### **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				port ed B		CANDI	DATE		СОМ	4ITTEE	✓	LOBE	YIST		
Name of Filing C	Committee, Candi	date or L	obbyist:		MUI	LLER	Y, GE	RALD CI	TIZENS	S FOF	₹		_				
Street Address:																	
City:	NANTICOKE							State:	PA			Zip Cod	<b>ie:</b> 18	634-0	000		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No		<b>/</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	Y PRE	<b>-</b>	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No		<b>/</b>
report type)	ANNUAL REPOR	7. <b>X</b>	<b>Year</b> 2020					IG METHO				PAPER		<b>/</b>	DISKE	TTE	
Name of Office S	- Sought by Candid	ate:						DATE O	F ELE	СТІО	N	District Number	Office Code	Part	ty Code	Coun	
								МО	DAY	YE	AR	119	STH	DEM	l	40	
REPRESENTATI	VE IN THE GENE	RAL ASS	EMBLY					11		3	2020		(SEE IN	STRUCTIO	ONS FOR C	ODES)	
	Receipts and	МО	DAY	YEAR	R			МО	DAY	YE	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		11 24	2	020	<b>T</b>	0	12	:	31	2020						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			28,1	149.87						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	e I)	\$			4	159.46						
C. Total Funds	Available (Sum C	f Lines A	and B)				\$			28,6	509.33						
D. Total Expend	ditures (From Sc	nedule II	I)				\$		255.80								
E. Ending Cash	Balance (Subtra	ct Line D	From Line (	C)			\$		28,353.53								
F. Value Of In-	Kind Contribution	ıs Receiv	ed (From So	chedu	le I	Ί)	\$				0.00						
G. Unpaid Debt	ts And Obligation	s (From S	Schedule IV	)			\$				0.00			•			
				AFF	ID	AVI	T SE	CTION									
PART I - If this is	s a Committee re	port, trea	surer sign l	nere. I	If th	his is	a Can	didate re	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and comple	) that this report, in ete.	cluding the	e attached sch	nedules	s file	ed on	paper o	or by elect	ronic m	edium	, are to t	he best o	f my knov	wledge a	and belie	ef , tru	ıe.
Sworn to and subs	cribed before me th day of	is	20							S	Signature	of Perso	n Submitt	ing Rep	ort		
	Signat	ure					-					Prin	ted Name				
My Commission Ex	cpires						_					Ema	il				
	МО	D.	AY	YR					Are	ea Cod	le	Daytim	e Teleph	one Nu	nber		╝
Part II- If this is	a report of a car	didate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and beli	ef this	poli	itical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	. 1333	i,
Sworn to and subsc	ribed before me this day of	;	30								s	ignature o	of Candida	ate			-
							-					Printe	d Name				-
My Commission Exp	Signature						-					Ema	il				-
, commission Exp																	
	МО	D	AY	YR	1				Area	Code		Da	aytime T	elephon	e Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
MULLERY, GERALD CITIZENS FOR	From:	11/24/202	<u>:0</u> To:	12/31/2020
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	J Period	(4)	\$	459.46
			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			\$	459.46

#### **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	te		Reporting	Period			
			From:		То	•	
		·		DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

### **PART B 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.

Name of Filing Commi	ttee or Candidate		Reporting I	Period			
		1	From:		To	<b>o</b> :	
		•		DATE			AMOUNT
Full Name of Contributor	r		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.

