

Campaign Finance Report

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

Filer Identification Number : 20180238		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF BOB MERSKI											
Street Address: P.O. BOX 667											
City: ERIE				State: PA		Zip Code: 16512					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2024	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE			
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
REPRESENTATIVE IN THE GENERAL ASSEMBLY					MO	DAY	YEAR	2	STH	DEM	25
					11	5	2024	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO		MO	DAY	YEAR	FOR OFFICE USE ONLY	
		9	17	2024			10	21	2024		
A. Amount Brought Forward From Last Report					\$		58,395.71				
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		4,550.00				
C. Total Funds Available (Sum Of Lines A and B)					\$		62,945.71				
D. Total Expenditures (From Schedule III)					\$		13,935.00				
E. Ending Cash Balance (Subtract Line D From Line C)					\$		49,010.71				
F. Value Of In-Kind Contributions Received (From Schedule II)					\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)					\$		0.00				

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF BOB MERSKI	From: <u>9/17/2024</u> To: <u>10/21/2024</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 25.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 375.00
All Other Contributions (Part B)	\$ 650.00
TOTAL for the Reporting Period (2)	\$ 1,025.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 3,500.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 3,500.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 4,550.00
---	-------------

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 FRIENDS OF BOB MERSKI	Reporting Period From: <u>9/17/2024</u> To: <u>10/21/2024</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">DATE</td> <td style="width: 40%; border: none;">AMOUNT</td> </tr> </table>		DATE	AMOUNT
DATE	AMOUNT		

Full Name of Contributing Committee				MO	DAY	YEAR	\$ 250.00
SALVO PAC				9	19	2024	
Mailing Address PO BOX 22215		State	Zip Code (Plus 4)				
City PITTSBURGH		PA	152220215				

Full Name of Contributing Committee				MO	DAY	YEAR	\$ 125.00
FRIENDS OF DARIA DEVLIN				9	19	2024	
Mailing Address 3848 STATE ST		State	Zip Code (Plus 4)				
City ERIE		PA	165083124				

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

PAGE TOTAL
\$ 375.00

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 Candidate	Reporting Period
FRIENDS OF BOB MERSKI	From: <u>9/17/2024</u> To: <u>10/21/2024</u>

DATE	AMOUNT
-------------	---------------

Full Name of Contributor	MO	DAY	YEAR	
RALPH FORD				
Mailing Address 4231DOMINION DR				\$ 125.00
City ERIE State PA Zip Code (Plus 4) 165103265	9	19	2024	

Full Name of Contributor	MO	DAY	YEAR	
SUSAN SUTTO				
Mailing Address 3112 MADEIRA DR				\$ 125.00
City ERIE State PA Zip Code (Plus 4) 165061734	9	19	2024	

Full Name of Contributor	MO	DAY	YEAR	
THOMAS S. TALARICO				
Mailing Address 230 W 6TH ST STE 202				\$ 250.00
City ERIE State PA Zip Code (Plus 4) 165071319	9	19	2024	

Full Name of Contributor	MO	DAY	YEAR	
MICHAEL VICTOR				
Mailing Address 4851 WOLF RD				\$ 150.00
City ERIE State PA Zip Code (Plus 4) 165051337	9	16	2024	

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

PAGE TOTAL
\$ 650.00

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 FRIENDS OF BOB MERSKI	Reporting Period From: <u>9/17/2024</u> To: <u>10/21/2024</u>
---	---

				DATE		AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 1,000.00
GREATER PA CARPENTERS PEC				9	24	2024	
Mailing Address 1803 SPRING GARDEN ST							
City PHILADELPHIA		State PA	Zip Code (Plus 4) 191303916				
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 1,000.00
NGP PA PAC				9	18	2024	
Mailing Address 1100 STATE ST							
City ERIE		State PA	Zip Code (Plus 4) 165011912				
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
PSEA PACE				9	20	2024	
Mailing Address PO BOX 1724							
City HARRISBURG		State PA	Zip Code (Plus 4) 171051724				
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 1,000.00
UNITEDHEALTH GROUP				9	19	2024	
Mailing Address PO BOX 1459							
City MINNEAPOLIS		State MN	Zip Code (Plus 4) 554401459				

