1			Repo	orting Pe	riod			
				Fron	n:		To):	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	s 4)					
Employer Name		•			Occupa	tion			
Employer Mailing Address/Principal Pl	ace of Business		City			State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumn	nary 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:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	'	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	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 Period		
FRIENDS OF BOB MERSKI	From:	<u>4/9/2024</u> To:	<u>5/13/2024</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

lame of Filing Committee or Candidate				Reporting 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 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				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period					
FRIENDS OF BOB MERSKI	From	4/9/2024	То:	5/13/2024		

							DATE		AMOUNT
To Wh	nom Paid					мо	DAY	YEAR	
SACR	ED HEART C	HURCH				MO		ILAK	
Mailin	g Address	816 W 26TH ST				5	9	2024	\$ 266.25
City	ERIE		State	Zip Code (Pl	us 4)	Descrip	tion of Exp	enditure	
			PA	165083206		KNIGHT	S OF COL	JMBUS	
									PAGE TOTAL
Enter	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							\$ 266.25	