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	20220	C0139				ported E		CAND	IDATE	✓	СО	MMITTEE		LOBE	BYIST	
Name of Filing C	Committee	e, Candida	ate or Lo	obbyist:					RIANO			_					
Street Address:																	
City:									State:				Zip Code	e: 17	222		
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		POST-	3. X		AMENDME REPORT?	NT	Yes	No	~
(place X to	6TH TUES		4.	2ND FRIDA ELECTION	Y PRE	≣-	5.	30 DA		POST-	6.		TERMINATION REPORT?		Yes	No	~
the right of report type)	ANNUAL	REPORT	7.	Year 2022					IG METH CHECK O				PAPER	PAPER		DISKE	TTE
Name of Office S	Sought by	Candidat	۵۰						DATE C)F ELE	CTION		District	Office	Par	ty Code	
nume of office o	ought by	Canalaa							МО	DAY	YEA	R	Number -1	GOV	REP		Code
GOVERNOR									11		8 2	2022		(SEE INS	TRUCTIO	ONS FOR O	ODES)
Summary of		and	МО	DAY	YEAR	R			МО	DAY	YEA	R	FOF	OFFIC	E USE	ONLY	
Expenditures	from:			5 3	2	022	Т	0	6	5	6 2	2022					
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$		•		0.00					
B. Total Moneta	ary Contr	ibutions A	and Rec	eipts (From	Sche	dule	e I)	\$				0.00					
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00					
D. Total Expend	ditures (F	From Sche	dule II	I)				\$			(0.00					
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$			(0.00					
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$			(0.00					
G. Unpaid Debt	ts And Ob	ligations	(From S	chedule IV	')			\$			(0.00		•			
					AFF	ID	AVI	T SE	CTION								
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ididate r	eport, o	candida	te siç	ın here.				
I swear (or affirm) correct and comple		report, incl	uding the	attached sc	hedule	s file	d on	paper	or by elect	tronic m	edium, a	re to t	he best of	my know	/ledge	and belie	ef , true
Sworn to and subs	cribed befo	ore me this		20							Sig	nature	of Person	Submitti	ing Rep	ort	
	_	Signatur	·e					_					Printe	ed Name			
My Commission Ex	cpires												Email				
		МО	D	AY	YR					Ar	ea Code		Daytime	Telepho	one Nu	mber	
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee has r	not viola	ted any _l	orovis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333,
Sworn to and subsc		re me this										s	ignature of	Candida	te		
	day of —							_					Printed	Name			
		Signature						-									
My Commission Exp		-											Email				
	_	МО	D	AY	YR	1		-		Area	Code		Day	time Te	lephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	Period		
DOUG MASTRIANO	From:	5/3/202	<u>22</u> To:	<u>6/6/2022</u>
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)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	0.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate value		\$2) in the			
Nume of Fining Comm	intec of cumulate			om:	renou	То	:	
					DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	!	I	!		<u> </u>			DAGE TOTAL

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

PAGE TOTAL	
\$ 0.00	

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		Rep	oorting P	eriod			
			Fro	m:		To	o :	
					DATE			AMOUNT
Full Name of Contributor				МО	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 Candi	date		Reporting Period						
			From:			То:			
				DA	TE		Α	MOUNT	
Full Name of Contributing Commit	tee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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	ame of Filing Committee or Candidate			Reporting Period					
				Fror	n:		To):	
					D	ATE		AI	MOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zip Cod	de (Plus	s 4)					
Employer Name	•				Occupa	tion			
Employer Mailing Address/Principal Pla Business	ice of	Ci	ty			State		Zip Cod	e (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	Summary	Page,	Section	on 3.			P \$	AGE TOTAL 0.00

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	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	E TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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> To:	6/6/2022
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 (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 Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Period				
			Fro	From:			То:		
					DATE			AMOUNT	
				мо	DAY	YEAR			
							\$	0.00	
	Zip Code(P	Plus 4)							
				Occupa	ation				
City		State		Zip 4)	Code(Plus	Descri	ption of	f Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Det Summary Page, Section 3.				ed				PAGE TOTAL 0.00	
		City		Zip Code(Plus 4) City State	Zip Code(Plus 4) Occupa City State Zip 4)	Zip Code(Plus 4) Occupation City State Zip Code(Plus 4)	To: DATE MO DAY YEAR Zip Code(Plus 4) Occupation City State Zip Code(Plus 4) Descri	To: DATE MO DAY YEAR \$ Zip Code(Plus 4) Occupation City State Zip Code(Plus 4) Description of	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Name of Filing Committee or Candidate					Reporting Period				
			From			То:				
				DATE			AMOUNT			
To Whom Paid			мо	DAY	YEAR					
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure					
							PAGE TOTAL			
Enter Grand Total of Expe	naitures on Page 1, Re	port Cover Page, Item L).			\$	0.00			