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	10087			Repor Filed		CAND	ANDIDATE COMMITTEE V LOBBYIST								
Name of Filing C	Committee, Candid	late or L	obbyist:	Ī	FRIEND	S OF	JAMIE S	ANTOR	A							
Street Address:	323 WEST FF	RONT ST	REET													
City:	MEDIA						State:	PA			Zip Cod	ie: 19	9063			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	2.	30 D. PRIM		POST-	3.		AMENDMENT REPORT?		Yes	No	~	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5. X		AY TION	POST-	6.		TERMINA REPORT		Yes	No	~	
report type)	ANNUAL REPORT	7.	Year 2019				NG METH CHECK O							DISKE	TTE	
Name of Office S	Sought by Candida	ite:	-		-		DATE C)F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code	
							МО	DAY	YE	AR	rumber	10000	REP		Couc	
							11		5	2019	(SEE INSTRUCTIONS FOR CO				ODES)	
•	Receipts and	МО	DAY Y	EAR			МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	s from:		9 17	20)19 ไ	О	10)	21	2019						
A. Amount Bro	ught Forward Fro	m Last R	eport			\$			13,0	91.57						
B. Total Moneta	ary Contributions	And Rec	eipts (From S	che	dule I)	\$	5			0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)			\$	5		13,0	091.57						
D. Total Expend	ditures (From Sch	edule II	I)			\$	5		(8,43	36.41)						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)			\$	5		4,6	55.16						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edul	e II)	\$	5	0.00								
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$	5			0.00			•			
			P	۹FF:	IDAVI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign he	re. I	f this i	a Ca	ndidate r	eport, e	candi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached sched	dules	filed on	paper	or by elect	tronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true	
Sworn to and subs	cribed before me thi day of	s	20						S	Signature	of Perso	n Submit	ting Rep	ort		
	Signati	ıre				<u>-</u>		Printed Name								
My Commission Ex	cpires					_		Email								
	МО	D	AY	YR				Ar	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Co	omm	ittee, (Candid	late shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and belief	this	political	comn	nittee has r	not viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,	l
Sworn to and subsc	ribed before me this day of		20							s	ignature o	of Candid	ate			
						_					Printe	d Name				
My Commission Exp	Signature					-		Email								
, commission Exp						_										
	МО	D	AY	YR				Area	Code		Da	aytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

-								
Name of Filing Committee or Candidate	Reporting	g Period						
FRIENDS OF JAMIE SANTORA	From:	<u>9/17/201</u>	<u>9</u> To:	10/21/2019				
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)	-		\$	0.00				
All Other Contributions (Part B)			\$	0.00				
TOTAL for the Reporting	(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	J Period	(4)	\$	0.00				
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			\$	0.00				

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	porting	Period			
			Fre	om:		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 Filing Committee or Candid	Name of Fining Committee of Candidate			oorting P	eriod	To	o:	
					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			
			Fror	n:		To) :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
lailing ddress ity State Zip Code (Plus 4)						\$	0.00	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
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 S	ummary Page	Section	on 3.			\$	PAGE TOTAL 0.00

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	GE 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 Perio	od							
FRIENDS OF JAMIE SANTORA	From:	<u>9/17/2019</u> To:	10/21/2019						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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,		\$	0.00						

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		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

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period			
FRIENDS OF JAMIE SANTORA			From	9/17	7/2019	То:	10/21/2019
				AMOUNT			
To Whom Paid VERIZON			МО	DAY	YEAR		
Mailing Address PO BOX 25505			7	9	2019	\$	47.56
City LEHIGH VALLEY	State PA	Zip Code (Plus 4) 160025505	Descrip TELEPH				
To Whom Paid VERIZON Mailing Address DO DOY 35505			МО	DAY	YEAR		
Mailing Address PO BOX 25505			7	9	2019	\$	95.25
City LEHIGH VALLEY State Zip Code (Plus 4) PA 180025505			Descrip DONAT	otion of Exp	enditure		
To Whom Paid COMMITTEE FOR EXCELLENCE IN GOOD	D GOVERNMENT		МО	DAY	YEAR		
Mailing Address 323 WEST FRONT S	TREET		7	18	2019	\$	3,531.00
City MEDIA	State PA	Zip Code (Plus 4) 19053	Descrip DONAT	otion of Exp	penditure		
To Whom Paid FED EX			МО	DAY	YEAR		
Mailing Address PO BOX 371481			7	9	2019	\$	58.31
City PITTSBURGH	PITTSBURGH State Zip Code (Plus 4) PA 000015250			otion of Exp	penditure	1	
o Whom Paid SR ROBATI			мо	DAY	YEAR		

Zip Code (Plus 4)

000019016

Mailing Address

CLIFTON HEIGHTS

City

201 E MADISON AVENUE

State

PΑ

587.00

18

COMMUNITY EVENT SUPPLIES

Description of Expenditure

2019

						PAG	GE 12
To Whom Paid SR ROSATI			МО	DAY	YEAR		
Mailing Address 201 E MADISON AV	/ENUE		7	18	2019	\$	153.00
City CLIFTON HEIGHTS	State PA	Zip Code (Plus 4) 000019018		otion of Exp			
To Whom Paid VERIZON			мо	DAY	YEAR		
Mailing Address PO BOX 25505			5	2	2019	\$	95.40
City LEHIGH VALLEY	State PA	Zip Code (Plus 4) 180025505	Descrip TELEPH	otion of Exp	penditure		
To Whom Paid VERIZON			МО	DAY	YEAR		
Mailing Address PO BOX 25505			8	2	2019	\$	48.00
City LEHIGH VALLEY	State PA	Zip Code (Plus 4) 180025505	Description of Expenditure TELEPHONE				
To Whom Paid UDHS CROSS COUNTRY			МО	DAY	YEAR		
Mailing Address 501 N LANSDOWN	E AVE		8	16	2019	\$	500.00
City DREXEL HILL	State PA	Zip Code (Plus 4) 19028	Descrip DONAT	otion of Exp	penditure		
To Whom Paid VERIZON			МО	DAY	YEAR		
Mailing Address PO BOX 25505			9	4	2019	\$	48.65
City LEHIGH VALLEY	Descrip TELEPH	otion of Exp	penditure				
To Whom Paid VERIZON				DAY	YEAR		
Mailing Address PO BOX 25505				1	I	1	
Mailing Address PO BOX 25505			9	4	2019	\$	95.06

To Whom Paid FRIENDS OF CHRIS QUINN			МО	DAY	YEAR		
Mailing Address 323 WEST FRONT STREET			9	11	2019	\$	1,000.00
City MEDIA	State PA	Zip Code (Plus 4) 19063	Description of Expenditure DONATION				
To Whom Paid OPERATION FIRST RESPONSE			МО	DAY	YEAR		
Mailing Address 20037 DOVE HILL ROAD			11	10	2019	\$	1,800.00
City CULPEPER	State VA	Zip Code (Plus 4) 22701	Description of Expenditure DONATION				
To Whom Paid VERIZON			МО	DAY	YEAR		
Mailing Address PO BOX 25505			10	7	2019	\$	96.05
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
Linter Stand Total of Expendi	tures on Page 1, Re	port cover rage, Item D	•			\$	8,155.28