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 :	ion 2014	0087			Repo Filed		CAN	NDI	DATE		СОМ	AITTEE	✓	LOB	BYIST	Γ	
Name of Filing C	Committee, Candid	ate or L	obbyist:			-	JAMIE	E SA		4							
Street Address:	323 WEST FR	ONT ST	REET														
City:	MEDIA						State: PA Z					Zip Co	Zip Code: 19063				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	- 2.	30 D PRIM		Ρ	POST- 3.			AMENDM REPORT		Yes	N	D	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA	AY PRI	≣- 5.		BO DAY POST			POST- 6.		TERMINATION REPORT?		Yes	N	D	\checkmark
report type)	e) ANNUAL REPORT 7. Year 2015 FILING METHOD () CHECK ONE										PAPER		\checkmark	DISK	ETTE		
Name of Office S	L Sought by Candida	Le:					DAT	ΕO	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	Cour	
							мо		DAY	YE	AR	Number	Code	REF		TCOUR	-
				11		3	2015	·	(SEE INS	TRUCTI	ONS FOR	CODES	5)				
Summary of	Receipts and	мо	DAY	YEAF	2		мо		DAY	YE	AR	FC	R OFFIC	e use	ONLY		
Expenditures	s from:		1 1		1	то		1		1	1						
A. Amount Bro	ught Forward Fror	n Last R	leport		ľ	\$;			43,7	36.39	1					
B. Total Monet	ary Contributions	And Rec	eipts (Fror	n Sche	dule I)	4	5				0.00]					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$	5			43,7	36.39						
D. Total Expen	ditures (From Sch	edule I1	II)			\$	5			(2,12	25.65)]					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		4	5			41,6	10.74						
F. Value Of In-	Kind Contributions	s Receiv	ed (From S	Schedu	le II)	4	5				0.00	4					
G. Unpaid Deb	ts And Obligations	(From	Schedule I	/)		4	5				0.00						
				AFF	IDAV	IT SE	CTIC	ΟN									
PART I - If this is	s a Committee rep	ort, trea	asurer sign	here.	If this	is a Ca	ndidat	e re	port, c	andio	late sig	gn here.					
I swear (or affirm correct and compl) that this report, incl ete.	uding th	e attached so	hedule	s filed o	n paper	or by e	lectr	ronic me	dium,	, are to I	the best o	f my knov	ledge	and bel	ief , tr	ue
Sworn to and subs	scribed before me this day of	5	20							s	ignature	e of Perso	n Submitt	ing Rep	ort		_
	Signatu	ra				_						Prin	ted Name				-
My Commission E	-											Ema	il				-
	мо	D	AY	YR					Are	a Cod	e	Daytim	e Teleph	one Nu	mber		_
Part II- If this is	a report of a can	didate's	authorized	l Comr	nittee,	Candio	late sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende) that to the best of n ed.	ny knowl	edge and bel	ief this	politica	l comn	nittee ha	as no	ot violat	ed an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subso	ribed before me this day of		20								s	ignature o	of Candida	te			_
												Printe	d Name				-
	Signature							-				Ema					_
My Commission Exp	bires											Ema					
	мо	D	AY	YR	1	_			Area (Code		D	aytime Te	lephor	e Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FRIENDS OF JAMIE SANTORA From: To: 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 0.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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				Period			
			From:		То	:	
		÷		DATE			AMOUNT
Full Name of Contributing C	Committee		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
						Г	PAGE TOTAL
Enter Grand Total of Par	t A on Schedule I, Detail	ed Summary Page, Sect	ion 2.			\$	0.00

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

\$

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 Candidat	e			orting P	eriod			
			Fro	m:		Тс):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
PAGE TOTAL								
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 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	J Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	ee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detail	led Summary Pa	age, Sectio	n 3.			\$	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:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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			Report	ing Perio	d				
From:			om: To:						
				D	ATE			AMOUNT	1
Full Name				мо	DAY	YEAR	1		
Mailing Address							\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description						•	•		
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	TAL
		illi y i uge,	Section				\$		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 JAMIE SANTORA	From:	То:	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting	Period				
F				From: To:				
				DATE		АМС	DUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	5	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate					Rep	porting P	eriod			
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion		•	
Employer Mailing Address/Principal Place of City State Business					Zip Code(Plus 4) Description of			f Contribution		

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
FRIENDS OF JAMIE SANTORA			From			То:			
				DATE			AMOUNT		
To Whom Paid WIGGINS SHREDDING			мо	DAY	YEAR				
Mailing Address 1301 WEST CHESTE	R PIKE		8	28	2015	\$	262.50		
City WEST CHESTER State Zip Code (Plus 4) PA 19382				Description of Expenditure SHREDDING EVENT-COMMUNITY PROJECT					
To Whom Paid JAMES SANTORA			мо	DAY	YEAR				
Mailing Address 5228 APACHE LANE			9	10	2015	\$	592.00		
City DREXEL HILL State Zip Code (Plus 4) 19026				Description of Expenditure REIMBURSEMENT-FUND RAISING COSTS					
To Whom Paid DELAWARE COUNTY REPUBLICAN WOM	EN'S COMMITTEE		мо	DAY	YEAR				
Mailing Address 323 WEST FRONT S	TREET		9	10	2015	\$	100.00		
City MEDIA	State PA	Zip Code (Plus 4) 19063		ition of Exp IBUTION	penditure				
To Whom Paid FRIENDS OF BROADHURST AND MCLAU	IGHIN		мо	DAY	YEAR				
Mailing Address 30 OVERHILL CIRCL	E		9	10	2015	\$	150.00		
City MEDIA	State PA	Zip Code (Plus 4) 19063		ition of Exp IBUTION	penditure				
To Whom Paid FEDEX			мо	DAY	YEAR				
Mailing Address PO BOX 371461			9	18	2015	\$	21.15		
City PITTSBURGH	State PA	Zip Code (Plus 4) 152507461		otion of Exp GE AND Of					

To Whom Paid ST. BERNADETTE CYO			мо	DAY	YEAR		
Mailing Address 1201 MASON AVENUE			9	18	2015	\$	100.00
City DREXEL HILL	State PA	Zip Code (Plus 4) 19026	Description of Expenditure ADVERTISING				
To Whom Paid ALLEN & GOAL			мо	DAY	YEAR		
Mailing Address 677 WEST DEKALB PIKE			10	11	2015	\$	900.00
City KING OF PRUSSIA	State PA	Zip Code (Plus 4) 19406	Description of Expenditure ADVERTISING AND WEB MAINTENANCE				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	2,125.65