

Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number :		20140087		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF JAMIE SANTORA												
Street Address: 323 WEST FRONT STREET												
City: MEDIA						State: PA			Zip Code: 19063			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3. X	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2017	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR	REP			
						11	7	2017	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		5	2	2017		6	5	2017				
A. Amount Brought Forward From Last Report						\$ 14,977.18						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 1,500.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 16,477.18						
D. Total Expenditures (From Schedule III)						\$ (1,204.95)						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 15,272.23						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 0.00						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are 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

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall 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 amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF JAMIE SANTORA	From: <u>5/2/2017</u> To: <u>6/5/2017</u>

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)	\$ 1,500.00
All Other Contributions (Part B)	\$ 500.00
TOTAL for the Reporting Period (2)	\$ 2,000.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 1,000.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 1,000.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 3,000.00
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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				Reporting Period			
FRIENDS OF JAMIE SANTORA				From: <u>5/2/2017</u> To: <u>6/5/2017</u>			
				DATE		AMOUNT	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
THE PA INSURANCE POLITICAL ACTION COMMITTEE			5	24	2017	
Mailing Address 1600 MARKET ST STE 1720						
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
PAA - PAC			5	24	2017	
Mailing Address 1925 N. FRONT ST P O BOX 2955						
City HARRISBURG	State PA	Zip Code (Plus 4) 17105				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
FUNERAL SERVICE PAC			5	30	2017	
Mailing Address 7441 ALLENTOWN BLVD						
City HARRISBURG	State PA	Zip Code (Plus 4) 17112				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
THE PA INSURANCE POLITICAL ACTION COMMITTEE			5	24	2017	
Mailing Address 1600 MARKET ST STE 1720						
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
PAA - PAC			5	24	2017	
Mailing Address 1925 N. FRONT ST P O BOX 2955						
City HARRISBURG	State PA	Zip Code (Plus 4) 17105				

Full Name of Contributing Committee				MO	DAY	YEAR	\$ 250.00
FUNERAL SERVICE PAC							
Mailing Address				5	30	2017	
7441 ALLENTOWN BLVD							
City	State	Zip Code (Plus 4)					
HARRISBURG	PA	17112					

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

PAGE TOTAL	
\$	1,500.00

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 Candidate FRIENDS OF JAMIE SANTORA	Reporting Period From: <u>5/2/2017</u> To: <u>6/5/2017</u>
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				DATE			AMOUNT	
Full Name of Contributor RONALD G. HENRY				MO	DAY	YEAR	\$ 250.00	
Mailing Address 711 PENNSTONE RD				6	5	2017		
City BRYN MAWR		State PA	Zip Code (Plus 4) 19010					

Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
RONALD G. HENRY							
Mailing Address 711 PENNSTONE RD				6	5	2017	
City	BRYN MAWR	State	Zip Code (Plus 4)				
		PA	19010				

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

PAGE TOTAL
\$ 500.00

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	
FRIENDS OF JAMIE SANTORA	From: <u>5/2/2017</u>	To: <u>6/5/2017</u>

				DATE		AMOUNT	
Full Name of Contributing Committee PA REALTORS POLITICAL ACTION COMMITTEE				MO	DAY	YEAR	\$ 500.00
Mailing Address 500 N. 12TH ST				5	31	2017	
City LEMOYNE	State PA	Zip Code (Plus 4) 17043					
Full Name of Contributing Committee PA REALTORS POLITICAL ACTION COMMITTEE				MO	DAY	YEAR	\$ 500.00
Mailing Address 500 N. 12TH ST				5	31	2017	
City LEMOYNE	State PA	Zip Code (Plus 4) 17043					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL	
\$	1,000.00

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: To:

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

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	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Receipt Description							

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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: <u>5/2/2017</u> To: <u>6/5/2017</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	0.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF JAMIE SANTORA	From <u>5/2/2017</u> To: <u>6/5/2017</u>

