# **Campaign Finance Report**

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

| Filer Identificat<br>Number :   | ion 2019                         | 9C0342      |                       |          | Repo<br>Filed |               | CANE       | DIDATE    | <b>~</b> | CC         | OMMITTE            | E                      | LOB          | BYIST    |                       |
|---|----------------------------------|-------------|-----------------------|----------|---------------|---------------|------------|-----------|----------|------------|--------------------|------------------------|--------------|----------|-----------------------|
| Name of Filing  | Committee, Candie                | date or Lo  | obbyist:              |          |               | MAST          | RIANO      |           |          |            |                    |                        |              |          |                       |
| Street Address:   |                                  |             |                       |          |               |               |            |           |          |            |                    |                        |              |          |                       |
| City:   |                                  |             |                       |          |               |               | State:     |           |          |            | Zip Cod            | l <b>e:</b> 17         | 222          |          |                       |
| TYPE OF<br>REPORT   | 6TH TUESDAY<br>PRE-PRIMARY       | 1.          | 2ND FRIDA<br>PRIMARY  | Y PRE    | - 2.          | 30 D/<br>PRIM |            | POST-     | POST- 3. |            |                    | ENT                    | Yes          | No       | <ul> <li>✓</li> </ul> |
| (place X to<br>the right of   | 6TH TUESDAY<br>PRE-ELECTION      | 4.          | 2ND FRIDA<br>ELECTION |          |               |               | AY<br>TION | POST-     | POST- 6. |            |                    | TERMINATION<br>REPORT? |              | No       | <b>&gt;</b>           |
| report type)  | ANNUAL REPORT                    | <b>7</b> .  | <b>Year</b> 2019      |          |               |               | NG MET     |           |          |            | PAPER              |                        | $\checkmark$ | DISKE    | TTE                   |
| Name of Office  | Sought by Candida                | ate:        | -                     |          | -             |               | DATE       | OF ELE    |          |            | District<br>Number | Office<br>Code         | Par          | ty Code  | County<br>Code        |
| SENATOR IN T  | HE GENERAL ASS                   | SEMBLY      |                       |          |               |               | мо         | DAY       | ٢        | (EAR       | 33                 | STS                    | REP          |          |                       |
|   |                                  |             |                       |          |               |               |            | 5         | 21       | 2019       |                    | (SEE INS               | TRUCTI       | ONS FOR  | CODES)                |
|   | Receipts and                     | мо          | DAY                   | YEAF     | z             |               | мо         | DAY       | ١        | /EAR       | FO                 | R OFFIC                | E USE        | ONLY     |                       |
| Expenditures  | s from:                          |             | 3 7                   | 2        | 019           | то            |            | 5         | 6        | 2019       |                    |                        |              |          |                       |
| A. Amount Bro   | ought Forward Fro                | m Last R    | eport                 |          |               | \$            |            |           |          | 0.00       |                    |                        |              |          |                       |
| B. Total Monet  | ary Contributions                | And Rec     | eipts (Fron           | n Sche   | edule I       | ) \$          | ;          |           | 2        | ,555.00    |                    |                        |              |          |                       |
| C. Total Funds  | Available (Sum O                 | of Lines A  | and B)                |          |               | \$            | ;          |           | 2        | ,555.00    |                    |                        |              |          |                       |
| D. Total Expen  | ditures (From Sch                | nedule II   | I)                    |          |               | \$            | ;          |           | 2,       | ,555.00    |                    |                        |              |          |                       |
