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 2018	0067			Rep File			CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:	:	Sant	arsi	ero fo	or State	Senate	!							
Street Address:																	
City:	Newtown							State:	PA			Zip Cod	ie: 18	3940			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDAY PRIMARY	PRE-	2	2.	30 DA PRIMA		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 ELECT		POST-	6.		TERMINA REPORT		Yes	No		/
report type)	ANNUAL REPORT	7.	Year 2020					IG METHO				PAPER		/	DISKE	TTE	
Name of Office S	Sought by Candida	te:	-					DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
	,							МО	DAY	YE	AR	- rumber	couc			couc	
								3	:	17	2020		(SEE IN	STRUCTI	ONS FOR C	ODES))
Summary of Expenditures	Receipts and	МО	DAY Y	EAR				МО	DAY	YI	EAR	FOR OFFICE USE ONLY					
			3 3	20)20	Т	о —	3		27	2020						
A. Amount Bro	ught Forward Fror	n Last R	eport				\$			72,7	717.62						
B. Total Moneta	ary Contributions	And Rec	eipts (From S	che	dule	I)	\$				18.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			72,7	735.62						
D. Total Expend	ditures (From Sch	edule II	I)				\$			5	26.25						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			72,2	09.37						
F. Value Of In-	Kind Contributions	Receiv	ed (From Sch	edul	e II))	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00			1			
			F	۹FF.	IDA	VI	ΓSE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign he	re. I	f this	s is	a Can	didate r	eport, o	andi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sched	dules	filed	on [paper o	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ue
Sworn to and subs	cribed before me this day of	•	20							S	Signature	of Perso	n Submit	ting Rep	ort		_
	Signatu	re					-					Prin	ted Name	e			_
My Commission Ex	cpires						_					Ema	il				
	МО	D	AY	YR					Arc	ea Coc	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a cand	didate's	authorized Co	omm	ittee	e, Ca	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belief	this	politi	ical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L.	. 1333	3,
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate			-
	day of						-					Printe	d Name				-
	Signature						•					Ema	il				_
My Commission Exp	ires											Ema					
	МО	D	AY	YR			•		Area	Code		Da	aytime T	elephor	e Numbe	er	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	Period		
Santarsiero for State Senate	From:	<u>3/3/202</u>	<u>0</u> To:	3/27/2020
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	18.00
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	y 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	j Period	(4)	\$	0.00
			1	
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			\$	18.00

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 C	andidate	R	eporting	Period			
		Fi	rom:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing Comm	ittee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

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 Committe	ee or Candidate		Rep	orting P	eriod			
			Fro	m:		To):	
		•			DATE			AMOUNT
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.

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		A	MOUNT
Full Name of Contributing Committee				МО	DAY	YEAR	\$	0.00
Mailing Address							7 *	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	lule 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	2			Rep	orting Pe	riod			
				Fron	n:		To) :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	(4)					
Employer Name	•				Occupa	tion	-	-	
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumr	mary 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	ing Peri	od			
			From:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	4.			\$	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								
Santarsiero for State Senate	From:	3/3/2020 To :	<u>3/27/2020</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)								
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 Ca	ndidate		Reportin	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						 	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•		•	•			
				_	Г		
Enter Grand Total of Part F of Section 2.	n Schedule II, In-Ki	nd Contributions Detai	led Sum	nmary Pa	ge,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting	g Period		
Santarsiero for State Senate	From	3/3/2020	То:	3/27/2020
		DATE		AMOUNT

tctBlue Mo								
MO					DATE			AMOUNT
tetBlue State State MA Description of Expenditure MA Day PER	To Whom Paid			МО	DAY	VEAR		
ity West Somerville State MA Description of Expenditure ActBlue business to business fee NO Whom Paid WeberCommunications ActBlue business to business fee NO MO DAY YEAR WeberCommunications ActBlue business to business fee NO DAY YEAR ActBlue business to business fee NO DAY YEAR ActBlue business to business fee NO DAY YEAR Description of Expenditure Monthly Email Vendor Charge NO NO DAY YEAR ActBlue business fee ActBlue business	ActBlue			140		ILAK		
MA 021440031 ActBlue business to business fee Whom Paid WeberCommunications Iailing Address Ity Chalfont State PA 189142252 Whom Paid GP VAN, Inc. Iailing Address Ity Washington State DC 2ip Code (Plus 4) 189142252 MO DAY YEAR FA 60.00 FA 60.00 PAGE TOTAL PAGE TOTAL	Mailing Address			3	10	2020	\$	2.25
weberCommunications ailing Address State PA	City West Somerville	State	Zip Code (Plus 4)	Descrip				
weberCommunications MO DAY YEAR		MA	021440031	ActBlue	business	to busine	ess fee	
ity Chalfont State PA 189142252 Monthly Email Vendor Charge WO DAY PAR Report Cover Page, Item D. \$ 2000 \$ 464.00 \$ 466.00 \$ 466.00 \$ 466.00 \$ 466.00 \$ 466.00 \$ 466.00 \$ 466.00 \$ 466.00 \$ 466.00 \$ 466.00 \$ 466.00 \$ 466.00 \$ 466.00 \$ 466.00 \$ 466.00 \$ 46	To Whom Paid			мо	DAY	YEAR		
ity Chalfont State PA 189142252 Monthly Email Vendor Charge O Whom Paid GP VAN, Inc. Iailing Address State DC 2ip Code (Plus 4) PA 189142252 Monthly Email Vendor Charge FAR 60.00 \$ 40.00 \$ 60.00	AweberCommunications							
PA 189142252 Monthly Email Vendor Charge Whom Paid GP VAN, Inc. ailing Address State DC 200055006 Database Charge PAGE TOTAL PAGE TOTAL	Mailing Address			3	23	2020	\$	464.00
Whom Paid GP VAN, Inc. ailing Address State DC 200055006 PAGE TOTAL PAGE TOTAL	City Chalfont	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
GP VAN, Inc. ailing Address 3 26 2020 \$ 60.00		PA	189142252	Monthly	Email Ver	ndor Chai	rge	
GP VAN, Inc. ailing Address 3 26 2020 \$ 60.00 ity Washington State Zip Code (Plus 4) Description of Expenditure DC 200055006 Database Charge DATA DATA DATA DATA DATA DATA DATA DATA DATA DATA DATA DATA DATA DATA DATA DATA DATA DATA DATA DATA	To Whom Paid			MO	DAY	VEAD		
ity Washington State DC 200055006 Database Charge PAGE TOTAL The Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	NGP VAN, Inc.			MO	DAT	ILAK		
DC 200055006 Database Charge PAGE TOTAL nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	Mailing Address			3	26	2020	\$	60.00
PAGE TOTAL nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	City Washington	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.		DC	200055006	Databas	se Charge			
								PAGE TOTAL
	Enter Grand Total of Exper	iditures on Page 1, Re	port Cover Page, Item D).			\$	526.25