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 :	on 201	0090				Repo Filed	_		CANDI	DATE		COM	4ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Candi	date or L	obbyis	t:		MULLE	RY, C	SER/	ALD CI	ΓIZEN	S FO	R						
Street Address:	6 MARIE DR	:VE																
City:	NANTICOKE							St	tate:	PA		Zip Code: 18634-0000			000			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND F PRIMA		PRE-	2.	30 E PRIN	DAY MAR`		OST-	3. X		AMENDM REPORT		Yes	N	0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND F ELECT		PRE-	- 5.	30 E	DAY CTIC		OST-	6.		TERMINA REPORT		Yes	N	0	\
report type)	ANNUAL REPORT	7.	Year 2	2016					METHO				PAPER		√	DISK	ETTE	
Name of Office S	ought by Candid	ate:	-				_	D	ATE O	F ELE	CTIC	ON	District Number	Office Code	Par	ty Code	Cour	
REPRESENTATI	VE IN THE GENE	RAI ASS	EMBI Y	<i>(</i>				М	10	DAY	Y	EAR	119	STH	DEN	1	40	
		, , , ,							11		8	2016		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of Expenditures		МО	DA		YEAR		Τ0	М	10	DAY		EAR		R OFFIC	E USE	ONLY		
			4	12	20	16	TO		5		16	2016						
	ught Forward Fro		•		<u> </u>			\$				825.03						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 2,250.00																		
	Available (Sum C			•)			_	\$				075.03						
-	ditures (From Scl							\$				510.00						
	Balance (Subtra						+:	\$			8,4	165.03						
	Kind Contribution		•			e II)		\$				0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedu	ile IV))		:	\$				0.00						_
									TION									
PART I - If this is	that this report, in	•												f my knov	vledae	and he	ief tr	ue l
correct and comple	ete.								2, 0.000			.,		,			,	_
Sworn to and subs	cribed before me th day of —	is	20									Signature	of Perso	n Submitt	ing Re _l	ort		
	Signat	ure					_						Prin	ted Name				
My Commission Ex	pires						_		•				Ema	il				
	МО	D	AY		YR					Ar	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a car	didate's	author	rized (Commi	ittee,	Candi	idate	e shall :	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge an	d belie	ef this p	politica	ıl com	mitte	ee has n	ot viola	ted ar	ny provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subsc	ribed before me this	i	20									s	ignature o	of Candida	ite			- $ $
			_ 20 _				_						Printe	d Name				-
	Signature						_						F	:1				_
My Commission Exp	ires												Ema					
	мо	D	AY		YR		_			Area	Code		Da	aytime Te	lephor	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -						
Name of Filing Committee or Candidate	Reporting	g Period				
MULLERY, GERALD CITIZENS FOR	From:	4/12/201	<u>6</u> To:	<u>5/16/2016</u>		
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor						
TOTAL for the Reporting	g 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)			\$	1,250.00		
All Other Contributions (Part B)	All Other Contributions (Part B)					
TOTAL for the Reporting	g Period	(2)	\$	1,250.00		
3. Contributions Received Over \$250.00 (From Part C and Part D)						
Contributions Received From Political Committees (Part C)			\$	1,000.00		
All Other Contributions (Part D)			\$	0.00		
TOTAL for the Reporting	J Period	(3)	\$	1,000.00		
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)						
TOTAL for the Reporting	g Period	(4)	\$	0.00		
			1			
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			\$	2,250.00		

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 Candida	ame of Filing Committee or Candidate		Re	porting I	Period			
MULLERY, GERALD CITIZENS FOR			Fre	om:	4/12/20) <u>16</u> To	:	5/16/2016
					DATE			AMOUNT
Full Name of Contributing Committee LAWPAC (PA ASSOC. FOR JUSTICE)				МО	DAY	YEAR		
Mailing Address 121 S BROAD - S	STE 600						\$	250.00
City PHILADELPHIA	State PA	Zip Code (Plus 191074594	4)	5	2	2016		
Full Name of Contributing Committee ABBVIE POLITICAL ACTION COMMITTE	ABBVIE POLITICAL ACTION COMMITTEE				DAY	YEAR		
Mailing Address 1 N WAUKEGAN City NORTH CHICAGO	NORTH CHICAGO State Zip Code (Plus 4)			5	2	2016	\$	250.00
Full Name of Contributing Committee LOCAL 0013 BOILERMAKERS PAC				мо	DAY	YEAR		
Mailing Address 2300 NEW FALLS	S RD						_	350.00
City NEWPORTVILLE	State PA	Zip Code (Plus 19056-3299	4)	5	2	2016	\$	250.00
Full Name of Contributing Committee HOSPITAL & HEALTHSYSTEM ASSOC C	DF PA PAC(HAPAC)			МО	DAY	YEAR		
Mailing Address 4750 LINDLE RD City HARRISBURG	PO BOX 8600 State PA	Zip Code (Plus 17105-8600	4)	4	29	2016	\$	250.00
Full Name of Contributing Committee Dan Frankel 23 Dist. Comm.				мо	DAY	YEAR		
Mailing Address PO Box 81594	FO BOX 61394			5	5	2016	\$	250.00
City Pittsburgh	State PA	Zip Code (Plus 15217	4)	,		2010		

