# **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 2022	C0139			Report Filed B		CANDI	DATE	✓	СС	OMMITTEE		LOBI	BYIST			
Name of Filing C	Committee, Candida	ate or Lo	obbyist:	ı	DOUG N	1ASTF	RIANO								•		
Street Address:																	
City:							State:				<b>Zip Code:</b> 17222						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 DA PRIM		POST-	3.		AMENDME REPORT?	AMENDMENT REPORT?		No	$\checkmark$		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE-	- 5. <b>X</b>	30 DA ELEC		POST-	POST- 6.		TERMINATION REPORT?		Yes	No	$\checkmark$		
report type)	ANNUAL REPORT	7.	<b>Year</b> 2022				NG METHO				PAPER		$\checkmark$	DISKE	TTE		
Name of Office S	Sought by Candidat	te:					DATE O	F ELEC	CTION		District Number	Office Code	Par	ty Code	County Code		
							мо	DAY	YEA	R	-1	GOV	REP				
GOVERNOR							11		8 2	2022		(SEE INS	TRUCTI	ONS FOR	CODES)		
	Receipts and	мо	DAY	YEAR			мо	DAY	YEA	R	FOI	R OFFIC	e use	ONLY			
Expenditures	s from:		9 20	20	)22 <b>T</b>	0	10	2	4 2	2022							
A. Amount Bro	ught Forward Fron	n Last Ro	eport			\$				0.00							
B. Total Monet	ary Contributions A	And Reco	eipts (From	1 Sched	lule I)	\$				0.00							
C. Total Funds	Available (Sum Of	Lines A	and B)			\$				0.00							
D. Total Expen	ditures (From Sche	edule II	[)			\$			(	0.00							
E. Ending Cash	Balance (Subtract	: Line D	From Line	C)		\$			(	0.00	-						
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedule	e II)	\$			(	0.00	-						
G. Unpaid Debt	ts And Obligations	(From S	chedule IV	')		\$			(	0.00							
				AFFI	[DAVI	T SE	CTION										
	s a Committee repo		-							_	-						
I swear (or affirm correct and comple	) that this report, incl ete.	uding the	attached sc	hedules	filed on	paper	or by elect	ronic me	dium, a	re to 1	the best of	my know	ledge	and beli	ef , true		
Sworn to and subs	cribed before me this day of		20						Sigi	nature	e of Person	Submitt	ing Rep	oort			
		re	-			_					Printe	ed Name					
My Commission Ex	-	-				_					Email						
	мо	DA	AY	YR				Are	a Code		Daytime	e Telepho	one Nu	mber			
Part II- If this is	a report of a cand	lidate's a	authorized	Comm	ittee, C	andid	ate shall	sign he	re.								
No 320) as amende		ıy knowle	dge and beli	ef this p	political	comm	ittee has n	ot violat	ed any p	provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,		
Sworn to and subscribed before me this Signature of Candidate day of 20																	
						-					Printed	l Name					
My Commission Exp	Signature bires					-					Email						
	мо	DA	AY	YR		-		Area	Code		Da	ytime Te	lephon	e Numb	er		

# SCHEDULE I **CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate Reporting Period							
DOUG MASTRIANO	From:	<u>9/20/202</u>	<u>2</u> To:	<u>10/24/2022</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	g 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	g Period	(3)	\$	0.00				
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)								
TOTAL for the Reporting	g Period	(4)	\$	0.00				
Total Monetary Contributions and Receipts During this Reporting Period (Add ar 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

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					
		·			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 Candida	te		Rep	orting P	eriod				
			Fror	m:		Тс	):		
					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, Detail	ed Summary Pag	je, Se	ection 2	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						
				То:					
				DA	TE		A	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 Sched	lule I, Detailed Sun	nmary Pa	age, Sectio	n 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					
Fro				From:			To:		
				D	ATE		АМ	IOUNT	
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 Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	<b>AGE TOTAL</b> 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	Name of Filing Committee or Candidate			Reporting Period					
			From: To:						
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (	Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 1, 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>9/20/2022</u> <b>To:</b>	<u>10/24/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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	Name of Filing Committee or Candidate			Reporting Period					
			From:			То:			
				DATE			AMOUNT		
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address						<b>]</b> \$	0.0	)0	
City	State	Zip Code (Plus 4)							
Description of Contribution:									
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	le,	P	AGE TOTAL	_	
						\$	0.0	0	

### 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			
						То:		
					DATE		AMOUNT	
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							<b>\$</b> 0.00	
City	State	Zip Code(Plus 4)						
Employer of Contributor		•		•				
Employer Mailing Address/Principal Plac	e of Business C	lity	State	e Zip	Code(Plus 4)	Descri	ption of Contribution	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	Contributions D	etaile	d			<b>PAGE TOTAL</b> 0.00	

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	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)				tion of Exp	enditure					
Enter Grand Total of Exponditures	on Page 1. Penert (	Cover Bage Item [	<b>`</b>				PAGE TOTAL			
Enter Grand Total of Expenditures of	JII Page 1, Report C	lover Page, menn i				\$	0.00			