Campaign Finance Report

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

Filer Identificat	tion 2010	090			Repor	-	CANDI	DATE	C	сомм	ITTEE	\checkmark	LOBI	BYIST	
Number :					Filed I	-									
Name of Filing	Committee, Candic	late or L	obbyist:		MULLEI	RY, GI	ERALD CI	TIZENS	FOR						
Street Address	:														
City:	NANTICOKE						State:	PA			Zip Coo	le: 18	634		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	- 2.	30 DA PRIM		POST-	3. X		AMENDM REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA	AY PRI	E- 5.	30 DA ELEC	•••	POST-	6.		TERMINA REPORT		Yes	No	 Image: A start of the start of
report type)	ANNUAL REPORT	7.	Year 2010			FILING METHOD () CHECK ONE					PAPER				
Name of Office	 Sought by Candida	te:					DATE O	F ELE	CTION		District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YEAR	ર		STH	DEN	1	40
REPRESENTAT	IVE IN THE GENE	RAL ASS	EMBLY				11		2 2	010		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAF	2		мо	DAY	YEAF	R	FO	R OFFIC	E USE	ONLY	
Expenditure	s from:		1 1	. 2	010	0	6		7 2	2010					
A. Amount Bro	ought Forward Fro	m Last R	eport			\$			974	4.04					
B. Total Mone	tary Contributions	And Rec	eipts (Fron	n Sche	edule I)	\$	5		1,680	0.00					
C. Total Funds	s Available (Sum O	f Lines A	and B)			\$			2,654	4.04					
D. Total Exper	nditures (From Sch	edule II	I)			\$;		2,105	5.00					
E. Ending Cas	h Balance (Subtrac	t Line D	From Line	C)		\$	5		549	0.04					
F. Value Of In	-Kind Contribution	s Receiv	ed (From S	Schedu	le II)	\$	5		0	0.00					
G. Unpaid Deb	ots And Obligations	(From S	Schedule I\	/)		\$			0	0.00					
				AFF	IDAVI	T SE	CTION								
	is a Committee rep	-	_							_					
I swear (or affirn correct and comp	n) that this report, inc lete.	luding the	e attached so	hedule	s filed on	paper	or by elect	ronic me	edium, ar	re to th	ne best o	f my knov	ledge	and beli	ef , true
Sworn to and sub	scribed before me thi day of	S	20						Sign	nature	of Perso	n Submitt	ing Rep	oort	
	Signatu	Ire				_					Prin	ted Name			
My Commission E	-										Ema	il			
	мо	D	AY	YR		_		Are	ea Code		Daytim	e Teleph	one Nu	mber	
Part II- If this is	s a report of a can	didate's	authorized	l Comr	nittee, C	Candid	late shall	sign he	ere.						
I swear (or affirm No 320) as amend) that to the best of i led.	my knowle	edge and bel	ief this	political	comm	nittee has n	ot violat	ed any p	orovisio	ons of th	e act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subs	cribed before me this									Sig	gnature o	of Candida	te		
	day of					_					Printe	d Name			
	Signature					_									
My Commission Ex	-										Ema	il			
	мо	D	AY	YR	ł	-		Area	Code		Da	aytime Te	lephon	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>1/1/2010</u> **To:** 6/7/2010 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor \$ 1,380.00 **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)** 300.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 300.00 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 \$ 1,680.00 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 Candidate				Reporting Period					
				rom: To:			1		
					DATE			AMOUNT	
Full Name of Contributing Committee				мо	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					eriod				
MULLERY, GERALD CITIZENS FOR Fro			m:	<u>1/1/2</u>	2 <u>010</u> To	<u>6/7/2010</u>			
					DATE			AMOUNT	
Full Name of Contributor Brent Makarczyk				мо	DAY	YEAR			
Mailing Address				_	_		\$	100.00	
City Nanticoke	State PA	Zip Code (Plus 4 18634)	5	7	2010			
Full Name of Contributor Neil Dombrowski				мо	DAY	YEAR			
Mailing Address							\$	200.00	
City Devon	State PA	Zip Code (Plus 4 19333)	5	12	2010			
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								PAGE TOTAL 300.00	

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							
			From:	То:							
				DATE AMOUNT				AMOUNT			
Full Name of Contributing Committee				мо	DAY	YEAR		0.00			
Mailing Address							- \$	0.00			
City	State	Zip Cod	e (Plus 4)								
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.								PAGE TOTAL			
							\$	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				n: To:					
				DATE AMOUNT				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	State Zip Code (Plus 4		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	Name of Filing Committee or Candidate			Reporting Period						
			From:			To:				
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$	0.0	00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description	Receipt Description									
			.				PAGE TOTAL			
Enter Grand Total of Part E on Schedu	lie 1, Detailed Sumn	nary 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 DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period									
MULLERY, GERALD CITIZENS FOR	From:	<u>1/1/2010</u> то:	<u>6/7/2010</u>							
1. 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								
			From:			То:						
				DATE AM			AMOUNT					
Full Name of Contributor			мо	DAY	YEAR							
Mailing Address						7 \$	0.0					
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 TOTAL Section 2.												
						\$	0.0					

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					
				m:		То:	То:			
					DATE AMOUNT					
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$ 0.00			
City	State	Zip Code(Plus 4)								
Employer of Contributor		•		Occupa	ation					
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution			
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00				

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	Name of Filing Committee or Candidate				Reporting Period						
MULLERY, GERALD CITIZENS FOR				<u>1/</u>	<u>1/2010</u>	<u>6/7/2010</u>					
				DATE							
To Whom Paid				DAY	YEAR						
Acumark, Inc.											
Mailing Address			5	14	2010	\$	2,105.00				
City Pittston	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure						
PA 18640 Postcards & N											
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL				
							2,105.00				