| E. Ending Cash  | n Balance (Subtrac               | ct Line D   | From Line             | C)       |               | \$            | 5          |           |          | 0.00       |                    |                        |              |          |                       |
| F. Value Of In-   | Kind Contribution                | s Receiv    | ed (From S            | chedu    | le II)        | \$            | 5          |           |          | 0.00       |                    |                        |              |          |                       |
| G. Unpaid Deb   | ts And Obligations               | s (From S   | Schedule IV           | ()       |               | \$            | 5          |           |          | 0.00       |                    |                        |              |          |                       |
|   |                                  |             |                       | AFF      | IDAV          | 'IT SE        | CTIO       | ١         |          |            |                    |                        |              |          |                       |
|   | s a Committee rep                |             |                       |          |               |               |            |           |          |            |                    |                        |              |          |                       |
| I swear (or affirm<br>correct and compl                                 | ) that this report, ind<br>lete. | cluding the | e attached sc         | hedule   | s filed o     | n paper       | or by ele  | ctronic m | ediu     | m, are to  | the best of        | f my knov              | vledge       | and beli | ef , true             |
| Sworn to and sub  | scribed before me th<br>day of   | is          | 20                    |          |               |               |            |           |          | Signatur   | e of Persor        | n Submitt              | ing Rep      | oort     |                       |
|   | Signate                          | ure         |                       |          |               | _             |            |           |          |            | Print              | ed Name                |              |          |                       |
| My Commission E   | xpires                           |             |                       |          |               |               |            |           |          |            | Emai               | I                      |              |          |                       |
|   | MO                               | D/          | AY                    | YR       |               |               |            | Ai        | ea Co    | ode        | Daytime            | e Teleph               | one Nu       | mber     |                       |
| Part II- If this is   | a report of a can                | didate's    | authorized            | Comr     | nittee,       | Candid        | late sha   | ll sign h | ere.     |            |                    |                        |              |          |                       |
| I swear (or affirm)<br>No 320) as amend                                 | ) that to the best of ed.        | my knowle   | edge and beli         | ief this | s politica    | al comm       | nittee has | not viola | ted a    | iny provis | ions of the        | e act of Ju            | ine 3,1      | 937 (P.I | . 1333,               |
| Sworn to and subscribed before me this Signature of Candidate day of 20 |                                  |             |                       |          |               |               |            |           |          |            |                    |                        |              |          |                       |
|   |                                  |             |                       |          |               |               |            |           |          |            | Printe             | d Name                 |              |          |                       |
| My Commission Ex  | Signature<br>pires               |             |                       |          |               |               |            | Email     |          |            |                    |                        |              |          |                       |
|   | мо                               |             | AY                    | YF       | 2             |               |            | Area      | Code     |            | Da                 | ytime Te               | lephor       | e Numb   | er                    |
|   |                                  |             |                       |          |               |               |            |           |          |            |                    |                        |              |          |                       |

