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 | | | | Repo Filed | | | CAN | DII | DATE | | COMM | 4ITTEE | ✓ | LOB | BYIS | Т | |
|--|---------------------------------------|-------------|-----------|--------------|----------|---------------|----------|-------------|--------|-------|----------|-------------|-------------|--------------------|----------------|----------|------------|---------------|----------------|
| Name of Filing C | ommittee, Candi | date or L | obbyis | t: | | MULLE | RY, C | GER. | ALD (| CIT | IZENS | 5 FO | R | | | | | | |
| Street Address: | 6 MARIE DR | IVE | | | | | | | | | | | | | | | | | |
| City: | NANTICOKE | | | | | | | s | tate: | | PA | | | Zip Cod | le: 18 | 634-0 | 000 | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND F | RIDAY ARY | PRE- | 2. | | DAY MAR | | P | OST- | 3. | | AMENDM REPORT | | Yes | | No | / |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND F | | PRE- | - 5. | | DAY CTIO | ON | P | OST- | 6. X | | TERMINA REPORT | | Yes | 1 [| No | / |
| report type) | ANNUAL REPOR | T 7. | Year | 2021 | | | | | MET | | | | | PAPER | | \ | DIS | KETTE | |
| Name of Office S | ought by Candid | ate: | | | | • | | D | ATE | 0 | F ELE | CTIC | ON | District Number | Office Code | Pai | ty Co | de Cou Cod | |
| | | | | | | | | M | 10 | | DAY | Y | EAR | | | DEI | М | 40 | |
| | | | | | | | | | : | 11 | | 2 | 2021 | | (SEE IN | STRUCTI | ONS F | OR CODES | S) |
| Summary of Expenditures | | МО | DA | | YEAR | | | ~ | 10 | | DAY | | EAR | FO | R OFFI | E USE | ONL | Y | |
| | | | 10 | 19 | 20 | 21 | то | | : | 11 | 7 | 22 | 2021 | | | | | | |
| A. Amount Bro | ught Forward Fro | m Last R | eport | | | | | \$ | | | | | 661.91 | | | | | | |
| B. Total Moneta | ary Contributions | And Rec | eipts (| From | Sched | lule I | <u> </u> | \$ | | | | | 500.00 | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) \$ 21,161.91 | | | | | | | | | | | | | | | | | | | |
| D. Total Expenditures (From Schedule III) \$ 2,257.00 | | | | | | | | | | | | | | | | | | | |
| E. Ending Cash | Balance (Subtra | ct Line D | From | Line C |) | | | \$ | | | | 18,9 | 904.91 | | | | | | |
| F. Value Of In- | Kind Contribution | ns Receiv | ed (Fr | om Sc | hedule | e II) | | \$ | | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Obligation | s (From S | Schedu | ıle IV) |) | | | \$ | | | | | 0.00 | | | | | | |
| | | | | | AFFI | DAV | 'IT S | EC | TIO | N | | | | | | | | | |
| PART I - If this is | | - | | _ | | | | | | | | | _ | | | | | | |
| I swear (or affirm) correct and comple | that this report, in | cluding the | e attach | ed sch | edules | filed o | n pape | er or | by ele | ectr | onic m | edium | ı, are to t | he best o | f my knov | vledge | and b | elief , t | rue |
| Sworn to and subs | cribed before me th day of | is | 20 | | | | | | | • | | : | Signature | of Perso | n Submitt | ing Re | ort | | |
| | Signat | ure | | | | | _ | | | • | | | | Prin | ted Name | 1 | | | |
| My Commission Ex | pires | | | | | | _ | | | - | | | | Ema | il | | | | |
| | МО | D | AY | | YR | | | | | | Are | ea Co | de | Daytim | e Teleph | one Nu | mber | | $\underline{}$ |
| Part II- If this is | a report of a car | ndidate's | autho | rized (| Commi | ittee, | Cand | idat | e sha | all s | sign he | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | | my knowl | edge an | ıd belie | f this p | politica | al com | mitt | ee ha | s no | ot viola | ted aı | ny provis | ions of th | e act of J | ıne 3,1 | 937 (| P.L. 133 | 33, |
| Sworn to and subsc | ribed before me thi | s | 20 | | | | | | | | | | s | ignature o | of Candida | ate | | | _ |
| | — — — — — — — — — — — — — — — — — — — | | _ 20 _ | | | | | | | | | | | Printe | d Name | | | | - |
| | Signature | 1 | | | | | _ | | | _ | | | | | | | | | _ |
| My Commission Exp | ires | | | | | | | | | | | | | Ema | | | | | |
| | МО | D | AY | | YR | | | | | | Area | Code | | Da | aytime T | elephor | ne Nu | nber | _ |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting Period | | | | | | | |
|--|------------------|-----------|--------------|------------|--|--|--|--|
| MULLERY, GERALD CITIZENS FOR | From: | 10/19/202 | <u>1</u> To: | 11/22/2021 | | | | |
| 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 | \$ | 0.00 | | | | | | |
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | | | | | | | | |
| Contributions Received From Political Committees (Part C) | | | \$ | 500.00 | | | | |
| All Other Contributions (Part D) | | | \$ | 0.00 | | | | |
| TOTAL for the Reporting |) Period | (3) | \$ | 500.00 | | | | |
| 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 | | | \$ | 500.00 | | | | |

