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	✓	CC	MMITTEE		LOBE	BYIST	
Name of Filing C	ommitte	e, Candida	ate or Lo	obbyist:		THE	ODO	ORE D	ANIELS								
Street Address:																	
City:									State:				Zip Code	e: 18	436		
TYPE OF REPORT	6TH TUES	_	1.	2ND FRIDA' PRIMARY	Y PRE	-	2.	30 DA		POST- 3.			AMENDME REPORT?	NT	Yes	No	\
(place X to the right of	6TH TUES		4.	2ND FRIDA' ELECTION					NY Ι ΓΙΟΝ	POST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	No	
report type)	ANNUAL	. REPORT	7. X	Year 2022					IG METHO				PAPER	PAPER DISKETT			
Name of Office S	ought by	/ Candidat	:e:	•					DATE 0	F ELE	CTION		District Number	Office Code	Par	ty Code	County Code
		_							МО	DAY	YEA	R	-1	LTG	REP		-
LIEUTENANT G	OVERNO	R							11		8 :	2022		(SEE INS	TRUCTIO	ONS FOR C	CODES)
Summary of		s and	МО	DAY	YEAR	2			МО	DAY	YEA	R	FOF	OFFIC	E USE	ONLY	
Expenditures	from:		1	11 29	2	022	T	0	1		2	2023					
A. Amount Bro	ught For	ward From	ı Last R	eport				\$			·	0.00					
B. Total Moneta	ary Contr	ributions A	and Rec	eipts (From	Sche	dul	e I)	\$				0.00					
C. Total Funds	Available	e (Sum Of	Lines A	and B)				\$				0.00					
D. Total Expend	ditures (I	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	oligations	(From S	Schedule IV)			\$				0.00		'			
					AFF	ID	AVI	T SE	CTION								
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign l	here.	If th	nis is	a Car	ndidate r	eport, o	candida	te sig	jn here.				
I swear (or affirm) correct and comple		report, incl	ıding the	attached scl	nedule:	s file	ed on	paper	or by elect	ronic m	edium, a	re to t	the best of	my knov	vledge	and belie	ef , true
Sworn to and subs	cribed bef day of	ore me this		20							Sig	nature	of Person	Submitt	ing Rep	ort	
	<u> </u>	Signatur	 e					- -					Printe	ed Name			
My Commission Ex	cpires												Email				
		мо	D/	AY	YR					Are	ea Code		Daytime	Teleph	one Nu	mber	
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee has n	ot viola	ted any	provis	ions of the	act of Ju	ıne 3,19	937 (P.L.	. 1333,
Sworn to and subsc		re me this										s	ignature of	Candida	ite		
	day of —							_					Printed	Name			
		Signature						-					- 3				
My Commission Exp	ires												Email				
	-	МО	D	AY	YR	ł		_		Area	Code		Day	time Te	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -								
Name of Filing Committee or Candidate	Reporting Period							
THEODORE DANIELS	From:	11/29/202	<u>22</u> To:	1/2/2023				
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	(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.

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)

(Exclude cont		r ponticui conni		.03 .01	Joi tea	in i di c	~,		
Name of Filing Committee or Candidate Reporting Period									
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.

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		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule 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			Reporting Period						
From:					om: To:				
D								AMOUNT	
Full Name of Contributor				МО	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip	Code (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			\$	PAGE TOTAL 0.00	
							7	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 Candidate		Report	ing Peri	od			
			From: To:					
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				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 Per	riod						
THEODORE DANIELS	From:	11/29/2022 To:	<u>1/2/2023</u>					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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 Candidate Re				Reporting Period					
	From:			То:					
				DATE			AMOUNT		
Full Name of Contributor			МО	DAY	YEAR				
Mailing Address						7 \$	0.00		
City	State	Zip Code (Plus 4)							
Description of Contribution:	•		•	•	•				
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL		
Section 2.						\$	0.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					porting	Period				
					From:			То:		
DATE								AMOUNT		
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 _l	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					
To Whom Paid	мо	DAY	YEAR					
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	5 4) Description of Expenditure					
Enter Grand Total of Expenditures of	on Bago 1 Bonort C	Cover Page Item [PAGE TOTAL	
Lines Grand Total Of Expenditures C	ni rage 1, keport C	over rage, Item L	, .			\$	0.00	