

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 POST-PRIMARY	3. <input checked="" type="checkbox"/>	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	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	TO	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
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 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
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 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	

Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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 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 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 Contributing Committee	MO	DAY	YEAR	
ARGALL, DAVID VOLUNTEERS FOR				\$ 5,000.00
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	MO	DAY	YEAR		
Peter Sneeringer				6	\$ 10,000.00
Mailing Address 250 Green Ridge Road				15	
City New Oxford	State PA	Zip Code (Plus 4) 17350		2020	
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
Mark Schnabel				5	\$ 500.00
Mailing Address 131 Brookside Road				27	
City Davis	State WV	Zip Code (Plus 4) 26260		2020	
Employer Name Penagon				Occupation Staff	
Employer Mailing Address/Principal Place of Business 1400 Defense Pentagon			City Washington	State DC	Zip Code (Plus 4) 22202
Jim Martin				6	\$ 1,000.00
Mailing Address 7366 Horst Road				8	
City Chambersburg	State PA	Zip Code (Plus 4) 17202		2020	
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
Gil Resto				5	\$ 500.00
Mailing Address 139 North 11th Street				20	
City Allentown	State PA	Zip Code (Plus 4) 18102		2020	
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

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: _____

				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 MASTRIANO, DOUG FRIENDS OF	Reporting Period 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: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
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 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: _____
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address				\$	0.00
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	6	19	2020	\$	48.10
Mailing Address 1340 Poydras Street Suite 1770					
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	6	17	2020	\$	1,560.00
Mailing Address PO Box 436					
City State College	State PA	Zip Code (Plus 4) 16804	Description of Expenditure Advertising		
To Whom Paid	MO	DAY	YEAR		
All Boxed Up	6	15	2020	\$	77.60
Mailing Address 2023 Lincoln Way E.					
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

