Campaign Finance Report

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

| Filer Identificat Number : | ion | 20190 | 0138 | | | Repor Filed E | | CANDI | DATE | | СОМ | MITTEE | ✓ | LOB | BYIST | | |
|--|---|------------|-----------|----------------------|-----------|------------------|---------------|-------------|----------|-------------|------------|--------------------|----------------|--------------|---------|--------------|--------------|
| Name of Filing | Committee, (| Candida | ate or L | obbyist: | | | | DOUG M | ASTRIA | ANO | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | |
| City: | FAYETT | EVILLE | | | | | | State: | PA | | | Zip Co | de: 17 | 222 | | | |
| TYPE OF REPORT | 6TH TUESDA PRE-PRIMAR | | 1. | 2ND FRIDA PRIMARY | AY PRE | - 2. | 30 D/ PRIM | | POST- | 3. X | | AMENDN REPORT | | Yes | ✓ ^ | 10 |] |
| (place X to the right of | 6TH TUESDA PRE-ELECTIO | | 4. | 2ND FRIDA | | - 5. | 30 D/ ELEC | | POST- | 6. | | TERMIN REPORT | | Yes | ٩ | 10 | \checkmark |
| report type) | ANNUAL RE | EPORT | 7. | Year 2024 | 1 | | | NG METHO | | | | PAPER | | \checkmark | | | |
| Name of Office | Sought by Ca | andidat | e: | | | | - | DATE O | F ELE | стіо | N | District Number | Office Code | Pa | rty Cod | e Cou Cod | |
| | | | | | | | | мо | DAY | YE | AR | | | | | | |
| | | | | | | | | 11 | | 5 | 2024 | | (SEE INS | TRUCTI | ONS FO | R CODE | S) |
| Summary of Expenditure | | and | мо | DAY | YEAR | _ | | мо | DAY | YE | AR | FC | OR OFFIC | E USE | ONL | (| |
| Expenditure | s ironi. | | | 4 9 | 9 2 | 024 T | 0 | 5 | 1 | 13 | 2024 | | | | | | |
| A. Amount Bro | ought Forwa | rd From | n Last R | eport | | | \$ | | | | 642.83 | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) \$ 20,5 | | | | | | | 29.00 | | | | | | | | | | |
| C. Total Funds | C. Total Funds Available (Sum Of Lines A and B) | | | | | | \$ | | - | 723,1 | 71.83 | | | | | | |
| D. Total Exper | nditures (Fro | m Sche | edule II | I) | | | \$ | | | 21,6 | 45.67 | | | | | | |
| E. Ending Casl | n Balance (S | ubtract | Line D | From Line | C) | | \$ | | 7 | 701,5 | 26.16 | | | | | | |
| F. Value Of In | -Kind Contril | butions | Receiv | ed (From S | Schedu | le II) | \$ | | | | 0.00 | - | | | | | |
| G. Unpaid Deb | ts And Oblig | ations | (From S | Schedule I | V) | | \$ | | | | 0.00 | | | | | | |
| | | | | | AFF | IDAVI | T SE | CTION | | | | | | | | | |
| PART I - If this | | - | | - | | | | | | | _ | | | | | | |
| I swear (or affirm correct and comp | | ort, inclu | uding the | e attached so | chedule | s filed on | paper | or by elect | ronic me | edium, | , are to I | the best o | f my knov | vledge | and be | elief , t | rue |
| Sworn to and sub | scribed before day of | me this | | 20 | | | | | | s | ignature | e of Perso | n Submitt | ing Re | port | | — |
| | | Signatur | 'e | | | | _ | | | | | Prin | ted Name | | | | — |
| My Commission E | | Signatar | C | | | | | | | | | Ema | il | | | | - |
| | мо |) | D | AY | YR | | _ | | Are | ea Cod | e | Daytin | ne Teleph | one Nu | mber | | _ |
| Part II- If this is | a report of | a cand | idate's | authorized | d Comn | nittee, C | Candid | ate shall | sign he | ere. | | | | | | | |
| I swear (or affirm No 320) as amend | | est of m | y knowle | edge and be | lief this | political | comm | ittee has n | ot viola | ted an | y provis | ions of th | e act of Ju | ine 3,1 | 937 (P | .L. 133 | 33, |
| Sworn to and subs | | me this | | | | | | | | | s | ignature | of Candida | ite | | | - |
| | day of | | | | | | | | | | | Printe | ed Name | | | | _ |
| | - | nature | | | | | _ | | | | | | | | | | |
| My Commission Ex | pires | | | | | | _ | | | | | Ema | | | | | |
| | | мо | D | AY | YR | 1 | _ | | Area | Code | | D | aytime Te | elephor | ne Nun | ber | _ |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FRIENDS OF DOUG MASTRIANO From: <u>4/9/2024</u> **To:** <u>5/13/2024</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 227.00 \$ **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)** 302.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 302.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 20,000.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 20,000.00 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 \$ 20,529.00 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 Candidat | e | | Re | porting | Period | | | | | | |
|--|-------|------------------|-----|---------|--------|------|----|------------|--|--|--|
| | | | Fro | om: | | То | 1 | | | | |
| | | · | | | DATE | | | AMOUNT | | | |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | | | | |
| Mailing Address | | | | | | | \$ | 0.00 | | | |
| City | State | Zip Code (Plus 4 | 4) | | | | | | | | |
| | | | | | | | | PAGE TOTAL | | | |
| Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. | | | | | | | \$ | 0.00 | | | |

