Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat Number :	tion 20	10090			Repor		CANDI	DATE	CC	OMMITTEE	✓	LOBE	BYIST	
Name of Filing	Committee, Can	didate or L	obbyist:		MULLEF	Y, GE	ERALD CI	TIZENS	S FOR					
Street Address	Street Address:													
City:	NANTICOK	E					State:	PA		Zip Co	de: 18	634-0	000	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FR: PRIMAR	IDAY PRE	- 2.	30 D/ PRIM		POST-	3. X	AMENDN REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.					AY I TION	POST-	6.	TERMIN REPORT		Yes	No	\checkmark
report type)	ANNUAL REPO	RT 7.	Year 20	021			FILING METHOD () CHECK ONE					\checkmark	DISKE	TTE
Name of Office Sought by Candidate:							DATE O	F ELE	CTION	District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YEAR			DEN	1	40
				_			11		2 20)21	(SEE INS	STRUCTIO	ONS FOR (CODES)
	Receipts and	мо	DAY	YEAF	-		мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY	
Expenditure	s from:		5	4 2	021 T	0	6		7 20)21				
A. Amount Bro	ought Forward F	rom Last F	Report			\$			35,312.					
B. Total Mone	tary Contributio	ns And Ree	ceipts (F	rom Sche	edule I)	\$			0.	.00				
C. Total Funds Available (Sum Of Lines A and B)					\$			35,312.	.55					
D. Total Expe	nditures (From S	chedule I	II)			\$			693.	99				
E. Ending Cas	h Balance (Subtr	act Line D	From Li	ne C)		\$			34,618.	56				
	-Kind Contributi		•		ile II)	\$			0.	00				
G. Unpaid Deb	ots And Obligatio	ns (From	Schedule	e IV)		\$			0.	00				
				AFF	IDAVI	T SE	CTION							
	is a Committee r			-				•		-	6		and half	- 6 . huma
correct and comp	1) that this report, lete.	including th	e attached	a schedule	s mea on	paper	or by elect	ronic me	eulum, are	to the best o	т ту кноч	vieuge		er, true
Sworn to and sub	scribed before me day of	this	20						Signa	ture of Perso	n Submitt	ing Rep	oort	
						_				Prin	ted Name	1		
My Commission I	-	ature								Ema	il			
	мо	D	PAY	YR		_		Are	ea Code	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	s a report of a c	andidate's	authoriz	zed Comr	nittee, C	andid	ate shall	sign he	ere.					
I swear (or affirm No 320) as amend) that to the best (led.	of my know	ledge and	belief this	s political	comm	ittee has n	ot viola	ted any pro	ovisions of th	e act of Ju	ine 3,19	937 (P.L	. 1333,
Sworn to and subs	cribed before me t day of	his	20							Signature	of Candida	ite		
						_				Printe	ed Name			
My Commission Ex	Signatu	re				-				Ema	il			
						_								
	мо	C	PAY	YR	ł			Area	Code	D	aytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** MULLERY, GERALD CITIZENS FOR From: <u>5/4/2021</u> **To:** 6/7/2021 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Candidat	Name of Filing Committee or Candidate				Reporting Period						
				From: To:			1				
DATE								AMOUNT			
Full Name of Contributing Committee MO DAY YEAR											
Mailing Address							\$	0.00			
City	State	Zip Code (Plus 4	4)								
								PAGE TOTAL			
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								0.00			

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. (Exclude contributions from political committees reported in Part A)									
Name of Filing Committee or Candidate					Reporting Period				
			From: To) :			
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address	_	_					\$	0.00	
City	State	Zip Code (Plus 4)						
								PAGE TOTAL	
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 Candidate			Reporting Period						
				То:					
				DA	TE		A	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							\$	0.00	

PART D 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				Reporting Period					
From:				m: To:					
				DATE AMOU				IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Place of Business City				•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							PAGE TOTAL \$ 0.00		

PART E **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			Reporting Period							
Fr				m: To:						
				DATE				AMOUNT		
Full Name				мо	DAY	YEAR	\$	0.0	00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description	·									
								PAGE TOTAL		
inter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.							\$	0.00		

SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS

E THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THING DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period									
MULLERY, GERALD CITIZENS FOR	From:	<u>5/4/2021</u> To:	<u>6/7/2021</u>							
. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR										
TOTAL for the Reporting Pe	riod (1)	\$	0.00							
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)										
TOTAL for the Reporting Pe	riod (2)	\$	0.00							
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)										
TOTAL for the Reporting Pe	riod (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 Candidate			Reporting	Period							
						То:					
				DATE			AMOUNT				
Full Name of Contributor				DAY	YEAR						
Mailing Address	-	_				\$	0.00				
City	State	Zip Code (Plus 4)									
Description of Contribution:				•							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, PAGE TO Section 2.											
						\$	0.00				

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period					
				From:		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	e of Business C	lity	State		Zip Code(Plus 4)		Description of Contribution			
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	Contributions D	etaile	d			PAGE TOTAL 0.00			

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filin	ng Committee or Candidate			Reporting Period						
MULLERY, GE	ERALD CITIZENS FOR			From <u>5/4/2021</u>			То:	<u>6/7/2021</u>		
					DATE			AMOUNT		
To Whom Paic	d			мо	DAY	YEAR				
WVW Gridiror	n Club									
Mailing Addre	255			5	12	2021	\$	100.00		
City Plymo	outh	State	Zip Code (Plus 4)	Description of Expenditure						
	PA 18651				n					
To Whom Paid Plymouth Fire Company #1				мо	DAY	YEAR				
Mailing Address				5	22	2021	\$	50.00		
								÷ • • • •		
CityPlymouthStateZip Code (Plus 4)					tion of Exp	enditure				
PA 18651				Donatio	n L	I				
To Whom Paid				мо	DAY	YEAR				
Boosting Blue							\$	250.00		
Mailing Addre	SS	•		6	2	2021	ę	230.00		
City Bloom	nington	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		MN	55425	Website Maintenance Fee						
To Whom Paic	d			мо	DAY	YEAR				
Mountaintop	-						I .			
Mailing Addre	SS			6	2	2021	\$	60.00		
City Mount	tain Top	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		PA	18707	Advertis	sement					
To Whom Paic	d			мо	DAY	YEAR				
Dick's Sportir	ng Goods									
Mailing Addre	255			6	5	2021	\$	233.99		
City Wilkes-Barre State Zip Code (Plus 4)			Descrip	tion of Exp	enditure					
PA 18702				Golf Tournament Supplies						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item I								PAGE TOTAL		
Enter Grand	l lotal of Expenditures	on Page 1, Report C	over Page, Item I).			\$	693.99		