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 2019	0138			Rep File			CAND	IDATE		COM	1ITTEE	✓	LOBE	BYIST		
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		FRIE	ND	S OF	DOUG N	1ASTRI	ANO							
Street Address:	PO BOX 138																
City:	FAYETTEVILLE							State:	PA			Zip Cod	de: 17	7222			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE	- 2	2.	30 DA		POST-	3.		AMENDM REPORT?		Yes	No	Y	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	y pre	Ē- [5.	30 DA		POST-	6.		TERMINA REPORT?		Yes	No	>	
report type)	ANNUAL REPORT	7. X	Year 2024					NG METH CHECK (PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	- Sought by Candida	te:						DATE	OF ELE	CTI	ON	District Number	Office Code	Par	ty Code	County	,
								МО	DAY	Y	/EAR	Number	Toolic			couc	
								1	1	5	2024		(SEE IN	ISTRUCTIO	ONS FOR C	ODES)	
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	Y	/EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	i trom:	1	11 26	2	024	T	0	1	2	31	2024	9					
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			551,	,944.29)					
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$				430.60						
C. Total Funds Available (Sum Of Lines A and B) \$ 552,374.89																	
D. Total Expen	ditures (From Scho	edule II	I)				\$			6,	890.38						
E. Ending Cash	Balance (Subtract	Line D	From Line (C)			\$			545,	484.51						
F. Value Of In-	Kind Contributions	Receive	ed (From So	hedu	le II)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			1			
				AFF	IDA	١٧٧	T SE	CTION									
	s a Committee rep	-	_								_						۱
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sch	nedule	s filed	d on	paper	or by elec	tronic n	nediur	n, are to t	he best o	f my kno	wledge	and belie	ef , true	•
Sworn to and subs	cribed before me this day of	i	20								Signature	of Perso	n Submit	ting Rep	ort		
	Signatu	ra					- -					Prin	ted Name	e			-
My Commission Ex	•											Ema	il				
	мо	D/	AY	YR					A	rea Co	ode	Daytim	e Telepl	none Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate shal	l sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	polit	ical	comm	ittee has	not viol	ated a	iny provisi	ions of the	e act of J	une 3,19	937 (P.L	. 1333,	
Sworn to and subsc	ribed before me this										Si	ignature o	of Candid	ate			
	day of						-					Printe	d Name				
	Signature						-										
My Commission Exp	-											Ema	il				
	МО	D/	AY	YR	1		•		Area	Code	3	Da	aytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

-						
Name of Filing Committee or Candidate	Reporting	g Period				
FRIENDS OF DOUG MASTRIANO	From:	11/26/202	<u>4</u> To:	12/31/2024		
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor						
TOTAL for the Reporting) Period	(1)	\$	430.60		
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) \$						
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	430.60		

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 Candida	te	1	Reporting	Period			
		1	From:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Committee			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.

Name of Filing Comn	nittee or Candidate	Re	eporting	Period			
		Fr	om:		To) :	
		<u> </u>		DATE			AMOUNT
Full Name of Contribut	or		МО	DAY	YEAR		
Mailing Address						\$	0.00
	State	Zip Code (Plus 4)					
City							
City							PAGE TOTAL

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:			То:		
				DA	TE		A	MOUNT
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 Scheo	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	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			Rep	orting Pe	riod			
			Fron	n:		т	o:	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	e of Business	City		•	State		Zip	Code (Plus 4)
Enter Grand Total of Part C on Schee	dule I, Detailed Su	ımmary Page,	Section	on 3.			\$	PAGE TOTAL 0.00
							т	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	or Candidate		Report	ing Peri	od			
			From:			То:		
					ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (P	lus 4)					
Receipt Description	'	,		<u> </u>		_ !	•	
				_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	i Summary Page, S	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						
FRIENDS OF DOUG MASTRIANO	From:	<u>11/26/2024</u> To:	<u>12/31/2024</u>					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	र						
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 Candidate			Reporting	g Period				
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	-	-	•	•	•			
Enter Grand Total of Part F on Sche	dule II, In-Kind	d Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTA	L
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	portin	ng Pe	riod				
				Fro	m:			To:			
							DATE			АМ	IOUNT
Full Name of Contributor					мо		DAY	YEAR			
Mailing Address										\$	0.00
City	State		Zip Code(Plus 4)								
Employer of Contributor					Оссі	upati	on				
Employer Mailing Address/Principal Plac	ce of Business	Cit	ty	Stat	e Z	Zip Co	ode(Plus 4)	Desci	ript	tion of Con	tribution
Enter Grand Total of Part G on Sch	edule II, In-Kir	nd (Contributions D	etaile	ed					PA	GE TOTAL
Summary Page, Section 3.	,										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting I	Period		
FRIENDS OF DOUG MASTRIANO	From	11/26/2024	То:	12/31/2024