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** DOUG MASTRIANO From: <u>3/7/2019</u> **To:** <u>5/6/2019</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **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)** 55.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 55.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 0.00 2,500.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 2,500.00 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 \$ 2,555.00 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                                  |       |                |    |                  |      | :    |    |            |  |  |
|                                       |       |                |    |                  | DATE |      |    | AMOUNT     |  |  |
| Full Name of Contributing Committee   |       |                |    | мо               | DAY  | YEAR |    |            |  |  |
| Mailing Address                       |       |                |    |                  |      |      | \$ | 0.00       |  |  |
| City                                  | State | Zip Code (Plus | 4) |                  |      |      |    |            |  |  |
|                                       |       |                |    |                  |      |      | Γ  | PAGE TOTAL |  |  |

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

0.00

\$

PAGE 3

| PART B<br>ALL OTHER CONTRIBUTIONS<br>\$50.01 TO \$250.00<br>Use this Part to itemize all other contributions with an aggregate value from<br>\$50.01 to \$250.00 in the reporting period.<br>(Exclude contributions from political committees reported in Part A) |             |                      |         |                          |       |      |    |                 |  |  |
|---|-------------|----------------------|---------|--------------------------|-------|------|----|-----------------|--|--|
| Name of Filing Committee or Candidat  | e           |                      | Repo    | rting Pe                 | eriod |      |    |                 |  |  |
| DOUG MASTRIANO  |             |                      |         | From: <u>3/7/2019</u> To |       |      |    | <u>5/6/2019</u> |  |  |
|   |             |                      |         |                          | DATE  |      |    | AMOUNT          |  |  |
| Full Name of Contributor<br>DOUG MASTRIANO  |             |                      |         | мо                       | DAY   | YEAR |    |                 |  |  |
| Mailing Address 280 MOUNT UNION   | ROAD        |                      |         |                          |       |      | \$ | 55.00           |  |  |
| City FAYETTEVILLE   | State       | Zip Code (Plus 4)    | )       | 5                        | 1     | 2019 |    |                 |  |  |
|   | РА          | 17222                |         |                          |       |      |    |                 |  |  |
|   |             |                      |         |                          |       |      |    | PAGE TOTAL      |  |  |
| Enter Grand Total of Part A on S  | Schedule I, | Detailed Summary Pag | ge, Sec | ction 2                  |       |      | \$ | 55.00           |  |  |

# 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 |      |     |      |    |            |  |  |
|---------------------------------------|--------------------|----------------|------------------|------|-----|------|----|------------|--|--|
|                                       |                    |                | From:            |      |     | То:  |    |            |  |  |
|                                       |                    |                |                  | DA   | TE  |      | А  | MOUNT      |  |  |
| Full Name of Contributing Commit      | tee                |                |                  | мо   | DAY | YEAR |    |            |  |  |
| Mailing Address                       |                    |                |                  |      |     |      | \$ | 0.00       |  |  |
| City                                  | State              | Zip Cod        | e (Plus 4)       |      |     |      |    |            |  |  |
|                                       |                    |                |                  |      |     | ſ    |    | PAGE TOTAL |  |  |
| Enter Grand Total of Part C on        | Schedule I, Detail | led Summary Pa | age, Sectio      | n 3. |     |      | \$ | 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               | Reporting Period    |                |        |                       |              |               |                              |  |  |
|---|---------------------|----------------|--------|-----------------------|--------------|---------------|------------------------------|--|--|
| DOUG MASTRIANO Fr                                   |                     |                |        |                       | <u>3/7/2</u> | <u>019</u> То | 9 <b>To:</b> <u>5/6/2019</u> |  |  |
|   |                     |                |        | D                     | ATE          |               | AMOUNT                       |  |  |
| Full Name of Contributor<br>DOUG MASTRIANO          |                     |                |        | мо                    | DAY          | YEAR          |                              |  |  |
| Mailing 280 MOUNT UNION ROAD                        |                     |                |        |                       |              |               | <b>\$</b> 2,500.00           |  |  |
| City FAYETTEVILLE                                   | <b>State</b><br>PA  | Zip Code (Plus | s 4)   | 4                     | 22           | 2019          |                              |  |  |
| Employer Name <sub>N/A</sub>                        |                     |                |        | Occupation<br>RETIRED |              |               |                              |  |  |
| Employer Mailing Address/Principal Plac<br>Business | ce of               | City           |        | •                     | State        |               | Zip Code (Plus 4)            |  |  |
| N/A   |                     |                |        |                       |              |               |                              |  |  |
| Enter Grand Total of Part C on Sche                 | dule I, Detailed Su | immary Page,   | Sectio | on 3.                 |              |               | PAGE TOTAL<br>\$ 2,500.00    |  |  |