| Use this Part to it | \$50. emize all oth 50.01 to \$250 | 0.00 in the repo | s w ortir | ith an 1g peri | aggrega iod. | | | rom |
|--|--|----------------------------------|--------------|-------------------|----------------------|---------|----|------------------|
| Name of Filing Committee or Candida | te | | Rep | orting P | eriod | | | |
| FRIENDS OF DOUG MASTRIANO | | | Fro | | <u>4/9/2</u> DATE | 2024 To | : | <u>5/13/2024</u> |
| Full Name of Contributor | | | | | | | | AMOUNT |
| Deborah Banic | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 51.00 |
| City Jamestown | State PA | Zip Code (Plus 4 16134 |) | 4 | 12 | 2024 | • | |
| Full Name of Contributor Margherita King | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 50.00 |
| City Kittanning | State PA | Zip Code (Plus 4 16201 |) | 5 | 1 | 2024 | | |
| Full Name of Contributor Christine Whitmore | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 50.00 |
| City Waynesboro | State PA | Zip Code (Plus 4 17268 |) | 5 | 2 | 2024 | | |
| Full Name of Contributor Deborah Banic | | | | мо | DAY | YEAR | | |
| Mailing Address | - | | | | | | \$ | 51.00 |
| City Jamestown | State PA | Zip Code (Plus 4 16134 |) | 5 | 12 | 2024 | | |
| Full Name of Contributor William Dingeldein | - | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 50.00 |
| City Fayetteville | State PA | Zip Code (Plus 4 17222 |) | 5 | 4 | 2024 | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | |
| Betsy D West | | | | | DAT | TLAK | | |
| Mailing Address | | | | | | | \$ | 50.00 |
| City Washington | State PA | Zip Code (Plus 4 15301 |) | 5 | 6 | 2024 | | |
| | | | | | | | | PAGE TOTAL |

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

\$

PAGE 5

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 | ng Period | | | | |
|---------------|----------------------------------|----------------------|---------|-------------|-----------|----------------|------|----|------------------|
| FRIE | NDS OF DOUG MASTRIANO | | | From: | <u>4/</u> | <u>'9/2024</u> | То: | | <u>5/13/2024</u> |
| | | | | | DA | TE | | | AMOUNT |
| Full N | ame of Contributing Committee | | | | мо | DAY | YEAR | | |
| Frien | ds of Judy Ward | | | | - | | | \$ | 20,000.00 |
| Maili | ng Address | | | | 4 | 12 | 2024 | | , |
| City | Hollidaysburg | State | Zip Cod | e (Plus 4) | | 12 | 2024 | | |
| | | РА | 16648 | | | | | | |
| F ut a | | dula T. Datailad Cur | D | ana Castia | - 2 | | | | PAGE TOTAL |
| Enter | Grand Total of Part C on Sche | dule 1, Detailed Sun | nmary P | age, Sectio | п 3. | | | \$ | 20,000.00 |

