

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 2018	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	6	2018	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		5	1	2018		6	4	2018				
A. Amount Brought Forward From Last Report						\$ 118,078.37						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 2,450.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 120,528.37						
D. Total Expenditures (From Schedule III)						\$ (1,125.67)						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 119,402.70						
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>5/1/2018</u> To: <u>6/4/2018</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)	\$ 250.00
All Other Contributions (Part B)	\$ 200.00
TOTAL for the Reporting Period (2)	\$ 450.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 2,000.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 2,000.00

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.)	\$ 2,450.00
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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 FRIENDS OF JAMIE SANTORA	Reporting Period From: <u>5/1/2018</u> To: <u>6/4/2018</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">DATE</td> <td style="width: 40%; border: none;">AMOUNT</td> </tr> </table>		DATE	AMOUNT
DATE	AMOUNT		

Full Name of Contributing Committee CERTIFIED PUBLIC ACCTS PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 500 N. 3RD ST SUITE 600A			5	31	2018	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				

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

PAGE TOTAL
\$ 250.00

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	Reporting Period
FRIENDS OF JAMIE SANTORA	From: <u>5/1/2018</u> To: <u>6/4/2018</u>

DATE				AMOUNT
Full Name of Contributor	MO	DAY	YEAR	\$ 200.00
FABIAN ROMERO JR				
Mailing Address 5124 PONTIAC RD				
City DREXEL HILL	State PA	Zip Code (Plus 4) 19026	5 30 2018	

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

PAGE TOTAL
\$ 200.00

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 FRIENDS OF JAMIE SANTORA	Reporting Period From: <u>5/1/2018</u> To: <u>6/4/2018</u>
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DATE				AMOUNT
Full Name of Contributing Committee				
PAA-PAC				
Mailing Address				
P O BOX 2955				
City	State	Zip Code (Plus 4)		
HARRISBURG	PA	17105		
		5	30	2018
				\$ 2,000.00

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

PAGE TOTAL
\$ 2,000.00

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

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>5/1/2018</u> To: <u>6/4/2018</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 RECEIVED - 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

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF JAMIE SANTORA	From <u>5/1/2018</u> To: <u>6/4/2018</u>

DATE				AMOUNT		
To Whom Paid CLIFTON HEIGHTS SPORTSMAN CLUB			MO	DAY	YEAR	\$ 250.00
Mailing Address 19 NORTH SPRINGFIELD ROAD			5	8	2018	
City CLIFTON HEIGHTS	State PA	Zip Code (Plus 4) 19018	Description of Expenditure DONATION			
To Whom Paid VERIZON			MO	DAY	YEAR	\$ 95.25
Mailing Address BOX 25505			5	10	2018	
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 BOX 25505			5	10	2018	
City LEHIGH VALLEY	State PA	Zip Code (Plus 4) 18002	Description of Expenditure TELEPHONE			
To Whom Paid FED EX			MO	DAY	YEAR	\$ 23.53
Mailing Address PO 371461			5	23	2018	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15250	Description of Expenditure POSTAGE/MAILING			
To Whom Paid CLIFTON HEIGHTS 4TH OF JULY ASSOCIATION			MO	DAY	YEAR	\$ 200.00
Mailing Address PO 117			6	3	2018	
City CLIFTON HEIGHTS	State PA	Zip Code (Plus 4) 19018	Description of Expenditure COMMUNITY EVENT DONATION			

To Whom Paid TEAMSTERS LOCAL 77 SCHOLARSHIP FUND			MO	DAY	YEAR	\$ 100.00
Mailing Address 540 PENNSYLVANIA AVENUE			6	3	2018	
City FORT WASHINGTON	State PA	Zip Code (Plus 4) 19034	Description of Expenditure DONATION			

To Whom Paid VERIZON			MO	DAY	YEAR	\$ 100.25
Mailing Address BOX 25505			6	3	2018	
City LEHIGH VALLEY	State PA	Zip Code (Plus 4) 18002	Description of Expenditure TELEPHONE			

To Whom Paid VERIZON			MO	DAY	YEAR	\$ 180.82
Mailing Address BOX 25505			6	3	2018	
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
						\$ 1,125.67

