

# 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		✓		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 POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	✓			
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	✓			
	ANNUAL REPORT	7. X	Year 2017	FILING METHOD ( ) CHECK ONE			PAPER	✓	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				
		11	28	2017		12	31	2017					
A. Amount Brought Forward From Last Report						\$ 70,656.06							
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 800.00							
C. Total Funds Available (Sum Of Lines A and B)						\$ 71,456.06							
D. Total Expenditures (From Schedule III)						\$ (1,071.06)							
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 70,385.00							
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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF JAMIE SANTORA	From: <u>11/28/2017</u> To: <u>12/31/2017</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 300.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 300.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 500.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 500.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 800.00
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**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)**

<b>Name of Filing Committee or Candidate</b> FRIENDS OF JAMIE SANTORA	<b>Reporting Period</b> From: <u>11/28/2017</u> To: <u>12/31/2017</u>
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<b>DATE</b>	<b>AMOUNT</b>
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Full Name of Contributor			MO	DAY	YEAR	\$	100.00
JAMES P. VAIL							
Mailing Address			11	29	2017		
8 ANVIL CT							
City	GLEN MILLS	State	Zip Code (Plus 4)				
		PA	19342				

<b>Full Name of Contributor</b> LINDA TORDA				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b> 2987 ANTLIER DR				11	29	2017	
<b>City</b> DOYLESTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18902					

<b>Full Name of Contributor</b> STEVEN T. BELLANO				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b> 512 CHENEY RD				12	20	2017	
<b>City</b> SPRINGFIELD	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19064					

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

<b>PAGE TOTAL</b>
\$ 300.00

**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:	To:

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

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

<b>PAGE TOTAL</b>
\$ 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.)**

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF JAMIE SANTORA	<b>Reporting Period</b>  <b>From:</b> <u>11/28/2017</u> <b>To:</b> <u>12/31/2017</u>
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				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
BERNARD J. MC HUGH, JR							
<b>Mailing Address</b> 3096 MARK TERRACE				11	29	2017	\$ 500.00
<b>City</b> BROOMALL	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19008					
<b>Employer Name</b> WASTE MANAGEMENT				<b>Occupation</b> DIRECTOR OF OPERATIONS			
<b>Employer Mailing Address/Principal Place of Business</b> 3 SUSSEX BOULEVARD			<b>City</b> BROOMALL	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19008		

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

<b>PAGE TOTAL</b>
\$ 500.00

## 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
	<div style="display: flex; justify-content: space-between;"> <span>From:</span> <span>To:</span> </div>

				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.

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
FRIENDS OF JAMIE SANTORA		From: <u>11/28/2017</u> To: <u>12/31/2017</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
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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.						<b>PAGE TOTAL</b>  \$ 0.00

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# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF JAMIE SANTORA	From <u>11/28/2017</u> To: <u>12/31/2017</u>

				DATE	AMOUNT		
To Whom Paid COLONIAL PLAYHOUSE				MO	DAY	YEAR	\$ 200.00
Mailing Address PO BOX 91				12	21	2017	
City CLIFTON HEIGHTS	State PA	Zip Code (Plus 4) 19019	Description of Expenditure ADVERTISING				
To Whom Paid JAMES SANTORA				MO	DAY	YEAR	\$ 600.00
Mailing Address 5228 APACHE LANE				12	21	2017	
City DREXEL HILL	State PA	Zip Code (Plus 4) 19026	Description of Expenditure REIMBURSEMENT FOR EVENT COSTS TO ALL OF A SUDDEN DESSERTS				
To Whom Paid VERIZON				MO	DAY	YEAR	\$ 95.24
Mailing Address PO BOX 25505				12	29	2017	
City LEHIGH VALLEY	State PA	Zip Code (Plus 4) 18002	Description of Expenditure TELEPHONE				
To Whom Paid VERIZON				MO	DAY	YEAR	\$ 175.82
Mailing Address PO BOX 25505				12	29	2017	
City LEHIGH VALLEY	State PA	Zip Code (Plus 4) 18002	Description of Expenditure TELEPHONE				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL \$ 1,071.06