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 | | | Rep | orting Pe | riod | | | |
|---|---------------------|--------------|-----------|-----------|-------|------|----------|--------------------------|
| | | | Froi | n: | | Т |): | |
| | | | | D | ATE | | АМ | IOUNT |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | | |
| City | State | Zip Code (Pl | ıs 4) | | | | | |
| Employer Name | | | | Occupat | tion | | | |
| 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# | AGE 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 | | | Report | ing Peric | d | | | | |
|---------------------------------------|----------------------|------------|---------|-----------|-----|------|----|---------|------|
| | | | From: | | | То: | | | |
| | | | | D | ATE | | | AMOUNT | r |
| 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 | | |
|---|-------------------------|----------------------------|------------------|
| FRIENDS OF DOUG MASTRIANO | From: | <u>4/9/2024</u> To: | <u>5/13/2024</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 PART | 「 F) | | |
| 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, I | | \$ | 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: | rom: To: | | | | |
| | | | | 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 Sche Section 2. | iled Sum | mary Pag | ie, | | PAGE TOTAL | | | |
| | | | | | | \$ | (| 0.00 |

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

| Name of Filing Committee or Candidate | | | Rep | porting I | Period | | | |
|---|-------------------|-------------------|--------|-----------|--------------|--------|--------------|-------------------------|
| | | | Fro | m: | | То: | | |
| | | | | | DATE | | АМ | OUNT |
| 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 Plac | e of Business | City | State | e Zip | Code(Plus 4) | Descri | ption of Con | tribution |
| Enter Grand Total of Part G on Scho Summary Page, Section 3. | edule II, In-Kind | d Contributions D | etaile | d | | | PA | GE TOTAL 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Com | nittee or Candidate | | | Reporti | ng Period | | | | | |
|--------------------------------|------------------------------------|-------|-------------------|------------------|------------------|---------------|-------|------------------|--|--|
| FRIENDS OF DOUG | MASTRIANO | | | From | <u>4/9</u> | 9/2024 | То: | <u>5/13/2024</u> | | |
| | | | | | DATE | | | AMOUNT | | |
| To Whom Paid | | | | мо | DAY | YEAR | | | | |
| Xfinity | | | | ino i | | | | | | |
| Mailing Address | | | | 4 | 22 | 2024 | \$ | 89.21 | | |
| City Philadelphia | | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | | РА | 19176 | utilities | | | | | | |
| To Whom Paid Dropbox | | | | мо | DAY | YEAR | | | | |
| Mailing Address | | | | 5 | 6 | 2024 | \$ | 19.99 | | |
| City San Francisc | 0 | State | Zip Code (Plus 4) | Descrip | l tion of Exp | enditure | | | | |
| | | СА | 94016 | Data St | orage | | | | | |
| To Whom Paid Google Domains | | | | мо | DAY | YEAR | | | | |
| Mailing Address | | | | 4 | 16 | 2024 | \$ | 48.00 | | |
| City Mountain Vie | | State | Zip Code (Plus 4) | Descrip | tion of Exp | | | | | |
| | evv | CA | 94039 | Domain | | enaitare | e | | | |
| To Whom Paid | | | 51005 | Domain | | | | | | |
| Google Domains | | | | мо | DAY | YEAR | | | | |
| Mailing Address | | | | 5 | 2 | 2024 | \$ | 274.75 | | |
| City Mountain Vie | 2W | State | Zip Code (Plus 4) | Descrip | l tion of Exp | l enditure | | | | |
| | | СА | 94039 | Domain | S | | | | | |
| To Whom Paid | | | | мо | DAY | YEAR | | | | |
| Aneodt Mailing Address | | | | 5 | 13 | 2024 | \$ | 31.07 | | |
| _ | | [| 1 | | | | | 51107 | | |
| City Atlanta | | State | Zip Code (Plus 4) | | tion of Exp | enditure | | | | |
| | | GA | 30309 | Credit C | Card Fees | 1 | | | | |
| To Whom Paid Aneodt | | | | мо | DAY | YEAR | | | | |
| Mailing Address | | | 4 | 30 | 2024 | \$ | 35.17 | | | |
| City Atlanta | ity Atlanta State Zip Code (Plus 4 | | | Descrip | l tion of Exp | enditure | I | | | |
| | | GA | 30309 | Credit Card Fees | | | | | | |