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

PAGE TOTAL	
\$	3,500.00

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: To:

			DATE			AMOUNT	
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name			Occupation				
Employer Mailing Address/Principal Place of Business		City		State		Zip Code (Plus 4)	

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

PAGE TOTAL	
\$	0.00

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	Reporting Period From: To:
---------------------------------------	--

			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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>9/17/2024</u> To: <u>10/21/2024</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	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 From: To:
---------------------------------------	--

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.							PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF BOB MERSKI	From <u>9/17/2024</u> To: <u>10/21/2024</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
3RD ST POLISH FALCONS				
Mailing Address 431 E 3RD ST	9	20	2024	\$ 75.00
City ERIE	State PA	Zip Code (Plus 4) 165071630	Description of Expenditure GOLF SPONSOR	
To Whom Paid	MO	DAY	YEAR	
BIROSCAK PRINTING COMPANY				
Mailing Address 1919 PEACH ST	10	4	2024	\$ 1,476.69
City ERIE	State PA	Zip Code (Plus 4) 165022814	Description of Expenditure PRINTING INVOICE #240822	
To Whom Paid	MO	DAY	YEAR	
CALAMARI'S/ CALI'S WEST				
Mailing Address 3826 W RIDGE RD	10	4	2024	\$ 2,863.35
City ERIE	State PA	Zip Code (Plus 4) 165061854	Description of Expenditure FOOD FOR FUNDRAISER	
To Whom Paid	MO	DAY	YEAR	
FOUST FOR CONTROLLER				
Mailing Address 4331 NEPTUNE DR	10	20	2024	\$ 25.00
City ERIE	State PA	Zip Code (Plus 4) 165063638	Description of Expenditure PICNIC	
To Whom Paid	MO	DAY	YEAR	
HDCC				
Mailing Address 205 STATE ST	10	20	2024	\$ 6,000.00
City HARRISBURG	State PA	Zip Code (Plus 4) 171011130	Description of Expenditure	
To Whom Paid	MO	DAY	YEAR	
PETER M MITCHELL				
Mailing Address 4840 W 38TH ST	10	6	2024	\$ 1,081.20
City ERIE	State PA	Zip Code (Plus 4) 165061303	Description of Expenditure STORAGE UNIT	

To Whom Paid SOUTH SHORE PARTY RENTAL			MO	DAY	YEAR	\$ 439.37
Mailing Address 100 INDUSTRIAL DR			9	17	2024	
City EDINBORO	State PA	Zip Code (Plus 4) 164123106	Description of Expenditure TENT RENTAL			

To Whom Paid US POSTAL SERVICES			MO	DAY	YEAR	\$ 1,974.39
Mailing Address 1401 STATE ST			10	17	2024	
City ERIE	State PA	Zip Code (Plus 4) 165011929	Description of Expenditure POSTAGE FOR MAILER			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 13,935.00

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 FRIENDS OF BOB MERSKI	Reporting Period From: <u>9/17/2024</u> To: <u>10/21/2024</u>
---	---

				DATE		Outstanding Balance of Debt	
Name of Creditor ROBERT E MERSKI				MO	DAY	YEAR	\$ 0.00
Mailing Address 625 JAMES ST				5	2	2017	
City ERIE		State PA	Zip Code (Plus 4) 165091619	Description of Debt LOAN RECEIVED			
Name of Creditor NATINAL FUEL				MO	DAY	YEAR	\$ 0.00
Mailing Address 6363 MAIN ST				2	6	2019	
City WILLIAMSVILLE		State NY	Zip Code (Plus 4) 142215855	Description of Debt OVER PAYMENT			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 0.00