# **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 2022	C0160			Repo Filed		CAND	IDATE	✓	co	OMMITTE	E	LOB	BYIST			
Name of Filing	Committee, Candida	ate or Lo	bbyist:			-	DANIELS										
Street Address:																	
City:							State:				Zip Cod	<b>Zip Code:</b> 18436					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE- 2. PRIMARY				DAY MARY	POST-	POST- 3. <b>X</b>		AMENDMENT REPORT?		Yes	No	· 🗸		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE- 5. ELECTION				DAY CTION	POST-	6.		TERMINA REPORT?	TION	Yes	No	· 🗸		
report type)	ANNUAL REPORT	7.	<b>Year</b> 2022				ING METH ) CHECK C				PAPER		$\checkmark$	DISKE	TTE		
Name of Office	Sought by Candidat	te:					DATE (	OF ELE	СТІС	N	District Number	Office Code	Par	ty Code	County Code		
									YI	AR	-1	LTG	REP	,			
LIEUTENANT G	OVERNOR						11	1	8	2022		(SEE INS	TRUCTI	ONS FOR	CODES)		
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	Y	EAR	FO	R OFFIC	E USE	ONLY			
Expenditure	s from:		5 3	2	022 -	го	(	5	6	2022							
A. Amount Bro	ought Forward Fron	n Last Re	eport			9	\$	-		0.00							
B. Total Monet	ary Contributions A	And Rece	eipts (Fron	n Sche	dule I)	9	\$ 0.00										
C. Total Funds	Available (Sum Of	Lines A	and B)			9	\$			0.00							
D. Total Expen	ditures (From Sche	edule III	<b>)</b>			9	\$			0.00	]						
E. Ending Cash	n Balance (Subtract	t Line D I	From Line	C)		ġ	\$			0.00							
F. Value Of In-	-Kind Contributions	Receive	ed (From S	chedu	le II)		\$			0.00							
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	/)		9	\$			0.00							
				AFF	IDAV	IT SI	ECTION										
	s a Committee repo																
I swear (or affirm correct and comp	) that this report, incl lete.	uding the	attached sc	hedule	s filed or	ı pape	r or by elec	tronic m	edium	, are to	the best of	my know	vledge	and beli	ef , true		
Sworn to and sub	scribed before me this day of 	5	20						5	Gignatur	e of Person	Submitt	ing Rep	oort			
	Signatu	re				_					Print	ed Name					
My Commission E	xpires					_					Emai	I					
	МО	DA	Y	YR				Ar	ea Coo	le	Daytime	e Telepho	one Nu	mber			
	a report of a cand ) that to the best of m ed.				•					y provis	sions of the	act of Ju	ıne 3,1	937 (P.I	1333,		
Sworn to and subs	cribed before me this									S	ignature o	f Candida	ite				
	day of		20								Printe	d Name					
My Commission Ex	Signature					_					Emai	1					
						_											
	мо	DA	Y	YR	l			Area	Code		Da	ytime Te	elephor	e Numb	er		

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** THEODORE DANIELS From: <u>5/3/2022</u> **To:** 6/6/2022 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 Candidate			Reporting Period					
					:			
		·		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

\$

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 Candidat	e		Rep	orting P	eriod				
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. \$ 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				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed 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 I		
	From:		То:
		DATE	AMOUNT

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	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 Candidate			Report	ing Perio	od				
			From:	From: To:					
				D	ATE			AMOUNT	ſ
Full Name				мо	DAY	YEAR			
Mailing Address	Mailing Address						\$	5	0.00
City	State	Zip Code (	Plus 4)						
Receipt Description	·					•	•		
Enter Grand Total of Part E on Sched	ule T. Detailed Sum	mary Page	Section	4				PAGE TO	TAL
			20000				\$		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		
THEODORE DANIELS	From:	<u>5/3/2022</u> то:	<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	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T 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 R			Reporting Period					
	From:			То:				
				DATE		АМС	DUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address	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 Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	5	0.00	

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

Name of Filing Committee or Candidate				Rej	Reporting Period					
					Fro	rom: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City State			State		Zip Code(Plus 4) Descrip			ption of	Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				ng Period			
	From			То:			
		DATE			AMOUNT		
To Whom Paid				DAY	YEAR		
Mailing Address						\$	0.00
City State Zip Code (Plus 4)				otion of Exp	penditure		
Enter Grand Total of Expenditures of					PAGE TOTAL		
	n rage 1, Report C	over rage, Item L				\$	0.00