PAGE TOTAL

1,250.00

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

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					
			Fro	m:		To):	
					DATE		АМО	UNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					

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 Candid	e of Filing Committee or Candidate Rep			Period			
MULLERY, GERALD CITIZENS FOR			From:	<u>4/1</u>	<u>2/2016</u>	То:	<u>5/16/2016</u>
				DA	TE		AMOUNT
Full Name of Contributing Committee PA Dietetic Association PAC	ee			МО	DAY	YEAR	
Mailing Address 96 Northwoods	Blvd., Ste B			_	2	2016	\$ 500.00
City Columbus	State OH	Zip Cod 43235	e (Plus 4)	5	2	2016	
Full Name of Contributing Committ TROOPER ASSN PAC (TAP)	ee			МО	DAY	YEAR	
Mailing Address 3625 VARTAN V	VAY						\$ 500.00
City HARRISBURG	State PA	Zip Cod 17110-	e (Plus 4) 9439	4 25		2016	
	•	•		•	-	Ī	

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

PAGE TOTAL \$ 1,000.00

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			
			Fron	n:		To) :	
				D.	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	5 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PA \$	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		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		AI	MOUNT
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. Detailed	d Summary Page	Section	4			PA	GE TOTAL
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammar y r uge,	500.011				\$	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	d	
MULLERY, GERALD CITIZENS FOR	From:	<u>4/12/2016</u> To:	<u>5/16/2016</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

Name of Filing Committee or Candid	ate		Reporting	g Period			
			From:			To:	
				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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		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

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Candidate		Reporti	ng Period					
MULLERY, GERALD CITIZENS	FOR		From	4/12	2/2016	То:	5/16/2016		
				DATE					
To Whom Paid Mill Memorial Library			МО	DAY	YEAR				
Mailing Address 495 East M	lain Street		4	19	2016	\$	50.00		
City Nanticoke	State PA	Zip Code (Plus 4) 18634	Descrip Love Li						
To Whom Paid GNA Football Coaches Assoc.			мо	DAY	YEAR				
Mailing Address 526 Kosciu	ıszko Street		4	21	2016	\$	50.00		
City Nanticoke	State PA	Zip Code (Plus 4) 18634	Description of Expenditure Golf Tournament Donation						
To Whom Paid St. Jude School		·	мо	DAY	YEAR				
Mailing Address 422 S. Mou	untain Blvd.		4	21	2016	\$	50.00		
City Mountain Top	State PA	Zip Code (Plus 4) 18707	- I	otion of Expournament					
To Whom Paid Nanticoke Conservation Club		·	мо	DAY	YEAR				
Mailing Address 36 Birch A	venue		4	21	2016	\$	50.00		
City Nanticoke	State PA	Zip Code (Plus 4) 18634	Description of Expenditure Donation for Clean Up Day Dumpster						
To Whom Paid Good Shepherd Academy			мо	DAY	YEAR				
Mailing Address 316 North		4	25	2016	\$	25.00			

Zip Code (Plus 4)

18704

Description of Expenditure

Program Donation

State

PΑ

City

Kingston

							- 13
To Whom Paid Newport NOW			мо	DAY	YEAR		
Mailing Address 3561 W. K	Cirmar Avenue		4	29	2016	\$	50.00
City Nanticoke	State PA	Zip Code (Plus 4) 18634		otion of Exp al Police W			Wreath
To Whom Paid Holy Family Parish			МО	DAY	YEAR		
Mailing Address 828 Main 9	Street		5	5	2016	\$	25.00
City Sugar Notch	State PA	Zip Code (Plus 4) 18706		otion of Exp			
To Whom Paid FOP #36			МО	DAY	YEAR		
Mailing Address 48 West B	ennett Street		5	6	2016	\$	100.00
City Kingston	State PA	Zip Code (Plus 4) 18704		otion of Exp ournament			
To Whom Paid Newport Decal			МО	DAY	YEAR		
Mailing Address 310 Old N	ewport Street		5	12	2016	\$	210.00
City Nanticoke	State PA	Zip Code (Plus 4) 18634		otion of Exp			ey Tournament
Enter Grand Total of Exper	nditures on Page 1. Re	port Cover Page. Item D	_			Р	AGE TOTAL
Grana rotal of Exper	.a.tai co on i age 1, Re	post dover 1 age, recili D	•			\$	610.00