

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

SECRETARY OF THE SENATE

14 JUL 18 PM 2:34

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
Rick Lemasters for U.S. Senate

ADDRESS (number and street) 250 Bancroft Street
Sistersville WV 26175
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ C 00544593
3. IS THIS REPORT N NEW (N) OR AMENDED (A)
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT
WV

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
X Termination Report (TER)
(b) 12-Day PRE-Election Report for the:
Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)
Election on M in the State of
(c) 30-Day POST-Election Report for the:
General (30G) Runoff (30R) Special (30S)
Election on M M in the State of

5. Covering Period 04 / 01 / 2014 through 07 / 15 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Richard G Lemasters

Signature of Treasurer *Richard G Lemasters* Date 07 / 14 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							
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FEC FORM 3
(Revised 02/2003)

14020591344

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Rick Lemasters for U.S. Senate

Report Covering the Period: From: 04^M / 01^D / 2014^Y To: 07^M / 15^D / 2014^Y

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))...	300.00	1,146.58
(b) Total Contribution Refunds (from Line 20(d)) ..	450.00	450.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	-150.00	696.58
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	39.90	674.70
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	39.90	674.70
8. Cash on Hand at Close of Reporting Period (from Line 27)...	21.88	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)...	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)...	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

14020591345

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 12/2003)

of Receipts

Page 3

Write or Type Committee Name

Rick Lemasters for U.S. Senate

Report Covering the Period: From: ^M04 ^D01 ^Y2014 To: ^M07 ^D15 ^Y2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)...	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL of contributions from individuals ..	0.00	650.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	0.00
(d) The Candidate	300.00	496.58
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	300.00	1,146.58
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	0.00	0.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	300.00	1,146.58

14020591346

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	39.90	1,146.58
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...	450.00	450.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ...	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	450.00	450.00
21. OTHER DISBURSEMENTS ..	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	489.90	1,124.70

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	211.78
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	300.00
25. SUBTOTAL (add Line 23 and Line 24)...	511.78
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	489.90
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	21.88

14020591347

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE		OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Rick Lemasters for U.S. Senate

Full Name (Last, First, Middle Initial) Lemasters, Richard G		Date of Receipt M M / D D / Y Y 07 / 14 / 2014
Mailing Address 250 Bancroft Street		Amount of Each Receipt this Period \$ 300.00
City Sistersville	State WV	
Zip Code 26175		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 496.58
Name of Employer Retired	Occupation Candidate	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / / Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	
Zip Code		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / / Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	
Zip Code		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	\$	\$
TOTAL This Period (last page this line number only).....	\$	\$ 496.58

14020591348

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Rick Lemasters for U.S. Senate

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. No disbursements were made to any person for Mailing Address more than \$200. City State Zip Code Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		M M / Y Y Y Y Amount of Each Disbursement this Period \$ \$

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		M M Amount of Each Disbursement this Period \$ \$

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		M M Amount of Each Disbursement this Period \$ \$

SUBTOTAL of Disbursements This Page (optional).....	\$	\$	\$
TOTAL This Period (last page this line number only).....	\$	\$	\$

14020591349

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF
FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
Rick Lemasters for U.S. Senate

LOAN SOURCE Full Name (Last, First, Middle Initial)
No loans were made during this period.

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

TERMS

Date Incurred Date Due Interest Rate Secured:
 Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)...

TOTALS This Period (last page in this line)...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020591350

SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) Rick Lemasters for U.S. Senate	FEC IDENTIFICATION NUMBER C 00544593
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LENDING INSTITUTION (LENDER) Full Name No Loans or Lines of Credit from	Amount of Loan \$, ,	Interest Rate (APR) %
---	--------------------------	--------------------------

Mailing Address lending institutions.	Date Incurred or Established M M / D D / Y Y Y Y
City State Zip Code	Date Due M M / D D / Y Y Y Y

A. Has loan been restructured? No Yes If yes, date originally incurred M M / D D / Y Y Y Y

B. If line of credit, Total Outstanding Balance: \$, ,
 Amount of this Draw: \$, ,

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____
 What is the value of this collateral? \$, ,
 Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____
 What is the estimated value? \$, ,

