

**FEC FORM 3**

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

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

14 APR 21 AM 10:18

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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C 00544593 N NEW (N) OR AMENDED (A) WV STATE ▼ DISTRICT

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
X April 15 Quarterly Report (Q1)  
July 15 Quarterly Report (Q2)  
October 15 Quarterly Report (Q3)  
January 31 Year-End Report (YE)  
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 01 / 01 / 2014 through 03 / 31 / 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 03 / 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)

14020302701

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
Rick Lemasters for U.S. Senate

Report Covering the Period: From: 01<sup>M</sup> 01<sup>D</sup> 2014<sup>Y</sup> To: 03<sup>M</sup> 31<sup>D</sup> 2014<sup>Y</sup>

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))...	0.00	846.58
(b) Total Contribution Refunds (from Line 20(d)) ..	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	0.00	846.58
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) ..	19.95	634.80
(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))...	19.95	634.80
<b>8. Cash on Hand at Close of Reporting Period (from Line 27)...</b>	211.78	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)...</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)...</b>	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

14020302702

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Rick Lemasters for U.S. Senate

Report Covering the Period: From: <sup>M</sup>01 <sup>D</sup>01 <sup>Y</sup>2014 To: <sup>M</sup>03 <sup>D</sup>31 <sup>Y</sup>2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(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 .....	0.00	196.58
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	846.58
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..</b>		
	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..</b>		
	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>		
	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...</b>	<b>0.00</b>	<b>846.58</b>

14020302703

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	19.95	634.80
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 ...	0.00	0.00
(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))...	0.00	0.00
21. OTHER DISBURSEMENTS ...	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	19.95	634.80

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	231.73
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	0.00
25. SUBTOTAL (add Line 23 and Line 24)...	231.73
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	19.95
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	211.78

14020302704

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: (check only one)		PAGE		OF	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/>	<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

A. Full Name (Last, First, Middle Initial)  
None - All contributions have been for \$200.00

Mailing Address  
or less.

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M / D / Y Y Y

Amount of Each Receipt this Period  
\$ \$

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M Y Y

Amount of Each Receipt this Period  
\$ \$

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D / Y Y Y Y

Amount of Each Receipt this Period  
\$ \$

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

14020302705

**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	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)

**A.** No disbursements were made to any person for

Mailing Address

more than \$200.

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y

Amount of Each Disbursement this Period

\$ \$

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Date of Disbursement

M M / Y

Amount of Each Disbursement this Period

\$ \$

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Date of Disbursement

M M /

Amount of Each Disbursement this Period

\$ \$

**SUBTOTAL** of Disbursements This Page (optional).....

\$ \$

**TOTAL** This Period (last page this line number only).....

\$ \$

14020302706

**SCHEDULE C (FEC Form 3)**

**LOANS**

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

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) No loans were made during this period.	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	

City	State	ZIP Code
------	-------	----------

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

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	M M / /	M M	% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> 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: \$

<b>SUBTOTALS</b> This Period This Page (optional)...	\$	\$
<b>TOTALS</b> This Period (last page in this line only)...	\$	\$

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

14020302707

**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
---	---

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: \_\_\_\_\_  
 Date account established: M M / D D / Y Y Y Y  
 Address: \_\_\_\_\_  
 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
--	-------	-----------------------------

14020302708



**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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 Zip Code	

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 Zip Code	

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 Zip Code	

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 only) ...	\$	\$
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)	\$	\$

14020302709

**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)  Rick Lemasters for U.S. Senate	Report Covering Period: From: M M D D / Y Y V Y 10 01 2013	To: M M / D D Y Y Y Y 12 31 2013
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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						

14020302710

# EXTREMELY URGENT

PLEASE RUSH TO ADDRESSEE

EASE PRESS FIRMLY

Schedule package pickup [from your home or office at usps.com/pickup](http://usps.com/pickup)  
Print postage online



D STATES POSTAL SERVICE

EXTREMELY URGENT

Flat Rate Envelope

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PLEASE PRESS!



