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 :	ion 2010	090			Report Filed B		CANDI	DATE		СОМ	MITTEE	✓	LOBE	BYIST	
Name of Filing (Committee, Candid	ate or Lo	obbyist:				RALD CI	TIZENS	S FOR						
Street Address:	6 MARIE DRIV	/E													
City:	NANTICOKE						State:	PA			Zip Co	de: 18	634-0	000	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE		30 DA PRIM		POST-	3. X		AMENDN REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE		30 DA ELEC		POST- 6.			TERMIN/ REPORT		Yes	No	\checkmark
report type)	ANNUAL REPORT	7.	Year 2021				NG METHO				PAPER		\checkmark	DISKE	TTE
Name of Office S	Fought by Candidat	te:	•				DATE O	FELE	стіо	N	District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YE	AR			DEM	1	40
							11		2	2021		(SEE INS	STRUCTIO	ONS FOR	CODES)
Summary of Expenditures	Receipts and	мо	DAY	YEAR		_	мо	DAY	YE	AR	FC	OR OFFIC	E USE	ONLY	
			5 4	2	021 T	0 T	6		7	2021	_				
	ught Forward From		-			\$			35,3	12.55	-				
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$				0.00					
	Available (Sum Of					\$				12.55	-				
-	ditures (From Scho		-			\$			6	93.99	-				
	Balance (Subtract			-		\$			34,6	18.56	-				
	Kind Contributions		•		le II)	\$				0.00	-				
G. Onpaid Deb	ts And Obligations		schedule IV	-		\$				0.00					
DADT T. TOULS							CTION								
	s a Committee repo) that this report, incl		-							-	-	f my knov	vledge	and beli	ef , true
	scribed before me this day of	5	20						Si	ignature	e of Perso	n Submitt	ing Rep	ort	
						-					Prin	ted Name			
My Commission E	Signatu xpires	re									Ema	il			
	мо	D/	AY	YR		-		Are	ea Cod	e	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a cand	didate's	authorized	Comn	nittee, Ca	andid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amend) that to the best of n ed.	ny knowle	edge and beli	ief this	political	comm	ittee has n	ot viola	ted any	y provis	ions of th	e act of Ju	ine 3,19	937 (P.L	. 1333,
Sworn to and subso	cribed before me this day of		20							s	ignature (of Candida	ite		
						•					Printe	ed Name			
My Commission Exp	Signature bires					•					Ema	il			
	мо	D/	AY	YR	<u>.</u>			Area	Code		D	aytime Te	elephon	e Numb	er

SCHEDULE I **CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

	-			
Name of Filing Committee or Candidate	Reportin	g Period		
MULLERY, GERALD CITIZENS FOR	From:	<u>5/4/202</u>	2 <u>1</u> To:	<u>6/7/2021</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Report	ing 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 Report	ing 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 Report	ing Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part	E)			
TOTAL for the Report	ing Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover			\$	0.00

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 Candidate					Period			
			Fre	om:		То	:	
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	PAGE TOTAL

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

0.00

\$

Use this Part to ite	emize all other 0.01 to \$250.0	1 TO \$250.00 r contribution 00 in the repo	s w ortir	ith an 1g per	aggreg iod.			rom
Name of Filing Committee or Candidat	e		Rep	orting P	eriod			
			Fro	m:		Τα):	
					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 S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	<u>.</u>		\$	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 Candid	Name of Filing Committee or Candidate			Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	e			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detai	led Summary Pa	age, Sectio	n 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:	То:

				D	ATE			AMOUNT	г
Full Name of Contributor				мо	DAY	YEA	R		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Pla Business	ce of		City		State			Zip Code (Plus	5 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	umn	narv Page, Sectio	on 3.		ĺ		PAGE TO	DTAL
	·····	-	, , , , , , , , , , , , , , , , , , , ,				\$		0.00

I

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 C	andidate		Report	ing Perio	bd				
					From: To:				
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$		0.00
City	State	Zip Code (Plus 4)						
Receipt Description	L	1			1				
Enter Grand Total of Part E or	Schodulo I. Dotailoc		Section	4				PAGE TOTAL	
	i Schedule 1, Detailet	a Summaly Paye,	Section				\$	0.0	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>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ΓF)		
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	g Period			
	F					То:	
				DATE		АМО	UNT
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

0.00

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

Name of Filing Committee or Cand	Name of Filing Committee or Candidate					porting P	eriod			
					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	I					Occupat	tion	-		
Employer Mailing Address/Principa Business	I Place of	City		State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
				_		_				PAGE TOTAL

	I			
Enter Grand Total of Part G on Schedule 3 Summary Page, Section 3.	II, In-Kind Contrib	utions Detaile	ed	PAGE

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period					
MULLERY, GERALD CITIZENS FOR			From	<u>5/4/2021</u> To:			<u>6/7/2021</u>	
				DATE				
To Whom Paid WVW Gridiron Club			мо	DAY	YEAR			
Mailing Address 150 Wadham Street			5	12	2021	\$	100.00	
City Plymouth	State PA	Zip Code (Plus 4) 18651		Description of Expenditure Donation				
To Whom Paid Plymouth Fire Company #1			мо	DAY	YEAR			
Mailing Address 24 Gaylord Avenue			5	22	2021	\$	50.00	
City Plymouth	State PA	Zip Code (Plus 4) 18651	Description of Expenditure Donation					
To Whom Paid Boosting Blue			мо	DAY	YEAR			
Mailing Address 626 E. 82nd Street, #240			6	2	2021	\$	250.00	
City Bloomington	State MN	Zip Code (Plus 4) 55425	Description of Expenditure Website Maintenance Fee					
To Whom Paid Mountaintop Eagle			мо	DAY	YEAR			
Mailing Address PO Box 10			6	2	2021	\$	60.00	
City Mountain Top	State PA	Zip Code (Plus 4) 18707	-	Description of Expenditure Advertisement				
To Whom Paid Dick's Sporting Goods			мо	DAY	YEAR			
Mailing Address 479 Arena Hub Plaza			6	5	2021	\$	233.99	
City Wilkes-Barre	State PA	Zip Code (Plus 4) 18702		Description of Expenditure Golf Tournament Supplies				
Enter Grand Total of Expendi							PAGE TOTAL	
	tures on Page 1, Re	port cover Page, Item I	<i>)</i> .			\$	693.99	