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

| | this Part to itemize onl with an aggregate valu | - | | | - | | | |
|---------------------------------------|--|-------------------|-----|---------|--------|------|----|------------|
| Name of Filing Committee or Candidate | | | | 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.

| PAGE TOTAL |
|------------|
| \$ 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 | 40UNT | |
| 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 | Reporting Period | | | | | | | |
|---------------------------------------|------------------|------------|-----|------------|--|--|--|--|
| MULLERY, GERALD CITIZENS FOR | From: | 10/19/2021 | То: | 11/22/2021 | | | | |

DATE AMOUNT

| Full Name of Contributing Committee PAWC-PAC (PA AMERICAN WATER C | МО | DAY | YEAR | | | |
|---|-------------|--------------------------------|------|----|------|------------------|
| Mailing Address 852 WESLEY DRIVE | | | | | | \$ 500.00 |
| City MECHANICSBURG | State PA | Zip Code (Plus 4) 17055 | 10 | 26 | 2021 | |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL \$ 500.00

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 Candida | Name of Filing Committee or Candidate | | | | orting Pe | riod | | | |
|---|---------------------------------------|-----------|--------------|--------------|-----------|-------|------|----------|------------|
| | | | | Froi | From: To: | | | | |
| | | | | | D | ATE | | AN | MOUNT |
| Full Name of Contributor | | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | | \$ | 0.00 |
| City | State | Zi | p Code (Plus | i 4) | | | | | |
| Employer Name | • | • | | | Occupa | tion | • | • | |
| Employer Mailing Address/Principal Business | Place of | | City | | | State | | Zip Code | e (Plus 4) |
| Enter Grand Total of Part C on So | chedule I, Deta | iled Sumr | mary Page, | Section | on 3. | | | P | AGE 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 Candida | te | | Report | ing Perio | od | | |
|---|-------------------|-----------------|----------|-----------|-----|------|------------|
| | | | From: | | | To: | |
| | | | | D | ATE | | AMOUNT |
| Full Name | | | | мо | DAY | YEAR | |
| Mailing Address | | | | | | | \$ 0.00 |
| City | State | Zip Code (| Plus 4) | | | | |
| Receipt Description | | · | | | | | |
| Enter Grand Total of Part E on Scho | edule I. Detaile | d Summary Page | Section | 4 | | | PAGE TOTAL |
| The state of the state of the state of | Julie 1, Detailet | a cammury rage, | 20000011 | •• | | | \$ 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 Per | iod | |
|--|----------------|------------------------------|------------|
| MULLERY, GERALD CITIZENS FOR | From: | <u>10/19/2021</u> To: | 11/22/2021 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | PER CONTRIBUTO | R | |
| 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 Candidate | | | 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 S | chedule II In-Kir | nd Contributions Deta | iled Sum | mary Pag | ле Г | | PAGE TOTAL |
| Section 2. | incudic 11, 111 Kii | ia contributions beta | nea Sam | illial y I as | , | | PAGE TOTAL |
| | | | | | | \$ | 0.00 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | | Re | porting l | 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 | in-Kind | Contributi | ons De | etaile | ed | | | | PAGE TOTAL 0.00 |

STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | Reporting Period | | | | | |
|---|--------------------|-----------------------------------|--|-------------|----------|------------|----------|--|
| MULLERY, GERALD CITIZENS FOR | | | From <u>10/19/2021</u> To: | | | 11/22/2021 | | |
| | | | | DATE | | | | |
| To Whom Paid Verizon | | | МО | DAY | YEAR | | | |
| Mailing Address 946 Schechter Drive | | | | 20 | 2021 | \$ | 1,031.26 | |
| City Wilkes-Barre | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | <u>'</u> | | |
| | PA | 18702 | Equipment | | | | | |
| To Whom Paid Staples | • | • | МО | DAY | YEAR | | | |
| Mailing Address 453 Arena Hub Plaza | | | 11 | 20 | 2021 | \$ | 137.79 | |
| City Wilkes-Barre | State PA | Zip Code (Plus 4) 18702 | Description of Expenditure Office Supplies | | | | | |
| To Whom Paid Staples | | | МО | DAY | YEAR | | | |
| Mailing Address 453 Arena Hub Plaza | | | 10 | 26 | 2021 | \$ | 21.89 | |
| City Wilkes-Barre | State PA | Zip Code (Plus 4) 18702 | Description of Expenditure Office Supplies | | | | | |
| To Whom Paid Sam's Club | | | МО | DAY | YEAR | | | |
| Mailing Address 441 Wilkes-Barre Twp. Blvd. | | | 10 | 26 | 2021 | \$ | 154.06 | |
| City Wilkes-Barre | State PA | Zip Code (Plus 4) 18702 | Description of Expenditure GNA Halloween Event | | | | | |
| To Whom Paid Gerald J Mullery | | | МО | DAY | YEAR | | | |
| Mailing Address 6 Marie Drive | | | 10 | 22 | 2021 | \$ | 160.00 | |

Zip Code (Plus 4)

18634

Description of Expenditure

Trunk or Treats Reimbursement

State

PΑ

City

Nanticoke

| To Whom Paid Friends of Bednar | | | | DAY | YEAR | | |
|----------------------------------|------------------------|-----------------------------------|--------------------------------------|-----|------|----|------------|
| Mailing Address 21 Sandy Beach | | | | 28 | 2021 | \$ | 250.00 |
| City Wapwallopen | State PA | Zip Code (Plus 4) 18660 | Description of Expenditure Donation | | | | |
| To Whom Paid MAD4PA | | | МО | DAY | YEAR | | |
| Mailing Address PO Box 444 | | | 11 | 3 | 2021 | \$ | 500.00 |
| City Glenside | State PA | Zip Code (Plus 4) 19038 | Description of Expenditure Donation | | | | |
| To Whom Paid Choice One FCU | | | МО | DAY | YEAR | | |
| Mailing Address 101 Hazle Street | | | 11 | 2 | 2021 | \$ | 2.00 |
| City Wilkes-Barre | State PA | Zip Code (Plus 4) 18702 | Description of Expenditure Bank Fee | | | | |
| Enter Grand Total of Expend | litures on Page 1 Re | anort Cover Page Item D | | | | | PAGE TOTAL |
| Lines Grand Fotal of Expend | intal es on Fage 1, Re | cport cover rage, item D | • | | | \$ | 2,257.00 |