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 :	2010090 Report					СОМ	ITTEE	√	LOBE	SYIST							
Name of Filing C	ommittee, Cand	idate or L	obbyist:	Ī	MULL	ER'	Y, GE	RALD CI	TIZEN	S FOI	₹						
Street Address:	6 MARIE DR	IVE															
City:	NANTICOKE							State:	PA			Zip Co	de: 18	3634-0	000		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	2		30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No		/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5		30 DA ELECT		POST-	6. X		TERMINA REPORT		Yes	No		/
report type)	ANNUAL REPOR	T 7.	Year 2014					IG METH CHECK O				PAPER		/	DISKE	TTE	
Name of Office S	ought by Candic	ate:						DATE C	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YI	AR	119	STH	DEM	1	40	
REPRESENTATI	VE IN THE GEN	ERAL ASS	EMBLY					11		4	2014	(SEE INSTRUCTIONS FOR CODES					
	Receipts and	МО	DAY	YEAR				МО	DAY	Y	EAR	FC	R OFFI	CE USE	ONLY		
Expenditures	from:		10 21	20	014	T	0	11		24	2014						
A. Amount Bro	ught Forward Fr	om Last R	eport				\$			1,	232.02						
B. Total Moneta	ary Contribution	s And Rec	eipts (From	Sche	dule 1	I)	\$				0.00						
C. Total Funds Available (Sum Of Lines A and B)						\$			1,	232.02							
D. Total Expenditures (From Schedule III) \$ 350.							350.00										
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)			\$			8	82.02						
F. Value Of In-	Kind Contributio	ns Receiv	ed (From Sch	hedul	e II)		\$				0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)				\$				0.00						
				AFF:	IDA'	VI٦	ΓSE	CTION									
PART I - If this is	a Committee re	port, trea	surer sign h	ere. I	f this	s is	a Can	didate r	eport, o	candi	date sig	jn here.					
I swear (or affirm) correct and comple		cluding the	e attached sche	edules	filed	on p	paper (or by elect	tronic m	edium	, are to t	the best o	f my kno	wledge a	and belie	ef , tru	1e
Sworn to and subs	cribed before me to day of	nis	20							5	Signature	of Perso	n Submit	ting Rep	ort		
	Signa	ture					-					Prin	ted Name	•			_
My Commission Ex	xpires						_					Ema	il				
	МО	D	AY	YR					Are	ea Co	le	Daytin	e Teleph	one Nu	mber		╝
Part II- If this is	a report of a ca	ndidate's	authorized C	Comm	ittee	, Ca	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		my knowl	edge and belief	f this	politi	cal	commi	ittee has r	not viola	ted ar	y provis	ions of th	e act of J	une 3,19	937 (P.L.	. 1333	3,
Sworn to and subsc	ribed before me th day of	s	20								S	ignature (of Candid	ate			-
-							•					Printe	d Name				-
My Commission Exp	Signatur	e					•					Ema	il				-
																	.
	МО	D	AY	YR					Area	Code		D	aytime T	elephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period						
MULLERY, GERALD CITIZENS FOR	From:	10/21/201	<u>4</u> То:	11/24/2014				
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)	All Other Contributions (Part B)							
TOTAL for the Reporting	TOTAL for the Reporting Period (2)							
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

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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

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 Candid	Name of Fining Committee of Candidate			oorting P m:	eriod	To	o:	
					DATE		AN	4OUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$ \$	0.00
City	State	Zip Code (Plus 4)	1					

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

PAGE TOTAL \$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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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				Rep	orting Pe	riod				
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	ode (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	-	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			,	PAGE TOTAL
	m Schedule 1, Betailet	<i>z</i> 50a. y 1 dgc,	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 Peri	od						
MULLERY, GERALD CITIZENS FOR	From:	<u>10/21/2014</u> To:	11/24/2014					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	₹						
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 Candidat	:e		Reporting	g 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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y 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 l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting F	Period		
MULLERY, GERALD CITIZENS FOR	From	10/21/2014	То:	11/24/2014

				DATE		AMOUNT
To Whom Paid South Valley Babe Ruth				DAY	YEAR	
Mailing Address Main Street				28	2014	\$ 350.00
City Wanamie	State PA	Zip Code (Plus 4) 18634	l -	stion of Exp	penditure	
Enter Grand Total of Expendi	\$ PAGE TOTAL 350.00					