### **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	20220	C0160				port		CANDI	DATE	✓	СС	MMITTEE		LOBI	BYIST		
Name of Filing C	Committe	e, Candida	ate or Lo	obbyist:		THE	EOD	ORE D	ANIELS									_
Street Address:																		
City:									State:				Zip Code	: 184	436			
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		POST-	3. <b>X</b>		AMENDMENT Yes No REPORT?					
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	y pri	≣-	5.	30 DA		POST-	6.		TERMINAT REPORT?	ION	Yes	No	•	
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2022					NG METH				PAPER		<b>√</b>	DISKE	TTE	
Name of Office S	Sought by	Candidat	·e:						DATE C	TE OF ELECTION District Office Party Code						ty Code	Count	у
									МО	DAY	YEAI	R	Number -1	<b>Code</b> LTG	REP		Code	_
LIEUTENANT G	OVERNO	R							11		8 2	2022		(SEE INS	TRUCTI	ONS FOR (	CODES)	_
Summary of	Receipts	and	МО	DAY	YEAR	ł			МО	DAY	YEA	R	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			5 3	2	022	T	0	6	5	6 2	2022						
A. Amount Bro	ught Forv	ward From	ı Last R	eport	•		,	\$	-	•	. (	0.00						
B. Total Monet	ary Contr	ibutions A	And Rec	eipts (From	Sche	dule	e I)	\$			(	0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$			(	0.00						
D. Total Expen	ditures (I	rom Sche	edule II	I)				\$			(	0.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$			C	0.00						
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le I	I)	\$			(	0.00						
G. Unpaid Debt	ts And Ob	ligations	(From S	chedule IV	<b>'</b> )			\$			(	0.00						
					AFF	ID	AVI	T SE	CTION									
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate r	eport, o	candida	te sig	ın here.					
I swear (or affirm) correct and complete		report, incli	uding the	attached sc	hedule	s file	ed on	paper	or by elect	tronic m	edium, a	re to t	the best of	my know	/ledge	and beli	ef , true	Э,
Sworn to and subs	cribed befo	ore me this		20							Sign	nature	of Person	Submitti	ing Rep	ort		•
	_	Signatur	·e					- -					Printe	d Name				-
My Commission Ex	cpires												Email					•
		мо	D/	AY	YR					Are	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee has r	not viola	ted any p	rovis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333,	
Sworn to and subso		re me this										s	ignature of	Candida	te			۱ -
	day of —							-					Printed	Name				-
		Signature						-										_
My Commission Exp	oires												Email					
	_	мо	D/	AY	YR	l		-		Area	Code		Day	time Te	lephon	e Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	Period		
THEODORE DANIELS	From:	5/3/202	<u>2</u> To:	6/6/2022
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	) 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			\$	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 Candida	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.

(LACI			political comm			porteu			
Name of Filing Commit	tee or Candidate			Rep	orting P	Period			
				Fro	m:		To	<b>)</b> :	
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address			_					\$	0.00
City		State	Zip Code (Plus 4)	)					
							I		

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							
	From:			То:					
				DA	TE		А	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	\$		0.00
Mailing Address							7		0.00
City	State	Zip Cod	e (Plus 4)						
							-	PAGE TO	TAL
Enter Grand Total of Part C on Scheo	lule I, Detailed Sun	nmary 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.)

ame of Filing Committee or Candidate				Reporting Period					
Fre						T	То:		
				D	ATE			AMOUNT	
				мо	DAY	YEAR	\$	0.00	
State	Zi	p Code (Plus	s 4)						
				Occupa	tion				
ce of Business		City			State		Zip	Code (Plus 4)	
dule I, Detailed	Sumn	mary Page,	Section	on 3.			\$	PAGE TOTAL 0.00	
	State ce of Business	State Zi ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4)  ce of Business City	From:  MO  State Zip Code (Plus 4)  Occupa	From:  DATE  MO DAY  State Zip Code (Plus 4)  Occupation  ce of Business City State	State Zip Code (Plus 4)  State Zip Code (Plus 4)  Occupation ce of Business City State  cdule I, Detailed Summary Page, Section 3.	From: To:  DATE  MO DAY YEAR  State Zip Code (Plus 4)  Occupation  ce of Business City State Zip	

## 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	Name of Filing Committee or Candidate			ing Peri	od			
			From:			To:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>						<u> </u>	
	- C		<b>.</b> .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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	d	
THEODORE DANIELS	From:	<u>5/3/2022</u> <b>To:</b>	<u>6/6/2022</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,		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Ca	Reporting Period						
	From:		To:	То:			
				DATE			AMOUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						<b>-</b> \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•		•				
					Г		
Enter Grand Total of Part F of Section 2.	n Schedule II, In-Ki	nd Contributions Detai	led Sum	ımary Pa	ge,		PAGE TOTAL
						\$	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				porting	Period				
					From:			То:		
						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 <sub>l</sub>	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						
	From			То:			
				DATE			AMOUNT
To Whom Paid	мо	DAY	YEAR				
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
Enter Grand Total of Evnenditures of					PAGE TOTAL		
Lines Grand Total Of Expenditures of	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00