DATE				AMOUNT		
To Whom Paid CATHOLIC WAR VETERANS			MO	DAY	YEAR	\$ 25.00
Mailing Address 303 VINE STREET			5	7	2017	
City WRIGHTSVILLE	State PA	Zip Code (Plus 4) 197368	Description of Expenditure 1/8 PAGE AD			
To Whom Paid ST DOROTHY'S CHALLENGE			MO	DAY	YEAR	\$ 500.00
Mailing Address 5035 MARVINE AVENUE			5	7	2017	
City DREXEL HILL	State PA	Zip Code (Plus 4) 19026	Description of Expenditure SPONSORSHIP			
To Whom Paid HILLTOP CIVIC ASSOCIATION			MO	DAY	YEAR	\$ 100.00
Mailing Address 1308 FAIRVIEW			5	7	2017	
City HAVERTOWN	State PA	Zip Code (Plus 4) 19083	Description of Expenditure OUTDOOR MOVIE NIGHT			
To Whom Paid BOYS SCOUT TROOP 11			MO	DAY	YEAR	\$ 50.00
Mailing Address 228 E BROADWAY AVENUE			5	11	2017	
City CLIFTON HEIGHTS	State PA	Zip Code (Plus 4) 19018	Description of Expenditure SUMMER CAMP DONATION			
To Whom Paid CLIFTON HEIGHTS SPROTSMAN CLUB			MO	DAY	YEAR	\$ 100.00
Mailing Address 19 NORTH SPRINGFIELD RD			5	11	2017	
City CLIFTON HEIGHTS	State PA	Zip Code (Plus 4) 19018	Description of Expenditure CHILDRENS TROUT TOURNAMENT			

To Whom Paid CLIFTON HEIGHTS 4TH OF JULY ASSOCIATION			MO	DAY	YEAR	\$ 100.00
Mailing Address PO BOX 117			5	23	2017	
City CLIFTON HEIGHTS	State PA	Zip Code (Plus 4) 19018	Description of Expenditure			

To Whom Paid VERIZON			MO	DAY	YEAR	\$ 329.95
Mailing Address PO BOX 25505			5	30	2017	
City LEHIGH VALLEY	State PA	Zip Code (Plus 4) 180025505	Description of Expenditure TELEPHONE			

To Whom Paid CATHOLIC WAR VETERANS			MO	DAY	YEAR	\$ 25.00
Mailing Address 303 VINE STREET			5	7	2017	
City WRIGHTSVILLE	State PA	Zip Code (Plus 4) 197368	Description of Expenditure 1/8 PAGE AD			

To Whom Paid ST DOROTHY'S CHALLENGE			MO	DAY	YEAR	\$ 500.00
Mailing Address 5035 MARVINE AVENUE			5	7	2017	
City DREXEL HILL	State PA	Zip Code (Plus 4) 19026	Description of Expenditure SPONSORSHIP			

To Whom Paid HILLTOP CIVIC ASSOCIATION			MO	DAY	YEAR	\$ 100.00
Mailing Address 1308 FAIRVIEW			5	7	2017	
City HAVERTOWN	State PA	Zip Code (Plus 4) 19083	Description of Expenditure OUTDOOR MOVIE NIGHT			

To Whom Paid BOYS SCOUT TROOP 11			MO	DAY	YEAR	\$ 50.00
Mailing Address 228 E BROADWAY AVENUE			5	11	2017	
City CLIFTON HEIGHTS	State PA	Zip Code (Plus 4) 19018	Description of Expenditure SUMMER CAMP DONATION			

To Whom Paid CLIFTON HEIGHTS SPROTSMAN CLUB			MO	DAY	YEAR	\$ 100.00
Mailing Address 19 NORTH SPRINGFIELD RD			5	11	2017	
City CLIFTON HEIGHTS	State PA	Zip Code (Plus 4) 19018	Description of Expenditure CHILDRENS TROUT TOURNAMENT			

To Whom Paid CLIFTON HEIGHTS 4TH OF JULY ASSOCIATION			MO	DAY	YEAR	\$ 100.00
Mailing Address PO BOX 117			5	23	2017	
City CLIFTON HEIGHTS	State PA	Zip Code (Plus 4) 19018	Description of Expenditure			

To Whom Paid VERIZON			MO	DAY	YEAR	\$ 329.95
Mailing Address PO BOX 25505			5	30	2017	
City LEHIGH VALLEY	State PA	Zip Code (Plus 4) 180025505	Description of Expenditure TELEPHONE			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 2,409.90