| To Wh | Whom Paid | | | | DAY | YEAR | | |
|--|-------------------------------------|-------|-------------------|----------------------------|-------------|----------|----------|----------|
| F&M B | Bank | | | мо | DAT | TEAK | | |
| Mailin | g Address | | | 4 | 17 | 2024 | \$ | 40.30 |
| City | Chambersburg | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | | |
| | | РА | 17201 | Bank Fe | es | | | |
| To Wh | om Paid | | | мо | DAY | YEAR | | |
| Nation | n Builder | | | MO | DAT | TEAK | | |
| Mailing | g Address | | | 4 | 29 | 2024 | \$ | 50.00 |
| City | Los Angeles | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | | |
| | | СА | 90001 | Credit C | ard fees | | | |
| To Wh | om Paid | | | NO | DAY | YEAR | | |
| Seven | Mountains | | | мо | DAT | TEAR | | |
| Mailin | g Address | | | 4 | 16 | 2024 | \$ | 1,625.00 |
| City | Lewistown | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | | |
| | | РА | 17044 | Media B | uy | | | |
| To Wh | om Paid | | | MO DAY YEAR | | | | |
| Seven Mountains | | | | HO I | 2 | | | |
| Mailing Address | | | 4 | 15 | 2024 | \$ | 1,455.00 | |
| City Lewistown State Zip Code (Plus 4) | | | | Descript | tion of Exp | enditure | | |
| | | РА | 17044 | Media B | uy | | | |
| To Wh | om Paid | | | мо | DAY | YEAR | | |
| Hot Fr | rog Media | | | | | | | |
| Mailing | g Address | | | 4 | 23 | 2024 | \$ | 5,410.59 |
| City | Mechanicsburg | State | Zip Code (Plus 4) | Description of Expenditure | | | | |
| | | РА | 17055 | Printing | | | | |
| To Wh | om Paid | | | мо | DAY | YEAR | | |
| Hot Fr | rog Media | | | - | | | | |
| Mailing | g Address | | | 4 | 14 | 2024 | \$ | 64.50 |
| City | Mechanicsburg | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | | |
| | | РА | 17055 | Postage | | | | |
| To Wh | om Paid | | | мо | DAY | YEAR | | |
| Campa | aign Nucleus LLC | | | | | | | |
| Mailin | g Address | | | 5 | 13 | 2024 | \$ | 902.09 |
| City | City Medina State Zip Code (Plus 4) | | | Descript | tion of Exp | enditure | | |
| | OH 44256 | | | Emails | | | | |
| To Wh | Fo Whom Paid | | | мо | DAY | YEAR | | |
| Тахра | axpayers for Scott Barger | | | | | | | |
| Mailin | Mailing Address | | | 4 | 15 | 2024 | \$ | 7,000.00 |
| City | Holdaysburg | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | | |
| 1 | | PA | 16648 | Donation | | | | |

| To Whom Paid | | | | | | | | |
|-----------------|---|-------|-------------------|---------|-------------|----------|---------------|------------|
| Taxpayers for S | Scott Bargar | | | мо | DAY | YEAR | | |
| | _ | | | | | | <i>*</i> | 1 500 00 |
| Mailing Addres | S | | | 4 | 9 | 2024 | \$ | 1,500.00 |
| City Holdays | sburg | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | | PA | 16648 | Donatio | on | | | |
| To Whom Paid | | | | мо | DAY | YEAR | | |
| Benjamin Orr | | | | мо | DAY | TEAR | | |
| Mailing Addres | s | | | 4 | 22 | 2024 | \$ | 200.00 |
| City Grove | City | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | | PA | 16127 | Fees | | | | |
| To Whom Paid | | | | мо | DAY | YEAR | | |
| Niche Markets | | | | MO | | TEAR | | |
| Mailing Addres | s | | | 4 | 15 | 2024 | \$ | 1,400.00 |
| City FAYETT | EVILLE | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | | PA | 17222 | Media | | | | |
| To Whom Paid | | | | мо | DAY | YEAR | | |
| Billi Jo Brink | | | | МО | | TLAK | | |
| Mailing Addres | s | | | 4 | 22 | 2024 | \$ | 1,500.00 |
| City FAYETT | EVILLE | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | | PA | 17222 | Consult | ing | | | |
| | | | | | | | | PAGE TOTAL |
| Enter Grand 1 | Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | \$ | 21,645.67 |