### 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 Candidat | Name of Filing Committee or Candidate |               |         |    | Reporting Period |      |    |         |      |  |  |
|--------------------------------------|---------------------------------------|---------------|---------|----|------------------|------|----|---------|------|--|--|
| From:                                |                                       |               |         |    | n: To:           |      |    |         |      |  |  |
|                                      |                                       |               |         | D  | ATE              |      |    | AMOUNT  | Ē    |  |  |
| Full Name                            |                                       |               |         | мо | DAY              | YEAR |    |         |      |  |  |
| Mailing Address                      |                                       |               |         |    |                  |      | \$ | i       | 0.00 |  |  |
| City                                 | State                                 | Zip Code (    | Plus 4) |    |                  |      |    |         |      |  |  |
| Receipt Description                  |                                       |               |         |    | •                | 1    |    |         |      |  |  |
| Enter Grand Total of Part E on Sche  | lule T. Detailed                      | Summary Page  | Section | 4  |                  |      |    | PAGE TO | TAL  |  |  |
|                                      | ane 1, betaneu                        | Summary ruge, | Section |    |                  |      | \$ |         | 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 |                     |                 |
|---|------------------|---------------------|-----------------|
| DOUG MASTRIANO  | From:            | <u>3/7/2019</u> то: | <u>5/6/2019</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P   | ER 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 (<br>amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 3 |                  | \$                  | 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 |          |      |            |      |  |  |
|--|-----------------|-------------------|------------------|----------|------|------------|------|--|--|
|  | From:           |                   |                  | То:      |      |            |      |  |  |
|  |                 |                   |                  | DATE     |      | АМО        | UNT  |  |  |
| Full Name of Contributor   |                 |                   | мо               | DAY      | YEAR |            |      |  |  |
| Mailing Address  | Mailing Address |                   |                  |          |      | \$         | 0.00 |  |  |
| City   | State           | Zip Code (Plus 4) | ,                |          |      |            |      |  |  |
| Description of Contribution:   |                 |                   |                  |          |      |            |      |  |  |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detai Section 2. |                 |                   |                  | mary Pag | je,  | PAGE TOTAL |      |  |  |
|  |                 |                   |                  |          | 4    | 6          | 0.00 |  |  |

0.00

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

| Name of Filing Committee or 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) |            |                     |      |                             |            |  |  |  |
| Employer of Contributor                                 |   |  |               |    | Occupation |                     |      |                             |            |  |  |  |
| Employer Mailing Address/Principal Place of<br>Business |   |  | Sta           | te | Zip<br>4)  | Zip Code(Plus<br>4) |      | Description of Contribution |            |  |  |  |
| Enter Grand Total of Part 6                             | ter Grand Total of Part G on Schedule II. In-Kind Contributions Det |  |               |    |            |                     |      |                             | PAGE TOTAL |  |  |  |

| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed<br>Summary Page, Section 3. | PA |
|--|----|
|  |    |

# SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candio | Jate            |                          | Reporti | Reporting Period |                 |     |            |  |  |  |
|------------------------------------|-----------------|--------------------------|---------|------------------|-----------------|-----|------------|--|--|--|
| DOUG MASTRIANO                     | From            | From <u>3/7/2019</u>     |         |                  | <u>5/6/2019</u> |     |            |  |  |  |
|                                    |                 | DATE                     | AMOUNT  |                  |                 |     |            |  |  |  |
| To Whom Paid<br>AUDRING CONSULTING |                 |                          | мо      | DAY              | YEAR            |     |            |  |  |  |
| Mailing Address 170 LAUREL WA      | 4               | 23                       | 2019    | \$               | 2,500.00        |     |            |  |  |  |
| City SPRING CHURCH                 | State           | Zip Code (Plus 4)        | Descrip | ption of Exp     | penditure       |     |            |  |  |  |
|                                    | PA              | 15686                    | CAMPA   | IGN CONS         | ULTING F        | FEE |            |  |  |  |
| To Whom Paid<br>US POSTMASTER      |                 |                          | мо      | DAY              | YEAR            |     |            |  |  |  |
| Mailing Address 4025 LINCOLN       | WAY EAST        |                          | 5       | 2                | 2019            | \$  | 55.00      |  |  |  |
| City FAYETTEVILLE                  | State           | Zip Code (Plus 4)        | Descrip | ption of Exp     | penditure       |     |            |  |  |  |
|                                    | PA              | 17222                    | POSTA   | GE               |                 |     |            |  |  |  |
|                                    |                 |                          |         |                  |                 |     | PAGE TOTAL |  |  |  |
| Enter Grand Total of Expenditur    | es on Page 1, R | eport Cover Page, Item D | ).      |                  |                 | \$  | 2,555.00   |  |  |  |