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 9000	297			Rep File			CAND	NDIDATE COMMITTEE V LOBBYIST								
Name of Filing C	Committee, Candida	ate or Lo	obbyist:		PSP/	A-P(OLITI	CAL SUP	PORT F	OR P	OLITIC	AL ACTI	ON				
Street Address:	600 THIRD A\	/E															
City:	KINGSTON							State:	PA Zip Code: 18704-5					3704-5	815		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE	- 2	2.	30 DA					AMENDM REPORT?		Yes	No	~	1
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	y pri	Ē- 5	5. X	30 DA		POST-	6.			TERMINATION Yes No REPORT?				
report type)	ANNUAL REPORT	7.	Year 2018					NG METH				PAPER		\	DISKE	TTE	
Name of Office S	- Sought by Candidat	te:						DATE C	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code	
								МО	DAY	YE	AR			•		40	
11 6								6	2018		(SEE IN	ISTRUCTIO	ONS FOR C	ODES)			
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	ΥI	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	s trom:		9 18	2	018	T	0	10		22	2018						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			30,5	541.23						
B. Total Monet	ary Contributions /	And Rec	eipts (From	Sche	dule	I)	\$				0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			30,5	541.23						
D. Total Expend	ditures (From Sch	edule II	I)				\$			1,6	50.00						
E. Ending Cash	Balance (Subtract	Line D	From Line (C)			\$			28,8	91.23						
F. Value Of In-	Kind Contributions	Receiv	ed (From Se	chedu	le II)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			1			
				AFF	IDA	١٧٧	ΓSE	CTION									
	s a Committee rep	-	_								_						I
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	e attached scl	nedule:	s filed	d on	paper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , true	I
Sworn to and subs	cribed before me this day of	:	20							S	ignature	of Perso	n Submit	ting Rep	ort		
	Signatur						-					Prin	ted Nam	e			
My Commission Ex	-											Emai	il				I
	мо	D	AY	YR					Are	ea Coc	le	Daytim	e Telepi	hone Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate shall	all sign here.							1	
I swear (or affirm) No 320) as amende	that to the best of med.	ny knowle	edge and beli	ef this	polit	ical	comm	ittee has r	ot viola	ted an	y provisi	ions of the	e act of J	une 3,19	937 (P.L.	1333,	l
Sworn to and subsc	ribed before me this										Si	ignature o	of Candid	late			
	day of ————————————————————————————————————						_					Printe	d Name				
	Signature						-										
My Commission Exp	_											Ema	il				
	МО	D	AY	YR	1		•		Area	Code		Da	ytime T	elephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
PSPA-POLITICAL SUPPORT FOR POLITICAL ACTION	From:	9/18/201	<u>8</u> To:	10/22/2018
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)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	g Period	(2)	\$	0.00
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	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar 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

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•				-		DAGE 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 Filling Committee of Candidate				Reporting Period From: To:				
					DATE			AMOUNT
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 Candidate			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	nmary 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			
			From:					
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	PAGE 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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AM	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T. Detailer	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Total of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	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 Period	İ	
PSPA-POLITICAL SUPPORT FOR POLITICAL ACTION	From:	<u>9/18/2018</u> To:	10/22/2018
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,		\$	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	ame of Filing Committee or Candidate				Re	porting	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 Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	n-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reportin	ng Period			
PSPA-POLITICAL SUPPORT F	OR POLITICAL ACTION		From	9/18	3/2018	То:	10/22/2018
				DATE		AMOUNT	
To Whom Paid Citizens For Gerald Mullery			мо	DAY	YEAR		
Mailing Address 6 Marie Drive				4	2018	\$	250.00
City Nanticoke	Descrip Contrib	otion of Exp oution	penditure				
To Whom Paid Citizens For Gerald Mullery				DAY	YEAR		
Mailing Address 6 Marie Dr	rive		10	11	2018	\$	400.00
City Nanticoke	State PA	Zip Code (Plus 4) 18634	Descrip Contrib	otion of Exp oution	penditure		
To Whom Paid Citizens For Gerald Mullery			МО	DAY	YEAR		
Mailing Address 6 Marie Drive			10	22	2018	\$	1,000.00
City Nanticoke State Zip Code (Plus 4) PA 18634			Descrip Contrib	otion of Exp oution	penditure		
	<u> </u>						PAGE TOTAL

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

1,650.00