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 2014	0087			Rep File			CANDI	DATE	DATE			IITTEE / LOI		BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:		FRIE	ND:	S OF	JAMIE S	ANTOR	A							
Street Address:	323 WEST FR	ONT ST	REET														
City:	MEDIA							State:	PA			Zip Code: 19		063			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	- 2	2.	30 DA		POST-	3.		AMENDM REPORT?		Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	- 5	5.	30 DA		POST-	6.		TERMINA REPORT?		Yes	No		/
report type)	ANNUAL REPORT	7. X	Year 2016						IG METHOD CHECK ONE				PAPER			TTE	
Name of Office S	- Sought by Candida	te:						DATE C	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YE	AR			ļ			
								11		8	2016		(SEE IN	STRUCTIO	ONS FOR C	ODES)	1
Summary of Expenditures	Receipts and	МО	DAY	YEAR	l			МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY		
			11 29	2	016	Т	0	12		31	2016						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			32,8	386.64						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 50.00							50.00										
C. Total Funds Available (Sum Of Lines A and B)							\$			32,9	936.64						
D. Total Expend	ditures (From Sch	edule II	I)				\$		(14,5	30.63)						
E. Ending Cash	Balance (Subtract	t Line D	From Line C	E)			\$			18,4	06.01						
F. Value Of In-	Kind Contributions	Receiv	ed (From So	hedu	le II)	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)			\$				0.00			'			
				AFF	IDA	VI	ΓSE	CTION									
	s a Committee rep	•	=						•								
I swear (or affirm) correct and complete) that this report, incl ete.	uding the	e attached sch	nedules	filed	l on	paper	or by elect	ronic m	edium	, are to t	he best o	f my knov	wledge :	and belie	ef , tru	ıe.
Sworn to and subs	cribed before me this day of	i	20							S	ignature	of Perso	n Submit	ting Rep	ort		
	Signatu	re	_				- -					Prin	ted Name	•			-
My Commission Ex	_											Emai	il				-
	мо	D	AY	YR					Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a cand	didate's	authorized	Comn	nitte	e, C	andid	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belie	ef this	polit	ical	comm	ittee has r	ot viola	ted an	y provisi	ions of the	e act of J	une 3,1	937 (P.L.	. 1333	3,
Sworn to and subsc	ribed before me this										Si	ignature o	of Candid	ate			-
	day of —— ————						-					Printe	d Name				-
	Signature						-										_
My Commission Exp	ires											Emai	II				
	МО	D	AY	YR			•		Area	Code		Da	aytime 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:	11/29/201	<u>6</u> To:	12/31/2016
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	50.00
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)			\$	0.00
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
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
			<u> </u>	
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			\$	50.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re					
		From:			То	:		
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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

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 Fining Committee of Candidate			Reporting Period From: To:					
					DATE		AN	4OUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$ \$	0.00
City	State	Zip Code (Plus 4)	1					

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:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule 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:		То	То:		
				D/	ATE		А	MOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	C	0.00
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupat	ion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.				PAGE TOTAL	
						_	•	0.00	0

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	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	E TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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:	<u>11/29/2016</u> To:	<u>12/31/2016</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	₹	
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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	ate		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting l	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 Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Cano	lidate		Reporti	ng Period				
FRIENDS OF JAMIE SANTORA			From	11/29	9/2016	То:	12/31/2016	
				DATE				
To Whom Paid VERIZON			МО	DAY	YEAR			
Mailing Address PO 25505			11	30	2016	\$	109.65	
City LEHIGH VALLEY State PA 18002				Description of Expenditure CONTRIBUTION				
To Whom Paid LEITZELL & DO STATE OF THE STAT				DAY	YEAR			
Mailing Address 323 WEST FRONT STREET				30	2016	\$	48.60	
City MEDIA State Zip Code (Plus 4) PA 19063				otion of Exp GE	penditure			
To Whom Paid FRIENDS OF TOM MICOZZIE			мо	DAY	YEAR			
Mailing Address C/O 5035 TOV	VNSHIP LINE		12	22	2016	\$	1,500.00	
City DREXEL HILL	State PA	Zip Code (Plus 4) 19026	1	Description of Expenditure CONTRIBUTION				
To Whom Paid FRIENDS OF TOM MICOZZIE			мо	DAY	YEAR			
Mailing Address C/O 5035 TOV	VNSHIP LINE		12	26	2016	\$	200.00	
City DREXEL HILL State PA 2ip Code (Plus 4) 19026				tion of Exp IBUTION	penditure			
To Whom Paid IMPACT STRATEGIES LLC			МО	DAY	YEAR			
ailing Address 621 WILTSHIRE LANE			12	5	2016	\$	7,948.29	
ity NEWTOWN SQUARE State Zip Code (Plus 4)				tion of Exp	onditura			

19073

PA

ADVERTISING AND PRINTING

							TAGE 12
To Whom Paid HOUSE REPUBLICAN CAMPAIGN	N COMMITTEE		МО	DAY	YEAR		
Mailing Address 500 NORTH	THIRD STREET		12	22	2016	\$	289.50
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	1	otion of Exp			
To Whom Paid JAMES SANTORA	JAMES SANTORA				YEAR		
Mailing Address 5228 APACHE LANE			12	22	2016	\$	4,321.33
City DREXEL HILL PA 2ip Code (Plus 4) 19026			FACEBO	otion of Exp DOK, PRON ES AND TE	OTIONA		S, OFFICE
To Whom Paid VERIZON			МО	DAY	YEAR		
Mailing Address PO BOX 255	05		12	28	2016	\$	109.65
City LEHIGH VALLEY	State PA	Zip Code (Plus 4) 18002	Descrip TELEPH	otion of Exp	penditure		
To Whom Paid REPUBLIC BANK AND TRANSAC	T BANK CHARGES		мо	DAY	YEAR		
Mailing Address			12	31	2016	\$	3.61
City MEDIA State Zip Code (Plus 4) PA 19063				Description of Expenditure BANK CHARGES			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D						\$	PAGE TOTAL 14,530.63