

# Campaign Finance Report

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

<b>Filer Identification Number :</b>		20190138		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> FRIENDS OF DOUG MASTRIANO												
<b>Street Address:</b>												
<b>City:</b> FAYETTEVILLE						<b>State:</b> PA			<b>Zip Code:</b> 17222			
<b>TYPE OF REPORT</b>  (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.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2024		<b>FILING METHOD ( ) CHECK ONE</b>		<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>				
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>				
						11	5	2024				
									(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		11	26	2024		12	31	2024				
<b>A. Amount Brought Forward From Last Report</b>						\$ 551,944.29						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 430.60						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 552,374.89						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 6,890.38						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 545,484.51						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 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

Signature

Printed Name

My Commission Expires

Email

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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF DOUG MASTRIANO	From: <u>11/26/2024</u> To: <u>12/31/2024</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 430.60

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 0.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 430.60
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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 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.

<b>PAGE TOTAL</b>
\$ 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.**

<b>PAGE 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	Reporting Period  From: <span style="float: right;">To:</span>
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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.

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
FRIENDS OF DOUG MASTRIANO		From: <u>11/26/2024</u> To: <u>12/31/2024</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period		(1)	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period		(2)	\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
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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.						<b>PAGE TOTAL</b>  \$ 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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF DOUG MASTRIANO	From <u>11/26/2024</u> To: <u>12/31/2024</u>

DATE						AMOUNT			
To Whom Paid				MO	DAY	YEAR	\$	274.75	
Google									
Mailing Address									
City	Mountain View	State	CA	Zip Code (Plus 4)	94043	Description of Expenditure			office subscription
To Whom Paid				MO	DAY	YEAR	\$	900.00	
Campaign Nucleus LLC									
Mailing Address									
City	Medina	State	OH	Zip Code (Plus 4)	44256	Description of Expenditure			Emails
To Whom Paid				MO	DAY	YEAR	\$	500.00	
Magnum Broadcasting									
Mailing Address									
City	State College	State	PA	Zip Code (Plus 4)	16801	Description of Expenditure			ADs
To Whom Paid				MO	DAY	YEAR	\$	40.30	
F&M Bank									
Mailing Address									
City	Chambersburg	State	PA	Zip Code (Plus 4)	17201	Description of Expenditure			Bank Fees
To Whom Paid				MO	DAY	YEAR	\$	26.61	
Anedot									
Mailing Address									
City	New Orleans	State	LA	Zip Code (Plus 4)	70112	Description of Expenditure			Credit Card Fees
To Whom Paid				MO	DAY	YEAR	\$	91.41	
Xfinity									
Mailing Address									
City	Philadelphia	State	PA	Zip Code (Plus 4)	19103	Description of Expenditure			Internet

To Whom Paid Staples			MO	DAY	YEAR	\$ 188.08
Mailing Address			12	9	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 19102	Description of Expenditure Office Supplies			
To Whom Paid Same Day Processing			MO	DAY	YEAR	\$ 50.00
Mailing Address			12	1	2024	
City Hudson	State WI	Zip Code (Plus 4) 54016	Description of Expenditure Accounting Consulting			
To Whom Paid Same Day Processing			MO	DAY	YEAR	\$ 500.00
Mailing Address			12	1	2024	
City Hudson	State WI	Zip Code (Plus 4) 54016	Description of Expenditure Accounting Consulting			
To Whom Paid USPS			MO	DAY	YEAR	\$ 64.53
Mailing Address			12	3	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 19102	Description of Expenditure Postage			
To Whom Paid GV Rentals			MO	DAY	YEAR	\$ 524.70
Mailing Address			12	9	2024	
City Chambersburg	State PA	Zip Code (Plus 4) 17202	Description of Expenditure Unit rent			
To Whom Paid Benjamin Orr			MO	DAY	YEAR	\$ 290.00
Mailing Address			11	29	2024	
City Grove City	State PA	Zip Code (Plus 4) 16127	Description of Expenditure Consulting			
To Whom Paid Benjamin Orr			MO	DAY	YEAR	\$ 290.00
Mailing Address			12	20	2024	
City Grove City	State PA	Zip Code (Plus 4) 16127	Description of Expenditure Consulting			
To Whom Paid Billie Jo Brink			MO	DAY	YEAR	\$ 1,500.00
Mailing Address			11	29	2024	
City East Shippensburg	State PA	Zip Code (Plus 4) 17257	Description of Expenditure Consulting			

<b>To Whom Paid</b> Billie Jo Brink			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,500.00
<b>Mailing Address</b>			12	20	2024	
<b>City</b> East Shippensburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17257	<b>Description of Expenditure</b> Consulting			

  

<b>To Whom Paid</b> Nation Builder			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 50.00
<b>Mailing Address</b>			11	29	2024	
<b>City</b> Los Angeles	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 90001	<b>Description of Expenditure</b> Credit Card Fees			

  

<b>To Whom Paid</b> Nation Builder			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 50.00
<b>Mailing Address</b>			12	5	2024	
<b>City</b> Los Angeles	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 90001	<b>Description of Expenditure</b> Credit Card Fees			

  

<b>To Whom Paid</b> Nation Builder			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 50.00
<b>Mailing Address</b>			12	30	2024	
<b>City</b> Los Angeles	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 90001	<b>Description of Expenditure</b> Credit Card Fees			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 6,890.38

