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 202	24C0289				port		CAI	NDI	COMMITTEE LOBBYIST								
Name of Filing C	Committee, Cand	idate or L	obbyist:		DOL	JGLA	AS V.	MAST	RIA	NO								
Street Address:																		
City:								State	e:				Zip Cod	e: 17	7222			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRI PRIMARY	DAY PRE Y	- 2	2.	30 DA		POST- 3. AMENDMENT Yes REPORT?						Yes	N	0	√
(place X to	6TH TUESDAY PRE-ELECTION	4.	2ND FRI ELECTIO	DAY PRI	E- !	5.	30 DA		Р	OST-	6. 3	х	TERMINAT REPORT?	TION	Yes	N	0	\
the right of report type)	ANNUAL REPOR	7.	Year 20	24				NG ME					PAPER		V	DISK	ETTE	
Name of Office S	Sought by Candid	late:	•					DAT	ΕO	F ELE	CTI	ON	District Number	Office Code	Par	ty Code	Code	
CENATOR IN T	IE CENEDAL AC	CEMBLY						МО		DAY	1	YEAR	33	STS	REF	•		
SENATOR IN TR	HE GENERAL AS	SEMBLY							11		5	2024		(SEE IN	STRUCTI	ONS FOR	CODES	5)
Summary of Expenditures	Receipts and	МО	DAY	YEAR		_	_	МО		DAY	,	YEAR	FOI	OFFI	CE USE	ONLY	•	
			10	22 2	024	T	<u>о</u>		11		25	2024]					
A. Amount Bro	ught Forward Fr	om Last R	eport				\$					0.00]					
B. Total Monet	ary Contribution	s And Rec	eipts (Fr	om Sche	dule	I)	\$					0.00						
C. Total Funds	Available (Sum	Of Lines A	and B)				\$					0.00						
D. Total Expend	ditures (From So	hedule II	I)				\$					0.00						
E. Ending Cash	Balance (Subtra	act Line D	From Lir	ne C)			\$					0.00	_					
F. Value Of In-	Kind Contributio	ns Receiv	ed (From	n Schedu	le II	:)	\$					0.00						
G. Unpaid Debt	s And Obligation	ns (From :	Schedule	IV)			\$					0.00			'			
				AFF	ID/	۱۷۶	ΓSE	CTIC	N									
PART I - If this is	s a Committee re	eport, trea	surer sig	gn here.	If th	is is	a Car	ndidat	e re	port, c	cano	didate sig	gn here.					
I swear (or affirm) correct and complete		ncluding th	e attached	schedule	s filed	d on p	paper	or by e	lectr	onic m	ediu	m, are to	the best of	my kno	wledge	and be	ief , tr	ue
Sworn to and subs	cribed before me t	his	20									Signature	e of Person	Submit	ting Re _l	oort		_
							-						Print	ed Name	•			_
My Commission Ex	Signa opires	ture											Email					-
	МО	D	AY	YR					,	Are	ea C	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authoriz	ed Comr	nitte	e, Ca	andid	ate sh	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		f my knowl	edge and b	belief this	polit	tical	comm	ittee h	as no	ot viola	ted	any provis	ions of the	act of J	une 3,1	937 (P.	L. 133	3,
Sworn to and subsc		is										s	ignature of	Candid	ate			-
	day of 						-						Printed	l Name				_
	Signatur	e					-											_
My Commission Exp	_												Email					
	МО	D	AY	YR	2		•			Area	Cod	e	Da	ytime T	elephor	ne Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
DOUGLAS V. MASTRIANO	From:	10/22/202	<u>4</u> To:	11/25/2024
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	J 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
			1	
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

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 o	F	Reporting Period					
		F	rom:		То	I	
		•		DATE			AMOUNT
Full Name of Contributing Con	mmittee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

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					
Fr			From:			To) :		
					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.

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	ame of Filing Committee or Candidate			Period					
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				МО	DAY	YEAR		0	0.00
Mailing Address							+	U	.00
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.0	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				orting Pe	riod			
					n:):		
					D	ATE			AMOUNT
Full Name of Contributor					МО	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zip	Code (Plus	s 4)					
Employer Name					Occupa	tion			
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip (Code (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	umm	ary Page,	Section	on 3.				PAGE 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 of	or Candidate		Report	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							\neg	
City	State	Zip Code (I	Plus 4)					
Receipt Description	•	•			1	•	•	
Futor Coand Total of Bank	Cabadula I Detailed	Commence De	Cookie					PAGE TOTAL
Enter Grand Total of Part I	e on Schedule I, Detailed	Summary 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 Peri	od	
DOUGLAS V. MASTRIANO	From:	<u>10/22/2024</u> To:	11/25/2024
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	١	
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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Ca	Reporting Period						
	From:			To:			
				DATE			AMOUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						- \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•		•				
					Г		
Enter Grand Total of Part F of Section 2.	n Schedule II, In-Ki	nd Contributions Detai	led Sum	ımary Pa	ge,		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					Period				
	From:						То:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi _l	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

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)	Descrip	tion of Exp	enditure		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL
Lines Grand Total Of Expenditures of	ni rage 1, kepoit C	over rage, Item L	, .			\$	0.00