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account:
 Address: _____
 Date account established: M M / D D / Y Y Y Y
 City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE M M / D D / Y Y Y Y
---	-----------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE M M / D D / Y Y Y Y
--	-------	-----------------------------

14020591351

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Rick Lemasters for U.S. Senate

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor No debts or other obligations have been made.		Nature of Debt (Purpose):
Mailing Address		
City	State	

Outstanding Balance Beginning This Period		
\$	\$	\$
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
\$	\$	\$

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	

Outstanding Balance Beginning This Period		
\$	\$	\$
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
\$	\$	\$

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	

Outstanding Balance Beginning This Period		
\$	\$	\$
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
\$	\$	\$

1) SUBTOTALS This Period This Page (optional) ...	\$	\$
2) TOTALS This Period (last page this line number) ...	\$	\$
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)...	\$	\$
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	\$	\$

14020591352

FEC FORM 3Z (File with Form 3)
CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS
 (To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full)	Report Covering Period:	
Rick Lemasters for U.S. Senate	From:	To:
	M M / D D / Y Y Y Y 04 / 01 / 2014	M M / D D / Y Y Y Y 07 / 15 / 2014

Committee Name	(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
A There are no other committees.		
B Column Total Last Page Only.....		

	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A						
B						
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A						
B						
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A						
B						
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A						
B						
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A						
B						

14020591353

1402059135



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Time Accepted: 1509

Flat Rate or Weight lbs. 3.2oz

CUSTOMER USE ONLY

Day of Delivery: Next 2nd Day

Schedule Date of Delivery: 7/14/15

Month: 7

Year: 15

Time of Delivery: 11 AM 2 PM 3 PM

Int'l Alpha Country Code: Int'l

Postage: \$ 19.99

Return Receipt Fee: \$

CGO Fee: \$

Insurance Fee: \$

Total Package Weight: \$ 19.99

Accompanying Equip. Initials: *RL*

METHOD OF PAYMENT:

Express Mail Corporate Acct. No.

DELIVERY (POSTAL SERVICE USE ONLY)

Post Office To Addressee

Delivery Attempt: AM PM

Mo. Day: AM PM

Delivery Attempt: AM PM

Mo. Day: AM PM

Delivery Date: AM PM

Mo. Day: AM PM

NO DELIVERY Weekend Holiday

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Customer Signature: *[Signature]*

Federal Agency Acct. No. or Postal Service Acct. No.

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RICHARD LEMASTERS
250 BANCROFT ST
SISTERSVILLE, WV 26115

TO: (PLEASE PRINT)

SENATE OFFICE OF PUBLIC RECORDS
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JANCY ERICKSON
SECRETARY

JANA K. MCCALLUM
SUPERINTENDENT
DATE OFFICE 81
SUITE 232
WASHINGTON, DC 20518-71
PHONE (202) 224-0322

United States Senate
OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

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Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL 7-14-14 _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DBL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

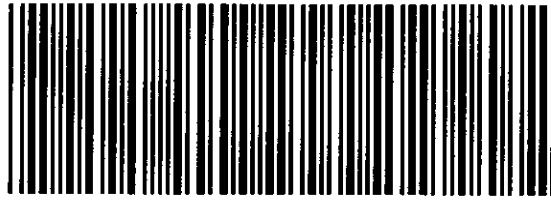
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

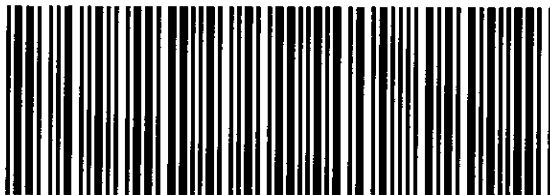
OTHER _____
Date of Receipt or Postmark

PREPARER MN DATE PREPARED 7/18/14

14020591355



SEN PATCH



SEN PATCH

14020591356