#### **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 Cai	ndidate		Reporting	Period				
			From:			То:		
				DA	TE		Α	AMOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		0.00
Mailing Address							<b>-</b>   \$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	on Schedule I, Detaile	d 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 Candidate	1			Repo	orting Pe	riod			
				Fron	n:		To	):	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	s 4)					
Employer Name		•			Occupa	tion			
Employer Mailing Address/Principal Pl	ace of Business		City			State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumn	nary Page,	Section	on 3.			\$	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 Candidate			Report	ing Perio	od			
MULLERY, GERALD CITIZENS FOR			From:		11/24/202	<u>'0</u> To:		12/31/2020
				D.	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	40.46
Deluxe				FIC	DAI	IEAK	_ 7	40.40
Mailing Address	т	<del></del>		12	1	2020		
<b>City</b> Wilkes-Barre	State	Zip Code (	Plus 4)					
	PA	18702						
Receipt Description Incorrectly doub	le billed.	•						
Full Name				мо	DAY	YEAR	\$	212.00
The Citizens Voice				MO	DAI	TEAR	_	312.00
Mailing Address	т	<del> </del>		12	1	2020		
City Scranton	State	Zip Code (	Plus 4)					
	PA	18505						
Receipt Description Incorrectly doub	le billed.	•						
Full Name				мо	DAY	YEAR		60.00
The Times Leader				MO	DAT	TEAR	\$	60.00
Mailing Address		<del>-</del>		12	1	2020	7	
<b>City</b> Wilkes-Barre	State	Zip Code (	Plus 4)					
	PA	18703						
Receipt Description Refund.								
Full Name				мо	DAY	VEAD		47.00
Greater White Haven Chamber				МО	DAY	YEAR	\$	47.00
Mailing Address		<u> </u>		12	1	2020	7	
<b>City</b> White Haven	State	Zip Code (	Plus 4)					
	PA	18661						
Receipt Description Refund.								
								PAGE TOTAL
Enter Grand Total of Part E on Schedu	ile I, Detailed Sumn	nary Page,	Section	4.			\$	450.46
						- 1	Ψ	459.46

9/15/2025 11:28:03 AM

#### **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 Peri	od	
MULLERY, GERALD CITIZENS FOR	From:	<u>11/24/2020</u> <b>To:</b>	<u>12/31/2020</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 Ca	ındidate		Reportin	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>7</b> \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•	-					
Enter Grand Total of Part F	on Schedule II, In-Ki	nd Contributions Detai	led Sun	ımary Pa	ige,		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	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting	Period		
MULLERY, GERALD CITIZENS FOR	From	11/24/2020	То:	12/31/2020

				DATE		AMOUNT
To Whom Paid			МО	DAY	YEAR	
USPS			MO	DAI	ILAK	
Mailing Address			12	1	2020	\$ 3.15
City Nanticoke	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
	PA	18634	postage	2		
To Whom Paid			МО	DAY	YEAR	
Choice One FCU			MO	DAT	TEAR	
Mailing Address			12	1	2020	\$ 20.00
City Wilkes-Barre	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
	PA	18702	Electror	nic Transfe	r Fee	
To Whom Paid			МО	DAY	YEAR	
Office Depot			MO	DAI	ILAK	
Mailing Address			12	1	2020	\$ 1.05
<b>City</b> Wilkes-Barre	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
PA 18702				ng error		
To Whom Paid			МО	DAY	YEAR	
Act Blue			PIO		ILAK	
Mailing Address			12	9	2020	\$ 1.12
<b>City</b> Somerville	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
	MA	02144	Service	fee		
To Whom Paid			МО	DAY	YEAR	
Plymouth Public Library			MO	DAI	ILAK	
Mailing Address			12	14	2020	\$ 54.01
<b>City</b> Plymouth	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
PA 18651			Donatio	n		
				DAY	YEAR	
To Whom Paid						
<b>To Whom Paid</b> Mountaintop Eagle			МО	DAI	ILAK	
			12	14		\$ 80.00
Mountaintop Eagle	State	Zip Code (Plus 4)	12		2020	\$ 80.00

To Whom Paid				DAY	YEAR			
Nova Community College Education Foundation			МО	DAI	ILAK			
Mailing Address			12	15	2020	\$	46.47	
<b>City</b> Annandale	State	Zip Code (Plus 4)	Descrip	Description of Expenditure				
	VA	22003	Donation					
To Whom Paid				DAY	YEAR			
Slocum Township Volunteer Fire Co.			МО					
Mailing Address			12	23	2020	\$	50.00	
City Wapwallopen	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	18660	Donatio	Donation				
			_				PAGE TOTAL	
Enter Grand Total of Expendit	ures on Page 1, Re	port Cover Page, Item	D.			\$	255.80	