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 201	9C0342			Repo Filed			CAND	IDATE	🗸	C	OMMITTEI		LOB	BYIST		
Name of Filing C	ommittee, Candi	date or L	obbyist:		DOUG	G M	ASTF	RIANO		_							
Street Address:																	
City:								State:				Zip Cod	e: 17	7222			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.		30 DA PRIMA		POST-	3.		AMENDMI REPORT?	ENT	Yes		No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.		30 DA		POST-	6.		TERMINA REPORT?	TION	Yes	Ī	No	\
report type)	ANNUAL REPOR	Г 7.	Year 2019			ľ		NG METH CHECK (PAPER		V	DISI	ETTE	
Name of Office S	ought by Candid	ate:	•		•			DATE (OF ELE	СТ	ION	District Number	Office Code	Pai	rty Coo	le Cou	
SENATOR IN TH	HE GENERAL ASS	SEMBLY						МО	DAY		YEAR	33	STS	REF	•		
SENATOR IN TH	TE GENERAL ASS)LI-IDLI							5	21	2019		(SEE IN	STRUCTI	ONS FO	R CODES	5)
Summary of Expenditures		МО	DAY	YEAR		_	_	МО	DAY		YEAR	FO	R OFFI	CE USE	ONL	Y	
			5 7	2	019	T) 		5	31	2019						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				0.00	_					
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	1 Sche	dule 1	I)	\$				1,426.57	<u>'</u>					
C. Total Funds Available (Sum Of Lines A and B)									1,426.57								
D. Total Expenditures (From Schedule III)						\$			1	1,426.57							
E. Ending Cash Balance (Subtract Line D From Line C)							\$				0.00						
F. Value Of In-	Kind Contribution	ıs Receiv	ed (From S	chedu	le II)		\$				0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV	/)			\$				0.00			1			
				AFF	'IDA	VIT	SE	CTION									
PART I - If this is	a Committee re	port, trea	surer sign	here. 1	If this	s is a	a Car	ndidate ı	eport,	can	didate si	gn here.					
I swear (or affirm) correct and comple	that this report, in ete.	cluding the	e attached sc	hedules	filed	on p	aper	or by elec	tronic n	nediu	um, are to	the best of	my kno	wledge	and be	elief , tı	rue
Sworn to and subs	cribed before me th day of	is	20								Signatur	e of Person	Submit	ting Re	port		_
	Signat	ure										Print	ed Name	e			_
My Commission Ex	-											Email					-
	мо	D	AY	YR			•		Aı	rea (Code	Daytime	Telepi	none Nu	mber		
Part II- If this is	a report of a car	ndidate's	authorized	Comn	nittee	, Ca	ndid	ate shal	l sign h	ere							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and beli	ief this	politio	calo	comm	ittee has	not viola	ated	any provi	sions of the	act of J	une 3,1	937 (F	.L. 133	3,
Sworn to and subsc		5										Signature of	f Candid	ate			-
-	day of											Printed	i Name				-
	Signature	1					•					Email	1				_
My Commission Exp	ires 											Email					_
	МО	D	AY	YR					Area	Coc	de	Da	ytime T	elephor	ne Nun	ıber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
DOUG MASTRIANO	From:	5/7/201	<u>9</u> To:	5/31/2019
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	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
All Other Contributions (Part D)			\$	1,426.57
TOTAL for the Reporting	Period	(3)	\$	1,426.57
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 and totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pag			\$	1,426.57

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 Commit	ttee or Candidate			Report	ting I	Period			
				From:			То	:	
			•			DATE			AMOUNT
Full Name of Contributin	ng Committee			M	0	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.

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.

Name of Filing Commi	ttee or Candidate	R	Reporting F	Period			
		F	rom:		To):	
		•		DATE			AMOUNT
Full Name of Contributo	r		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
			1	1			

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	me 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			Repo	orting Pe	riod			
DOUG MASTRIANO			Fron	n:	<u>5/7/2</u>	<u>019</u> To	5/31/2019	
				D/	ATE		Al	MOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	1,426.57
DOUG MASTRIANO							T	1,120.37
Mailing Address				5	20	2019		
City FAYETTEVILLE	State	Zip Code (Plus	5 4)		20	2019		
	l _{PA}	17222						
Employer Name N/A				Occupat	ion	RETIRE	D	
Employer Mailing Address/Principal Pla	ce of Business	City			State		Zip Cod	le (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed So	ummary Page,	Section	on 3.			P \$	AGE TOTAL 1,426.57

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 Period		
DOUG MASTRIANO	From:	<u>5/7/2019</u> To:	<u>5/31/2019</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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			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 Sche	dule II, In-Kind	d Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTA	L
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	porting	Period			
				Fro	m:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	riod		
DOUG MASTRIANO	From	5/7/2019	То:	<u>5/31/2019</u>

					DATE			AMOUNT
To W	hom Paid			мо	DAY	YEAR		
LIBER	RTY MOUNTAIN RESORT			MO		ILAK		
Mailing Address				5	21	2019	\$	1,426.57
City	FAIRFIELD	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	17320	CAMPAI	GN VICTO	RY PART	Y	
								PAGE TOTAL
Ente	r Grand Total of Expenditur	\$	1,426.57					