Campaign Finance Report

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

Filer Identificat	ion	20220	21592			Repo Filed		CAN	DID	ATE	✓	СС	MMITTEE		LOBE	BYIST		
Name of Filing (Committee,	Candida	ite or Lo	obbyist:			-	CMASTE	R								-	
Street Address:	Street Address:																	
City:								State:					Zip Cod	e: 174	404			
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D PRIN	DAY 1ARY	PC	DST-	3.		AMENDME REPORT?	ENT	Yes	No)	\checkmark
(place X to the right of	6TH TUESD PRE-ELECTI		4. X	2ND FRIDA ELECTION	Y PRE	<u>-</u> 5.	30 D ELEC	DAY CTION	PC	DST-	5.		TERMINATION REPORT?		Yes	No)	\checkmark
report type)	ANNUAL R	EPORT	7.	Year 2022				ING MET					PAPER		\checkmark	DISK	TTE	
Name of Office S	L Sought by C	andidat	e:					DATE	OF	ELEC	TION		District Number	Office Code	Par	ty Code	Cour	
								мо	I	DAY	YEA	R	-1	LTG	LIB		•	
LIEUTENANT G	OVERNOR								11	1	8 2	2022		(SEE INS	TRUCTIO	ONS FOR	CODES)
Summary of		and	мо	DAY	YEAR	Ł		мо	1	DAY	YEA	R	FOI	ROFFIC	e use	ONLY		
Expenditures	s from:			6 7	2	022	ГО		9	1	9 2	2022						_
A. Amount Bro	ught Forwa	rd From	Last R	eport			9	\$				0.00						
B. Total Monet	ary Contrib	utions A	nd Rec	eipts (From	1 Sche	dule I)	9	\$		1,137.00								
C. Total Funds	Available (Sum Of	Lines A	and B)			9	\$			1,13	7.00						
D. Total Expen	ditures (Fro	om Sche	dule II	I)			9	\$			757	7.68						
E. Ending Cash	Balance (S	Subtract	Line D	From Line	C)			\$			379	9.32						
F. Value Of In-	Kind Contri	butions	Receive	ed (From S	chedu	le II)		\$			(0.00						
G. Unpaid Deb	ts And Oblig	gations	(From S	Schedule IV	')		9	\$			(0.00						
					AFF	IDAV	IT SI	ECTIO	Ν									
PART I - If this i																		
I swear (or affirm correct and compl		port, inclu	iding the	e attached sc	hedule	s filed or	ı pape	r or by el	ectro	onic me	dium, a	re to t	the best of	my know	ledge	and bel	ief , tr	ne'
Sworn to and subs	cribed before day of	e me this		20					-		Sigi	nature	e of Person	Submitti	ing Rep	ort		-
		Signatur	e				_		-				Printe	ed Name				-
My Commission E	xpires		-						-				Email					_
	м	0	DA	AY	YR					Area	a Code		Daytime	e Telepho	one Nu	mber		
Part II- If this is	a report of	f a cand	idate's	authorized	Comn	nittee, (Candi	date sha	all s	ign he	re.							
I swear (or affirm) No 320) as amend	ed.		y knowle	edge and beli	ef this	politica	l com	nittee ha	s no	t violate	ed any p	orovis	ions of the	act of Ju	ne 3,19	937 (P.I	. 133	3,
Sworn to and subso	cribed before day of	me this		Signature of Candidate							-							
							_		Printed Name								-	
My Commission Exp	-	gnature					_		_				Email					-
		мо	D	AY	YR	1	_		-	Area Code Daytime Telephone Number								

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** TIMOTHY MCMASTER From: <u>6/7/2022</u> **To:** 9/19/2022 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 537.00 \$ **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 \$ 537.00 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						
				From: To:			:			
		·			DATE			AMOUNT		
Full Name of Contributing Committee			м	10	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 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 Candida	te		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						
				То:					
				DA	TE		A	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
						PAGE TOTAL			
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Sec							\$	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 Re				eporting Period					
			Froi	n:		Т):		
				D	ATE		АМ	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 Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section							P#	AGE 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			Reporting Period							
			From:			То:				
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$	0	.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description										
		- -	o					PAGE TOTAL		
Enter Grand Total of Part E on Sche	ule I, Detailed	Summary 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		
TIMOTHY MCMASTER	From:	<u>6/7/2022</u> то:	<u>9/19/2022</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	TF)		
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						
Fr						То:			
				DATE		A	MOUNT		
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)							
Description of Contribution:			•						
Enter Grand Total of Part F on Sched Section 2.	iled Sumi	nary Pag			AGE 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:				
					DATE		AMOUNT			
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$ 0.00			
City	State	Zip Code(Plus 4)								
Employer of Contributor		•		Occupa	tion		•			
Employer Mailing Address/Principal Plac	e of Business C	lity	State	e Zip	Code(Plus 4)	Descri	ption of Contribution			
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	Contributions D	etaile	d			PAGE TOTAL 0.00			

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period						
				From					
				DATE			AMOUNT		
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City State Zip Code (Plus 4)) Description of Expenditure					
Fatan Crand Tatal of Funanditures on Dags 1. Depart Course Dags. Item D							PAGE TOTAL		
	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00		