### **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	C1370				port ed B		CAN	DII	DATE	<b>√</b>	CO	MMITTEE		LOBI	BYIST	
Name of Filing C	Committe	e, Candida	ate or Lo	obbyist:		MA	тт м	CCUL	LOUGI	1								
Street Address:																		
City:									State:					Zip Code	e: 18	940		
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		Р	POST- 3. AMENDMENT Yes REPORT?					No	<b>\</b>	
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	Y PRE	E-	5.	30 DA		Р	OST-	6. <b>)</b>	X	TERMINATREPORT?	ΓΙΟΝ	Yes	No	
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2022					IG MET					PAPER		⋈	DISKE	TTE
Name of Office S	ought by	Candidat	:e:						DATE	0	F ELEC	СТІ	ON	District Number	Office Code	Par	ty Code	County Code
GENIATOR IN T		D.4. 400F	-14511/						МО		DAY	١	YEAR	10	STS	REP		-
SENATOR IN TH	HE GENE	RAL ASSE	:MBLY							11		8	2022		(SEE INS	TRUCTI	ONS FOR C	CODES)
Summary of		and	МО	DAY	YEAR	2			МО		DAY	١	YEAR	FOF	OFFIC	E USE	ONLY	
Expenditures	from:		1	10 25	2	022	Т	0		11	2	28	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 Expend	ditures (F	From Sche	dule II	I)				\$					0.00					
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$					0.00	-				
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le I	I)	\$					0.00					
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	)			\$					0.00					
					AFF	·ID/	AVI	T SE	CTIO	Ν								
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate	re	port, c	and	lidate sig	gn here.				
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	d on	paper	or by el	ectr	ronic me	ediu	m, are to t	the best of	my knov	vledge	and belie	ef , true
Sworn to and subs	cribed befo	ore me this		20									Signature	of Person	Submitt	ing Rep	ort	
	_	Signatur	re					- -						Printe	ed Name			
My Commission Ex	cpires							_		•				Email				
		мо	D/	AY	YR						Are	ea Co	ode	Daytime	Teleph	one Nu	mber	
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate sha	all s	sign he	ere.						
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	tical	comm	ittee ha	s no	ot violat	ted a	any provisi	ions of the	act of Ju	ine 3,1	937 (P.L.	. 1333,
Sworn to and subsc	ribed befo day of	re me this		20									Si	ignature of	Candida	ite		
								_						Printed	Name			— I
	:	Signature						_										
My Commission Exp	ires													Email				
	_	мо	D/	AY	YR	ł		-			Area	Code	e	Day	time Te	lephon	e Numbe	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
MATT MCCULLOUGH	From:	10/25/202	<u> 22</u> To:	11/28/2022
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

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	Name of Filing Committee or Candidate				Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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.

**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 Filling Committee of Candidate				Reporting Period From: To:				
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					

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.

lame of Filing Committee or Candidate Reporting					ng Period					
			From:			То:				
				DA	TE		А	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Scho	edule 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.)

Name of Filing Committee or Candidate	Rep	orting Pe	riod						
			Fron	n:		To	То:		
				D	ATE		АМС	OUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupa	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			PA(	<b>GE TOTAL</b> 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	ame of Filing Committee or Candidate				od			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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	riod	
MATT MCCULLOUGH	From:	<u>10/25/2022</u> <b>To:</b>	11/28/2022
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 Candid	ate		Reporting	g Period			
			From:			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:							
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					Reporting	Period				
					From:			То:		
						DAT	E			AMOUNT
Full Name of Contributor					мо	DAY	,	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plus	4)						
Employer of Contributor					Оссир	ation				
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zi 4)	p Code(Pl )	us	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed					PAGE TOTAL
Summary Page, Section 3.										0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (	Reporting Period						
			From			То:	
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
-							PAGE TOTAL
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D	).			\$	0.00