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	20100	090				Repo Filed	_		CAI	NDII	DATE		СОМ	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	ommittee,	Candida	te or Lo	obbyis	st:	, 	MULLE	RY,	GE	RALD	CIT	TIZENS	S FO	R		·				
Street Address:	6 MAR	RIE DRIV	Έ																	
City:	NANTI	COKE								State	:	PA			Zip Cod	le: 18	3634-0000			
TYPE OF REPORT	6TH TUESE PRE-PRIMA		1.	2ND I PRIM	FRIDAY ARY	PRE-	2.	30 PRI	DA [MA		Р	OST-	3.		AMENDM REPORT		Yes	١	lo	\
(place X to the right of	6TH TUESE PRE-ELECT		4.	2ND I	FRIDAY TION	PRE-	- 5.	30 ELE		Y ION	Р	OST-	6.		TERMINA REPORT		Yes	١	lo	/
report type)	ANNUAL F	REPORT	7. X	Year	2016					IG ME					PAPER		√	DISK	ETTE	
Name of Office S	ought by (Candidat	e:				_			DAT	E O	F ELE	CTIC	NC	District Number	Office Code	Par	ty Cod	e Cou	
REPRESENTATI	VE IN THE	GENER.	AL ASS	EMBL	Y					МО		DAY	Y	EAR	119	STH	DEN	1	40	
											11		8	2016		(SEE INS				5)
Summary of Expenditures		and	МО	11	29	YEAR	16	то		МО	10	DAY		EAR		R OFFIC	E USE	ONL	′	
A. Amount Bro	ught Forw	ard From				20	10	. <u>. </u>	\$		12	,	31	2016 175.72						
B. Total Moneta				-		Sched	lule I)	<u>₹</u>				۶,	60.00						
C. Total Funds	Available ((Sum Of	Lines A	and E	3)				<u> </u>				9,	235.72						
D. Total Expend	ditures (Fr	om Sche	dule II	I)					\$					511.00						
E. Ending Cash	Balance (Subtract	Line D	From	Line C)			\$				8,	724.72]					
F. Value Of In-	Kind Contr	ibutions	Receive	ed (Fr	om Sc	hedule	e II)		\$					0.00						
G. Unpaid Debt	s And Obli	gations	(From S	Sched	ule IV)	١			\$					0.00		,				
						AFFI	[DAV	'IT S	SEG	CTIC	N									
PART I - If this is	a Commit	ttee repo	rt, trea	surer	sign h	ere. If	f this	is a C	Can	didat	e re	port, o	candi	idate sig	ın here.					
I swear (or affirm) correct and comple		port, inclu	uding the	attaci	ned sch	edules	filed o	n pap	er c	or by e	electr	onic m	ediun	n, are to t	he best o	f my knov	vledge	and be	elief , tr	ue
Sworn to and subs	cribed befor day of	e me this		20										Signature	of Perso	n Submitt	ing Rep	ort		_
		Signatur	e	_				_							Prin	ted Name				_
My Commission Ex	cpires										•				Ema	il				
	м	10	D/	AY		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report o	of a cand	idate's	autho	rized (Commi	ittee,	Cand	lida	ate sh	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge ar	nd belie	f this p	politica	al con	nmi	ttee h	as no	ot viola	ted a	ny provis	ions of th	e act of Ju	ine 3,1	937 (P	.L. 133	3,
Sworn to and subsc		me this												S	ignature o	of Candida	ite			- $ $
	day of — –							_							Printe	d Name				-
My Commission E		gnature						_			-				Ema	il				_
My Commission Exp	es																			_
		МО	D	AY		YR						Area	Code		D	aytime Te	elephor	e Nun	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

	_			
Name of Filing Committee or Candidate	Reporting	g Period		
MULLERY, GERALD CITIZENS FOR	From:	11/29/201	<u>.6</u> To:	12/31/2016
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)			\$	60.00
TOTAL for the Reporting	Period	(2)	\$	60.00
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			\$	60.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Commi	ttee or Candidate		Reporti	ng Period			
			From:		То	:	
		L		DATE			AMOUNT
Full Name of Contributin	g Committee		МС	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

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

MULLERY, GERALD CITIZENS FOR

From: <u>11/29/2016</u> To:

DATE

12/31/2016

AMOUNT

Full Name of Contributor Valerie & Gerald Malishchak		МО	DAY	YEAR		
Mailing Address 1085 W	Mailing Address 1085 W Main Street					\$ 60.00
City Nanticoke	State PA	Zip Code (Plus 4) 18634	12	5	2016	

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

PAGE TOTAL \$ 60.00

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 Candid	ate			Rep	orting Pe	riod			
				Fro	m:		То):	
					D	ATE		AN	MOUNT
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 Business	Place of		City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on S	chedule I, Deta	iled Sumr	mary Page,	Secti	on 3.			P	AGE TOTAL
								\$	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	. Jammary rage,	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 Per	iod	
MULLERY, GERALD CITIZENS FOR	From:	<u>11/29/2016</u> To:	<u>12/31/2016</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
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,		\$	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	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting P	Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Kind (Contributions De	etaile	ed				PAGE TOTAL 0.00

PAGE TOTAL

511.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period					
MULLERY, GERALD CITIZENS	5 FOR		From	11/29	9/2016	То:	12/31/2016		
			DATE AMOU						
To Whom Paid CANWIN/Journal			мо	DAY	YEAR				
Mailing Address 211 Main Street				30	2016	\$	336.00		
City White Haven	State PA	Zip Code (Plus 4) 18661	1	otion of Exp			d		
To Whom Paid Friends of Mike Carroll			мо	DAY	YEAR				
Mailing Address 401 Park [Mailing Address 401 Park Drive			12	2016	\$	175.00		
City Avoca	State PA	Zip Code (Plus 4) 18641	Descri Donation	otion of Exp	enditure				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.