1007

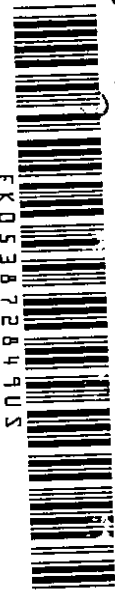
EXPRESS MAIL  
POSTAGE DEBITED

U.S. POSTAGE  
PAID  
ELLINGTON, FL  
34222-14  
498 1 4 1 4  
AMOUNT

**\$19.99**  
00010364-07

PLEASE NOTE:

When used internationally affix customs declarations (PS Form 2976, or 2976A).



EK053872849US



PRIORITY MAIL EXPRESS

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)

<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military
PO ZIP Code	Scheduled Delivery Date (MM/DD/YYYY)	Postage
Date Accepted (MM/DD/YYYY)	Scheduled Delivery Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Included Fee COD Fee
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Loss Guarantee Only	Return Receipt Fee
Weight <input type="checkbox"/> Flat Rate	<input type="checkbox"/> Live Shipment	Total Postage & Fees
bs ozs	<input type="checkbox"/> Sunday/Holiday Premium	Acceptance Employee Initials
DELIVERY (POSTAL SERVICE USE ONLY)		
Delivery Address (MM/DD/YYYY) Time	Employee Signature	
4/15/14 11:50 AM	[Signature]	
Delivery Method (MM/DD/YYYY) Time	Employee Signature	
4/15/14 11:50 AM	[Signature]	

PAYMENT BY ACCOUNT (if applicable)

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) PHONE: ( ) - -

**SIGNATURE REQUIRED**  
Signature Required box. If the mailer: (1) Requires the addressee's signature, (2) Purchases additional insurances; OR (3) Purchases COD service OR (4) Purchases Return Receipt service. The box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

**Delivery Options**  
 No Saturday Delivery (delivered next business day)  
 Sunday/Holiday Delivery Required (additional fee, where available)  
Refer to USPS.com or local Post Office for eligibility.

TO: (PLEASE PRINT) PHONE: ( ) - -  
ZIP + 4 (U.S. ADDRESSES ONLY)

WRITE FIRMLY TO MAKE ALL COPIES LEGIBLE.

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N/L  
4/15

11720302071

NANCY ERICKSON  
SECRETARY

DANA K. McCALLUM  
SUPERINTENDENT  
HAR. STATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-7111  
PHONE (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY  
OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_ Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_ Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_ Postmark

USPS PRIORITY MAIL \_\_\_\_\_ Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_ Postmark

**4/14/14**

### OVERNIGHT DELIVERY SERVICE: SHIPPING DATE

### NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS \_\_\_\_\_

UPS \_\_\_\_\_

DEL \_\_\_\_\_

AIRBORNE EXPRESS \_\_\_\_\_

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_ Date of Receipt

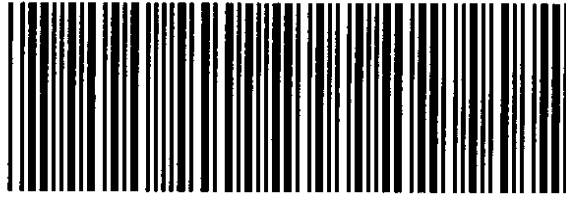
POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_ Date of Receipt

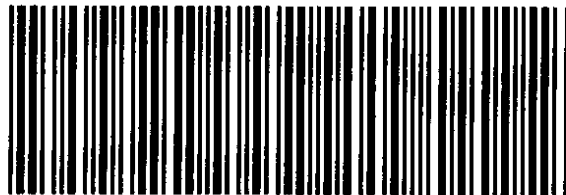
OTHER \_\_\_\_\_ Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **4/21/14**

14020302712



SEN PATCH



SEN PATCH

14020302713