

# 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 :		2002073		Report Filed By :		CANDIDATE		COMMITTEE		✓		LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: CMMT TO ELECT MARC GERGELY													
Street Address: 1985 LINCOLN WAY,STE 314													
City: WHITE OAK						State: PA				Zip Code: 15131			
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3.	AMENDMENT REPORT?	Yes	✓	No		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes		No		✓
	ANNUAL REPORT	7.	Year 2014		FILING METHOD ( ) CHECK ONE			PAPER	✓	DISKETTE			
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code	
						MO	DAY	YEAR					
						11	4	2014				(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:				MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
				9	16	2014		10	20	2014			
A. Amount Brought Forward From Last Report						\$ 16,129.00							
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 21,200.00							
C. Total Funds Available (Sum Of Lines A and B)						\$ 37,329.00							
D. Total Expenditures (From Schedule III)						\$ 33,823.00							
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 3,506.00							
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00							
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 23,912.00							

## 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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
CMMT TO ELECT MARC GERGELY	From: <u>9/16/2014</u> To: <u>10/20/2014</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 1,800.00
<b>All Other Contributions (Part D)</b>	\$ 500.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 2,300.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 2,300.00
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## 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.**

<b>Name of Filing Committee or Candidate</b>  CMMT TO ELECT MARC GERGELY	<b>Reporting Period</b>  <b>From:</b> <u>9/16/2014</u> <b>To:</b> <u>10/20/2014</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee IBEW VOLUNTARY FUND				MO	DAY	YEAR	\$ 300.00
Mailing Address 900 7TH ST.				9	26	2014	
City WASHINGTON	State DC	Zip Code (Plus 4) 20001					
Full Name of Contributing Committee WILLBROS PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 4400 POST OAK PARKWAY				10	10	2014	
City HOUSTON	State TX	Zip Code (Plus 4) 77027					
Full Name of Contributing Committee MARKOSEK FOR STATE LEGISLATURE				MO	DAY	YEAR	\$ 250.00
Mailing Address P.O. BOX 193				10	6	2014	
City MONROEVILLE	State PA	Zip Code (Plus 4) 15146					
Full Name of Contributing Committee ALTRIA GROUP PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 101 CONSTITUTION AVE				9	30	2014	
City WASHINGTON	State DC	Zip Code (Plus 4) 20001					
Full Name of Contributing Committee IRONWORKERS POLITICAL CMMT				MO	DAY	YEAR	\$ 250.00
Mailing Address 1750 NEW YORK AVE				10	6	2014	
City WASHINGTON	State DC	Zip Code (Plus 4) 20006					

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

**PAGE TOTAL**

\$ 1,800.00

**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.)**

<b>Name of Filing Committee or Candidate</b>  CMMT TO ELECT MARC GERGELY	<b>Reporting Period</b>  <b>From:</b> <u>9/16/2014</u> <b>To:</b> <u>10/20/2014</u>
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				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
JAMES CAMPOLANGO							
<b>Mailing Address</b> 1307 ROYAL CT				10	14	2014	\$ 500.00
<b>City</b> JEFFERSON HILLS	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15025					
<b>Employer Name</b> YELLOW CAB PITTSBURGH				<b>Occupation</b> OWNER			
<b>Employer Mailing Address/Principal Place of Business</b> 1307 ROYAL CT			<b>City</b> JH	<b>State</b>	<b>Zip Code (Plus 4)</b> 15025		

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

<b>PAGE TOTAL</b>
\$ 500.00

## 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.**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>  <b>From:</b> <b>To:</b>
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			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.**

<b>PAGE TOTAL</b>	
\$	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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
CMMT TO ELECT MARC GERGELY		From: <u>9/16/2014</u> To: <u>10/20/2014</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
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			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.						<b>PAGE TOTAL</b>  \$ 0.00

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## SCHEDULE III

# STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
	From To:

			DATE			AMOUNT	
To Whom Paid			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)	Description of Expenditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL	
						\$ 0.00	

