Commonwealth of Pennsylvania

Campaign Finance Statement



File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

	not exceed t	,	g the reporting	, p =			
FILER IDENTIFICATION NUMBER:	2024C0289	REPORT FILED	ON BEHALF OF:	Candidate			
NAME OF FILING COMMITTEE, CANDIDATE OR	LOBBYIST	DOUGLAS V. MAS	TRIANO				
STREET ADDRESS							
CITY	STATE		ZIP CODE 1722	2			
TYPE OF REPORT Annual							
NAME OF OFFICE SOUGHT BY CANDIDATE SENATOR IN THE GENERAL ASSEMBLY							
DISTRICT CODE 33		PARTY C	ODE REP				
DATE OF ELECTION 11/5/202	24						
DATES OF REPORTING PERIOD	11/26/2024	то	12/31/2024	For Office Use Only			
AMENDMENT REPORT? NO	TERM	MINATION REPORT	? NO				
CASH BALANCE AT THE END OF REPOR PERIOD:	TING	0.00					
TOTAL AMOUNT OF FILER'S OUTSTAND DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		0.00					
				<u> </u>			
	AFFIDA	VIT SECTION					
PART I - If statement is filed on behalf of a Political Comn If statement is filed on behalf of a Candidate, the			asurer must sign here.				

If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, 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 COMMISION EXPIRES	MO.	DAY	YR.	AREA CODE DAYTIME TELEPHONE NUMBER				

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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 A		NOWLEDGE A	NO DELLE THIS	TOLITICAL COM	ITTEE HAS NOT VIOLA	TED ANT TROVISIONS OF THE ACT OF JONE		
SWORN TO AND SUBSCRIBED BEFORE ME THIS								
day of			20					
-					SIGNATURE	OF PERSON SUBMITTING REPORT		
SIGNATURE			PRINTED NAME					
MY COMMISION EXPIRES	MO.	DAY	YR.		AREA CODE	DAYTIME TELEPHONE NUMBER		