Campaign Finance Report

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

Filer Identificat	tion 20	010090			Repor Filed I	-	CANDI	DATE	СОМ	MITTEE	✓	LOBE	BYIST			
	Committee, Can	didate or l	Lobbyist:			-	ERALD CI	TIZENS	FOR							
Street Address	:															
City:	NANTICOK	Έ					State:	PA		Zip Co	Zip Code: 18634-0000					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D. PRIM		POST-	3.	AMENDN REPORT		Yes	No	\checkmark		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	AY PRE	E- 5.	30 D. ELEC		POST-	5. X	TERMIN REPORT		Yes	No	\checkmark		
report type)	ANNUAL REPO	PRT 7.	Year 2014			FILING METHOD () CHECK ONE						\checkmark	DISKE	TTE		
Name of Office	 Sought by Cand	idate:			-		DATE O	F ELEC	TION	District Number	Office Code	Par	ty Code	County Code		
DEDDECENTAT	REPRESENTATIVE IN THE GENERAL ASSEMBLY						мо	DAY	YEAR	119	STH	DEM	1	40		
REPRESENTAT	IVE IN THE GET	NERAL AS	SCMDLT				11		4 2014]	(SEE INS	TRUCTIO	ONS FOR	CODES)		
	Receipts and	МО	DAY	YEAR	2		мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY			
Expenditure	s from:		10 21	. 2	014 T	0	11	2	4 2014							
A. Amount Bro	ought Forward F	rom Last I	Report			\$			1,232.02							
B. Total Mone	tary Contributio	ns And Re	ceipts (Fron	n Sche	dule I)	\$	5	0.00								
C. Total Funds	s Available (Sum	n Of Lines /	A and B)			\$	5		1,232.02							
D. Total Expe	nditures (From S	Schedule I	11)			\$;		350.00							
E. Ending Cas	h Balance (Subt	ract Line D	From Line	C)		\$	5		882.02	-						
F. Value Of In	-Kind Contribut	ions Receiv	ved (From S	chedu	le II)	\$	5		0.00	-						
G. Unpaid Deb	ots And Obligation	ons (From	Schedule I	/)		\$	5		0.00							
				AFF	IDAVI	T SE	CTION									
	is a Committee	• •	-					• •		-	. f	dadaa		of		
correct and comp	n) that this report, llete.	including th	ie attached sc	nedule	s filed on	paper	or by elect		dium, are to	the best o	от ту кпоч	vieage	and bell	er, true		
Sworn to and sub	oscribed before me day of	this	20			_			Signatur	e of Perso	n Submitt	ing Rep	ort			
	Sigr	nature				_				Prin	ted Name					
My Commission I	Expires					_				Ema	il					
	МО	C	DAY	YR				Area	a Code	Daytin	ne Teleph	one Nu	mber			
Part II- If this is	s a report of a c	andidate's	authorized	Com	nittee, C	Candid	late shall	sign hei	re.							
I swear (or affirm No 320) as amend	i) that to the best ded.	of my know	ledge and bel	ief this	s political	comn	nittee has n	ot violate	ed any provis	ions of th	e act of Ju	ine 3,19	937 (P.L	. 1333,		
Sworn to and subs	cribed before me t day of	this	20						5	ignature	of Candida	ite				
						_				Printe	ed Name					
My Commission Ex	Signatu	ıre				_				Ema	iil					
						_										
	MO		DAY	YR	ł			Area C	ode	D	aytime Te	elephon	e Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Reportin	g Period				
From:	<u>10/21/20</u>	<u>014</u> To:	<u>11/24/2014</u>		
ng Period	(1)	\$	0.00		
		\$	0.00		
All Other Contributions (Part B)					
ng Period	(2)	\$	0.00		
		1			
		\$	0.00		
		\$	0.00		
ng Period	(3)	\$	0.00		
)					
ng Period	(4)	\$	0.00		
		\$	0.00		
	From: ng Period ng Period ng Period ng Period ng Period	ng Period (1)	From: 10/21/2014 To: Ing Period (1) \$ Ing Period \$ \$ Ing Period (2) \$ Ing Period (2) \$ Ing Period (3) \$ Ing Period (4) \$ Ing Period (4) \$		

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: To					
		·			DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	4)						
								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 Candida	te		Rep	orting P	eriod				
			From:			Тс	o:		
					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, Detail	ed Summary Pag	je, Se	ection 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		ŀ	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 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					
			Froi	n:		Т):		
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE 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:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary Page,	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 Perio	d	
MULLERY, GERALD CITIZENS FOR	From:	<u>10/21/2014</u> то:	<u>11/24/2014</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 PART	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	Name of Filing Committee or Candidate			Reporting Period					
			From:			То:			
				DATE			AMOUNT		
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address] \$	0.0)0	
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	le,	P	AGE TOTAL	_	
						\$	0.0	0	

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

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate				Period		
						То:	
					DATE		AMOUNT
Full Name of Contributor				мо	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code(Plus 4)					
Employer of Contributor		•		Occupa	ation		
Employer Mailing Address/Principal Plac	e of Business (City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	ed			PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	Name of Filing Committee or Candidate				Reporting Period					
MULLERY, GERALD CITIZENS I	From	n <u>10/21/2014</u> To: <u>11/24</u>								
				DATE			AMOUNT			
To Whom Paid			мо	DAY	YEAR					
South Valley Babe Ruth										
Mailing Address			10	28	2014	\$	350.00			
City Wanamie	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	PA	18634	League	Sponsor						
							PAGE TOTAL			
Enter Grand Total of Expend	litures on Page 1, Re	port Cover Page, Item I) .			\$	350.00			