

Campaign Finance Report

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

Filer Identification Number :		20190138		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: MASTRIANO, DOUG FRIENDS OF												
Street Address: PO BOX 138												
City: FAYETTEVILLE						State: PA			Zip Code: 17222			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3. X	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2020	FILING METHOD () CHECK ONE				PAPER <input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR	33		REP	28
						11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		5	19	2020		6	22	2020				
A. Amount Brought Forward From Last Report						\$ 62,834.22						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 17,915.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 80,749.22						
D. Total Expenditures (From Schedule III)						\$ 1,685.70						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 79,063.52						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 0.00						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
MASTRIANO, DOUG FRIENDS OF	From: <u>5/19/2020</u> To: <u>6/22/2020</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 165.00

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)	\$ 750.00
TOTAL for the Reporting Period (2)	\$ 750.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 5,000.00
All Other Contributions (Part D)	\$ 12,000.00
TOTAL for the Reporting Period (3)	\$ 17,000.00

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 enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 17,915.00
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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
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Full Name of Contributing Committee			MO	DAY	YEAR	\$0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

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

PAGE TOTAL
\$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 Candidate	Reporting Period
MASTRIANO, DOUG FRIENDS OF	From: <u>5/19/2020</u> To: <u>6/22/2020</u>

				DATE			AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$100.00	
Kathleen Frey				6	1	2020		
Mailing Address655 Mower Road								
City	Chambersburg	State	Zip Code (Plus 4)					
		PA	17202					
Full Name of Contributor				MO	DAY	YEAR	\$250.00	
Peter Martin				6	2	2020		
Mailing Address41 Laura Lane								
City	Gettysburg	State	Zip Code (Plus 4)					
		PA	17325					
Full Name of Contributor				MO	DAY	YEAR	\$100.00	
James Lake				6	20	2020		
Mailing Address28 Heather Way								
City	Newtown Square	State	Zip Code (Plus 4)					
		PA	19073					
Full Name of Contributor				MO	DAY	YEAR	\$100.00	
David Gorecki				5	30	2020		
Mailing Address2703 Aspen Circle								
City	Blue Bell	State	Zip Code (Plus 4)					
		PA	19422					
Full Name of Contributor				MO	DAY	YEAR	\$200.00	
Robert & Lisa Watt				6	1	2020		
Mailing Address7505 Diane Ave.								
City	N Hunington	State	Zip Code (Plus 4)					
		PA	15642					

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

PAGE TOTAL
\$ 750.00

				DATE			AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 5,000.00	
ARGALL, DAVID VOLUNTEERS FOR								
Mailing Address PO BOX 241				6	15	2020		
City TAMAQUA		State PA	Zip Code (Plus 4) 18252-0000					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL	
\$	5,000.00

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 MASTRIANO, DOUG FRIENDS OF	Reporting Period From: <u>5/19/2020</u> To: <u>6/22/2020</u>
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				DATE	AMOUNT		
Full Name of Contributor Gil Resto				MO	DAY	YEAR	\$ 500.00
Mailing Address 139 North 11th Street				5	20	2020	
City Allentown	State PA	Zip Code (Plus 4) 18102					
Employer Name GR Electric LLC				Occupation Owner			
Employer Mailing Address/Principal Place of Business 10 Alta Drive			City Whitetail		State PA	Zip Code (Plus 4) 18052	
Full Name of Contributor Jim Martin				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 7366 Horst Road				6	8	2020	
City Chambersburg	State PA	Zip Code (Plus 4) 17202					
Employer Name Martins Famous Pastry Shoppe				Occupation Owner			
Employer Mailing Address/Principal Place of Business 1000 Potato Roll Ln.			City Chambersburg		State PA	Zip Code (Plus 4) 17202	
Full Name of Contributor Mark Schnabel				MO	DAY	YEAR	\$ 500.00
Mailing Address 131 Brookside Road				5	27	2020	
City Davis	State WV	Zip Code (Plus 4) 26260					
Employer Name Penagon				Occupation Staff			
Employer Mailing Address/Principal Place of Business 1400 Defense Pentagon			City Washington		State DC	Zip Code (Plus 4) 22202	
Full Name of Contributor Peter Sneeringer				MO	DAY	YEAR	\$ 10,000.00
Mailing Address 250 Green Ridge Road				6	15	2020	
City New Oxford	State PA	Zip Code (Plus 4) 17350					
Employer Name Retired				Occupation Retired			
Employer Mailing Address/Principal Place of Business 250 Green Ridge Road			City New Oxford		State	Zip Code (Plus 4) 17350	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 12,000.00

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: To:
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				DATE	AMOUNT		
Full Name				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Receipt Description							

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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	
MASTRIANO, DOUG FRIENDS OF		From: <u>5/19/2020</u> To: <u>6/22/2020</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	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: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
MASTRIANO, DOUG FRIENDS OF	From <u>5/19/2020</u> To: <u>6/22/2020</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
Anedot				
Mailing Address 1340 Poydras Street Suite 1770	6	19	2020	\$ 48.10
City New Orleans	State LA	Zip Code (Plus 4) 70112	Description of Expenditure Fees for online giving	
To Whom Paid	MO	DAY	YEAR	
Magnum Broadcasting, Inc				
Mailing Address PO Box 436	6	17	2020	\$ 1,560.00
City State College	State PA	Zip Code (Plus 4) 16804	Description of Expenditure Advertising	
To Whom Paid	MO	DAY	YEAR	
All Boxed Up				
Mailing Address 2023 Lincoln Way E.	6	15	2020	\$ 77.60
City Chambersburg	State PA	Zip Code (Plus 4) 17202	Description of Expenditure Storage shed for signs	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 1,685.70

