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	4091	6				port		CAI	CANDIDATE COMMITTEE LOBBYIST					BYIST						
Name of Filing C	ommitte	e, Candida	ate or Lo	obbyist:		Maı	rc J (Gerge	ly												
Street Address:																					
City:									State	e:				Zip Code	e:						
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	No	,	\		
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	Y PRI	E-	5. X	30 DA		Р	OST-	6.		TERMINATION REPORT?				Yes	No	•	√
report type)	ANNUAL	. REPORT	7.	Year 2004					NG ME					PAPER		\checkmark	DISKE	TTE			
Name of Office S	Cought by	, Candidat	te:						DAT	ΕO	F ELE	СТІ	ON	District Office Party Code Number Code							
									МО		DAY	,	YEAR	35	STH	DEN	1	02			
REPRESENTATI	VE IN TH	ie gener	AL ASS	EMBLY						11		2	2004		(SEE INS	TRUCTIO	ONS FOR	CODES)		
Summary of	Receipts	s and	МО	DAY	YEAR	2			МО	DAY YEAR FOR OF						E USE	ONLY				
Expenditures	from:			1 1		1	Т	0		10	:	18	2004								
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$			•	•	0.00								
B. Total Moneta	ary Contr	ibutions <i>F</i>	And Rec	eipts (From	Sche	dul	e I)	\$					0.00								
C. Total Funds Available (Sum Of Lines A and B) \$											0.00										
D. Total Expenditures (From Schedule III) \$										0.00											
E. Ending Cash Balance (Subtract Line D From Line C)						\$					0.00										
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le I	I)	\$					0.00								
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	')			\$				1	,050.00		'						
					AFF	ID	AVI	T SE	CTIC	NC											
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidat	e re	port, c	cano	didate sig	ın here.							
I swear (or affirm) correct and comple		report, incl	uding the	attached sc	hedule	s file	ed on	paper	or by e	electi	ronic m	ediu	m, are to t	he best of	my know	ledge	and beli	ef , tr	ue		
Sworn to and subs	cribed bef	ore me this		20									Signature	of Person	Submitt	ng Rep	ort		-		
	_	Signatur	re					- -						Printe	ed Name				-		
My Commission Ex	pires							_		•				Email					_		
		МО	D	AY	YR						Are	ea C	ode	Daytime	Telepho	ne Nu	mber				
Part II- If this is	a report	of a cand	lidate's	authorized	Comr	nitte	ee, C	andid	ate sh	nall	sign he	ere.									
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee h	as n	ot viola	ted a	any provis	ions of the	act of Ju	ne 3,19	937 (P.L	133:	3,		
Sworn to and subsc		re me this											s	ignature of	Candida	te			-		
	day of —							-						Printed	Name				-		
	;	Signature						-											_		
My Commission Exp	ires													Email							
	_	МО	D	AY	YR	1		-			Area	Cod	e	Day	time Te	lephon	e Numb	er	-		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
Marc J Gergely	From:	To:	10/18/2004
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)		\$	0.00
TOTAL for the Reporting	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	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

Name of Filing Committee or Candidate			Reporting					
			From:		То	То:		
		I		DATE			AMOUNT	
Full Name of Contributing C	ommittee		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.

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 Fining Committee of Candidate			Reporting Period From: To:						
					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 Candidate	nme of Filing Committee or Candidate Report		Reporting	orting 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 Scho	edule I, Detailed Sun	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.)

lame of Filing Committee or Candidate		Reporting Period						
			Fron	n:		To		
				D	ATE		ı	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address City State Zip Code (Plus 4)							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			l	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 C	andidate		Reporting Period						
			From:			To:	То:		
				D	ATE		АМ	OUNT	
Full Name				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)						
Receipt Description		·					•		
Enter Grand Total of Part E or	n Schedule T. Detailed	d Summary Page	Section	4			PAC	GE TOTAL	
	Juliania I Detaile	a cannual y 1 age,	2001011	••			\$	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								
Marc J Gergely	From:	To:	<u>10/18/2004</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
2. 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,		\$	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					
			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 Candida	ame of Filing Committee or Candidate				Re	porting	Period				
					Fro	m:		То	То:		
							DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•		•			Occupa	ation				
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	ripti	on of C	ontribution
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	taile	ed					PAGE TOTAL
Summary Page, Section 3.											0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candida	lame of Filing Committee or Candidate				Reporting Period					
			From			То:				
		•	DATE							
To Whom Paid	мо	DAY	YEAR							
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)	Descri							
Forting Council Total of Forman distance	D 1 D						PAGE TOTAL			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item						\$	0.00			

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Cand	idate		Reportir	ng Period				
Marc J Gergely			From:			То:	1	0/18/2004
					DATE			Outstanding Balance of Debt
Name of Creditor City Finance					DAY	YEAR		
Mailing Address 330 Sixth Av	/enue			3	23	2002	\$	1,050.00
City McKeesport	State PA	Zip Code (Plu 15132	Zip Code (Plus 4) Description of Debt debt from original campaig					
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							\$	PAGE TOTAL 1,050.00