# **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 :	ion 20220	C0139			Repor Filed		CANDI	DATE	✓	co	OMMITTE		LOBI	BYIST						
Name of Filing O	Committee, Candida	ate or Lo	bbyist:		DOUG	MAST	RIANO								•					
Street Address:	Street Address:																			
City:							State:				Zip Cod	<b>e:</b> 17	222							
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.	30 D/ PRIM		POST-	3. <b>X</b>		AMENDMENT REPORT?		Yes	No	$\checkmark$					
(place X to the right of	6TH TUESDAY PRE-ELECTION		2ND FRIDA ELECTION	Y PRE	- 5.	30 DA ELEC		POST- 6.			TERMINATION REPORT?		Yes	No	$\checkmark$					
report type)	ANNUAL REPORT	7.	<b>Year</b> 2022				NG METH				PAPER		$\checkmark$	DISKE	TTE					
Name of Office S	Sought by Candidat	e:					DATE O	)F ELE	СТІОІ	N	District Number	Office Code	Par	ty Code	County Code					
COVERNOR							мо	DAY	YE	AR	-1	GOV	REP							
GOVERNOR							11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES)					
	Receipts and	мо	DAY	YEAR			мо	DAY	YE	AR	FOI	R OFFIC	e use	ONLY	ONLY					
Expenditures	s from:		5 3	20	022	О	6	5	6	2022										
A. Amount Bro	ught Forward From	n Last Re	eport			\$				0.00										
B. Total Monet	ary Contributions A	And Rece	eipts (Fron	1 Sche	dule I)	\$	5			0.00										
C. Total Funds	Available (Sum Of	Lines A	and B)			\$	;			0.00										
D. Total Expen	ditures (From Sche	edule III	)			\$	;			0.00										
E. Ending Cash	Balance (Subtract	Line D I	From Line	C)		\$	;			0.00										
F. Value Of In-	Kind Contributions	Receive	d (From S	chedul	le II)	\$				0.00										
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	/)		\$	5			0.00										
				AFF	IDAV	IT SE	CTION													
	s a Committee repo		-					• •			-									
I swear (or affirm correct and compl	) that this report, incl ete.	uding the	attached sc	hedules	s filed or	paper	or by elect	tronic m	edium,	are to	the best of	my know	ledge	and beli	ef , true					
Sworn to and subs	cribed before me this day of		20						Si	gnatur	e of Person	Submitt	ing Rep	oort						
		'e				_					Print	ed Name								
My Commission E	-	-				_					Email									
	мо	DA	Y	YR				Ar	ea Code	)	Daytime	e Telepho	one Nu	mber						
Part II- If this is	a report of a cand	lidate's a	authorized	Comm	nittee, (	Candid	late shall	sign h	ere.											
No 320) as amend		iy knowle	dge and beli	ef this	political	comm	nittee has n	not viola	ted any	provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,					
Sworn to and subso	and subscribed before me this Signature of Candidate																			
						_					Printed	l Name								
My Commission Exp	Signature bires					_					Email	1								
	мо	DA	Y	YR		-		Area	Code		Da	ytime Te	lephon	e Numb	er					

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** DOUG MASTRIANO From: <u>5/3/2022</u> **To:** 6/6/2022 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)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 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 \$ 0.00 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: To:			:			
		·			DATE			AMOUNT		
Full Name of Contributing Committee			м	10	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	•)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								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										
			From: To			<b>):</b>				
					DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address	_	_					\$	0.00		
City	State	Zip Code (Plus 4	)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 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			Reporting Period							
			From:			То:				
				DA	TE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		0.00		
Mailing Address							- \$	0.00		
City	State	Zip Cod	e (Plus 4)							
					PAGE TOTAL					
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 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						
From:				m:			То:			
				D	ATE		АМ	AMOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Pl	ıs 4)							
Employer Name				Occupation						
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							PAGE TOTAL   \$ 0.00			

## 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						
				om: To:					
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (	Plus 4)						
Receipt Description					•				
		_		_				PAGE TO	<b>AL</b>
Enter Grand Total of Part E on Schedu	le I, Detailed Sumn	nary Page,	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>5/3/2022</u> <b>To:</b>	<u>6/6/2022</u>								
L. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR											
TOTAL for the Reporting Pe	riod (1)	\$	0.00								
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)										
TOTAL for the Reporting Pe	riod (2)	\$	0.00								
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)											
TOTAL for the Reporting Pe	riod (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, 1		\$	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				DAY	YEAR			
Mailing Address		_				<b>7</b> \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:			1					
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	Name of Filing Committee or Candidate				Reporting Period						
				From:							
					DATE		AMOUNT				
Full Name of Contributor				мо	DAY	YEAR					
Mailing Address							\$ 0.00				
City	State	Zip Code(Plus 4)									
Employer of Contributor		•		Occupa	ation						
Employer Mailing Address/Principal Place of Business City			State	e Zip	Code(Plus 4)	Descri	ption of Contribution				
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	ed			<b>PAGE TOTAL</b> 0.00				

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	1		Reporting Period						
				From			То:		
		DATE		AMOUNT					
To Whom Paid	мо	DAY	YEAR						
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	oenditure				
Enter Crand Tatal of Evnanditures					PAGE TOTAL				
Enter Grand Total of Expenditures of	on Page 1, Report C	lover Page, Item L				\$	0.00		