

Campaign Finance Report

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

Filer Identification Number :		20190138		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF DOUG MASTRIANO												
Street Address: PO BOX 138												
City: FAYETTEVILLE						State: PA			Zip Code: 17222			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2024	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR				
						11	5	2024	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		10	22	2024		11	25	2024				
A. Amount Brought Forward From Last Report						\$ 556,008.19						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 386.63						
C. Total Funds Available (Sum Of Lines A and B)						\$ 556,394.82						
D. Total Expenditures (From Schedule III)						\$ 4,450.53						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 551,944.29						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 0.00						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF DOUG MASTRIANO	From: <u>10/22/2024</u> To: <u>11/25/2024</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 286.63

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)	\$ 100.00
TOTAL for the Reporting Period (2)	\$ 100.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 386.63
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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
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Full Name of Contributing Committee			MO	DAY	YEAR	\$0.00
Mailing Address						
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 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
FRIENDS OF DOUG MASTRIANO	From: <u>10/22/2024</u> To: <u>11/25/2024</u>

DATE				AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
John Dymond				
Mailing Address 1748 Lincoln Way E				\$ 100.00
City Chambersburg	State PA	Zip Code (Plus 4) 17202		

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

PAGE TOTAL
\$ 100.00

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:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 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: To:

			DATE			AMOUNT	
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name			Occupation				
Employer Mailing Address/Principal Place of Business		City		State		Zip Code (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 From: To:
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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>10/22/2024</u> To: <u>11/25/2024</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 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: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
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	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF DOUG MASTRIANO	From <u>10/22/2024</u> To: <u>11/25/2024</u>

				DATE		AMOUNT	
To Whom Paid				MO	DAY	YEAR	\$
Facebook							
Mailing Address 1 Hacker Way				10	22	2024	
City Menlo Park		State CA	Zip Code (Plus 4) 94205	Description of Expenditure Web Ads			
To Whom Paid				MO	DAY	YEAR	\$
Campaign Nucleus LLC							
Mailing Address 3593 Medina Rd				11	12	2024	
City Medina		State OH	Zip Code (Plus 4) 44256	Description of Expenditure Emails			
To Whom Paid				MO	DAY	YEAR	\$
Magnum Broadcasting							
Mailing Address 315 S Atherton St				11	14	2024	
City State College		State PA	Zip Code (Plus 4) 16801	Description of Expenditure Ads			
To Whom Paid				MO	DAY	YEAR	\$
F&M Bank							
Mailing Address P.O. Box 6010				10	28	2024	
City Chambersburg		State PA	Zip Code (Plus 4) 17201	Description of Expenditure Bank Fees			
To Whom Paid				MO	DAY	YEAR	\$
F&M Bank							
Mailing Address P.O. Box 6010				11	19	2024	
City Chambersburg		State PA	Zip Code (Plus 4) 17201	Description of Expenditure Bank Fees			
To Whom Paid				MO	DAY	YEAR	\$
Anedot							
Mailing Address 1340 Poydras Street Suite 1770. New Orleans, LA 70				10	22	2024	
City New Orleans		State LA	Zip Code (Plus 4) 70112	Description of Expenditure Credit Card Fees			

To Whom Paid			MO	DAY	YEAR	\$ 0.34
Anedot						
Mailing Address 1340 Poydras Street Suite 1770. New Orleans, LA 70			10	29	2024	
City New Orleans	State LA	Zip Code (Plus 4) 70112	Description of Expenditure Credit Card Fees			
To Whom Paid			MO	DAY	YEAR	\$ 25.93
Anedot						
Mailing Address 1340 Poydras Street Suite 1770. New Orleans, LA 70			11	11	2024	
City New Orleans	State LA	Zip Code (Plus 4) 70112	Description of Expenditure Credit Card Fees			
To Whom Paid			MO	DAY	YEAR	\$ 290.00
Benjamin Orr						
Mailing Address 23 Webster Dr			10	28	2024	
City Grove City	State PA	Zip Code (Plus 4) 16127	Description of Expenditure Consulting			
To Whom Paid			MO	DAY	YEAR	\$ 1,500.00
Billie Jo Brink						
Mailing Address 140 Park Place			10	28	2024	
City East Shippensburg	State PA	Zip Code (Plus 4) 17257	Description of Expenditure Consulting			
To Whom Paid			MO	DAY	YEAR	\$ 92.70
Ruth Ebersole						
Mailing Address PO box 138			11	11	2024	
City Fayetteville	State PA	Zip Code (Plus 4) 17222	Description of Expenditure Reimburse Office Supplies from Amazon			
To Whom Paid			MO	DAY	YEAR	\$ 91.37
Xfinity						
Mailing Address 1701 John F. Kennedy Boulevard			10	22	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 19103	Description of Expenditure Internet			
To Whom Paid			MO	DAY	YEAR	\$ 91.41
Xfinity						
Mailing Address 1701 John F. Kennedy Boulevard			11	22	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 19103	Description of Expenditure Internet			
To Whom Paid			MO	DAY	YEAR	\$ 158.99
Amazon						
Mailing Address 410 Terry Ave N			11	12	2024	
City Seattle	State WA	Zip Code (Plus 4) 98039	Description of Expenditure Office Supplies			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

\$ 4,450.53