					D. T. T.				
				DATE			AMOUNT		
To Whom Paid			МО	DAY	YEAR				
Google									
Mailing Address 1600 Amphitheatre	Parkway		12	2	2024	\$	274.75		
City Mountain View	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	CA	94043	office su	ubscription					
To Whom Paid			мо	DAY	YEAR				
Campaign Nucleus LLC			MO		ILAK				
Mailing Address 3593 Medina Rd			12	4	2024	\$	900.00		
City Medina	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	ОН	44256	Emails						
To Whom Paid			мо	DAY	YEAR				
Magnum Broadcasting			MO	DAT	TEAR				
Mailing Address 315 S Atherton St			12	9	2024	\$	500.00		
City State College	State College State Zip Code (Plus 4)			tion of Exp	enditure				
	PA 16801								
To Whom Paid			МО	DAY	YEAR				
F&M Bank			МО	DAT	TEAK				
Mailing Address P.O. Box 6010			12	17	2024	\$	40.30		
City Chambersburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	17201	Bank Fe	es					
To Whom Paid			мо	DAY	YEAR				
Anedot			MO	DAT	TEAR				
Mailing Address 1340 Poydras Street	Suite 1770		12	31	2024	\$	26.61		
City New Orleans	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	LA	70112	Credit C	Card Fees					
To Whom Paid			МС	DAY	YEAR				
Xfinity			МО	DAT	TEAK				
Mailing Address 1701 John F. Kenned	dy Boulevard		12	23	2024	\$	91.41		
City Philadelphia State Zip Code (Plus 4)			Description of Expenditure						
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				

To Wh	om Paid		мо	DAY	YEAR							
Staples							1 Z/IIX					
Mailing Address 1500 Chestnut St Suite 2,						9	2024	\$	188.08			
City	Philadelphia	а	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure					
	PA 19102					Office Supplies						
To Whom Paid						DAY	YEAR					
Same Day Processing							1 Z/IIX					
Mailing Address 502 6th St						1	2024	\$	50.00			
City	Hudson		State	Zip Code (Plus 4)	Descript	tion of Exp	enditure					
			WI	54016	Account	ing Consul	lting					
To Wh	om Paid				мо	DAY	YEAR					
Same	Day Process	ing			140		ILAK					
Mailin	g Address	502 6th St			12	1	2024	\$	500.00			
City	Hudson		State	Zip Code (Plus 4)	Descript	tion of Exp	enditure					
		WI 54016				Accounting Consulting						
To Wh	om Paid				мо	DAY	YEAR					
USPS												
Mailing Address 1500 John F Kennedy Blvd Ste C31						3	2024	\$	64.53			
City	Philadelphia	а	Description of Expenditure									
			PA	19102	Postage							
To Wh	om Paid				мо	DAY	YEAR					
GV Rentals												
Mailing Address 5292 Cumberland Hwy						9	2024	\$	524.70			
City	Chambersb	Chambersburg State Zip Code (Plus 4)				Description of Expenditure						
			PA	17202	Unit rent							
To Wh	om Paid				мо	DAY	YEAR					
Benjamin Orr												
Mailin	g Address	23 Webster Dr			11	29	2024	\$	290.00			
City	Grove City		State	Zip Code (Plus 4)	Descript	tion of Exp	enditure					
			PA	16127	Consulti	ing						
To Whom Paid						DAY	YEAR					
Benjamin Orr												
Mailing Address 23 Webster Dr					12	20	2024	\$	290.00			
City	Grove City		State	Zip Code (Plus 4)	Descript	tion of Exp	enditure					
	PA 16127					Consulting						
To Whom Paid						DAY	YEAR					
Billie Jo Brink												
Mailing Address 140 Park Place						29	2024	\$	1,500.00			
City	East Shippe	ensburg	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure					
			17257	Consulting								
					<u>. </u>							

To Whom Paid	мо	DAY	YEAR							
Billie Jo Brink		1-10		ILAK						
Mailing Address 140 Park Place	12	20	2024	\$	1,500.00					
City East Shippensburg	State	Zip Code (Plus 4)	Description of Expenditure							
	PA	17257	Consult							
To Whom Paid	МО	DAY	YEAR							
Nation Builder										
Mailing Address 520 S Grand A	11	29	2024	\$	50.00					
City Los Angeles	State	Zip Code (Plus 4)	Description of Expenditure							
	PA 90001 Credit					redit Card Fees				
To Whom Paid	МО	DAY	YEAR							
Nation Builder	140		ILAK							
Mailing Address 520 S Grand A	12	5	2024	\$	50.00					
City Los Angeles	State	Zip Code (Plus 4)	Description of Expenditure							
	PA	90001	Credit Card Fees							
To Whom Paid	мо	DAY	YEAR							
Nation Builder	1-10		I Z/IIX							
Mailing Address 520 S Grand A	12	30	2024	\$	50.00					
City Los Angeles	State	Zip Code (Plus 4)	Description of Expenditure Credit Card Fees							
	PA	90001								
		PAGE TOTAL								
Enter Grand Total of Expendit	ures on Page 1, Re	port Cover Page, Item D) .			\$	6,890.38			