#### **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 201	10087				port ed B		CAND	ANDIDATE COMMITTEE V LOBBYIST							
Name of Filing C	Committee, Candi	late or L	obbyist:		FRIE	END	S OF .	JAMIE S	ANTOR	A			-			
Street Address:	323 WEST FF	RONT ST	REET													
City:	MEDIA							State:	PA			Zip Cod	le: 19	9063		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	ND FRIDAY PRE- 5. 3. LECTION					POST-	OST- 6.			TION	Yes	No	~
report type)	ANNUAL REPORT	7. <b>X</b>	Year 2014 FILING METHO ( ) CHECK O								PAPER DISKETTE				ГТЕ	
Name of Office S	Sought by Candida	rte:						DATE (	)F ELE	CTIC	N	District Number	Office Code	Pari	ty Code	County Code
								МО	DAY	Y	EAR		15555			
								11	L	4	2014		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR	l			МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY	
Expenditures	s from:		11 25	2	014	T	0	12	2	31	2014					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			32,	165.50					
B. Total Monetary Contributions And Receipts (From Schedule I)										100.00						
C. Total Funds Available (Sum Of Lines A and B)							\$			32,	265.50					
D. Total Expenditures (From Schedule III)							\$			(6,4	47.56)					
E. Ending Cash	Balance (Subtra	t Line D	From Line C	:)			\$			25,8	317.94					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sc	hedu	le II	I)	\$				0.00					
G. Unpaid Debt	ts And Obligation	(From S	Schedule IV)	)			\$				0.00			•		
				AFF	ID/	AVI	T SE	CTION								
PART I - If this is	s a Committee rep	ort, trea	ısurer sign h	ere. 1	If th	nis is	a Can	didate r	eport, o	candi	date sig	ın here.				
I swear (or affirm) correct and comple	) that this report, inc ete.	luding the	e attached sch	edules	file	d on	paper o	or by elec	tronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	f , true
Sworn to and subs	cribed before me th day of	s	20								Signature	of Perso	1 Submit	ting Rep	ort	
	Signat	ire					<b>-</b> -					Prin	ted Name	<b>e</b>		
My Commission Ex	_											Emai	i			
	мо	D	AY	YR					Ar	ea Co	de	Daytim	e Telepi	none Nui	nber	
Part II- If this is	a report of a can	didate's	authorized (	Comn	nitte	ee, C	andida	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belie	f this	polit	itical	commi	ittee has	not viola	ted ar	ny provis	ions of the	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subsc	ribed before me this										s	ignature o	f Candid	ate		
	day of 		_ 20				-					Drint-	d Name			
	Signature						-									
My Commission Exp	<del>-</del>										_	Ema	il	_		
	МО	D	AY	YR			•		Area	Code		Da	ytime T	elephon	e Numbe	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

· -									
Name of Filing Committee or Candidate	Reporting	g Period							
FRIENDS OF JAMIE SANTORA	From:	11/25/201	<u>4</u> To:	12/31/2014					
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor									
TOTAL for the Reporting	) 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)		\$	100.00						
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			\$	100.00					

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

Name of Filing Committee or Candidate				Reporting Period						
		From:		То	:					
		I		DATE			AMOUNT			
Full Name of Contribut	ing Committee		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.

**PAGE TOTAL \$**0.00

### 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** 

DATE

FRIENDS OF JAMIE SANTORA

From:

11/25/2014 **To:** 

12/31/2014

AMOUNT

Full Name of Contributor JOHN MCGHEE	мо	DAY	YEAR			
Mailing Address 17229 GENEVA COURT						\$ 100.00
City GRASS VALLEY	GRASS VALLEY  CA		12	2	2014	

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:			То:			
				DA	TE		Α	MOUNT	
Full Name of Contributing Commit	tee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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	ame of Filing Committee or Candidate			Reporting Period						
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	Code (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	<b>TAL</b> 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 Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		А	MOUNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	·		•			•	
Enter Grand Total of Part E on	Schedule T. Detailed	l Summary Page.	Section	4.			P	AGE TOTAL
	2, <b>2000</b>		22300				\$	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 JAMIE SANTORA	From:	11/25/2014 <b>To:</b>	12/31/2014
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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 Candid	date		Reportin	g Period			
			From:		То:		
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	Schedule II, In-Kir	nd Contributions Deta	iled Sum	ımary Pag	je,		PAGE TOTAL
Section 2.						\$	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				Re	porting	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									- \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	andidate		Reporti	ng Period				
FRIENDS OF JAMIE SANTORA			From	11/2	5/2014	То:	12/31/2014	
				DATE			AMOUNT	
To Whom Paid INFO GRAPHIX SYSTEMS			МО	DAY	YEAR			
Mailing Address 5100 STATE	ROAD		12	5	2014	\$	311.75	
City DREXEL HILL	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19026	Description of Expenditure ADVERTISING					
To Whom Paid FRIENDS OF TOM MICOZZIE  MO DAY								
Mailing Address 230 N MONE	ROE		12	24	2014	\$	1,000.00	
City MEDIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19063		otion of Exp IBUTION	penditure			
To Whom Paid JAMES SANTORA			МО	DAY	YEAR			
Mailing Address 5228 APACH	HE LANE		12	24	2014	\$ \$	5,131.31	
City DREXEL HILL	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19026	EVENT SUPPLI	I otion of Exp EXPENSE- ES REIMBU JRSEMENT	REIMBUR JRSEMEN	RSEMENT	T, OFFICE /EL EXPENSE	
To Whom Paid TRANSACT LLC			мо	DAY	YEAR			
Mailing Address INTERNET SERVICE CHARGE			12	2	2014	\$	4.50	
City	City State Zip Code (Plus 4)			otion of Exp CE CHARGE				
							PAGE TOTAL	
Enter Grand Total of Expend	itures on Page 1, Re	port Cover Page, Item D	).			\$	6,447.56	