Campaign Finance Report

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

Filer Identificat Number :	ion 20	0180067			Report Filed B		CANDI	DATE		СОМІ	MITTEE	✓	LOB	BYIST		
Name of Filing	Committee, Can	didate or L	obbyist:	S	SANTAR	SIER	0, STEVE	FOR S	STATE	E SENA	TE					
Street Address:	PO BOX 67	71														
City:	NEWTOWN	l					State:	PA			Zip Co	de: 18	940-0	671		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE-	2.	30 DA PRIMA		POST-	3.		AMENDMENT REPORT?		Yes	<pre></pre>	lo	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRID	AY PRE-	5.	30 DA ELECT				TERMIN REPORT	Yes	1	No	\checkmark		
report type)	ANNUAL REPO	RT 7. X	Year 2019	Ð	FILING METHOD () CHECK ONE						PAPER		\checkmark	DIS	ETTE	
Name of Office	L Sought by Cand	idate:					DATE O	F ELEC	CTIO	N	District Number	Office Code	Pa	ty Coc	le Cou Cod	
							мо	DAY	YE	AR	Humber	couc				
							11		5	2019		(SEE INS	TRUCTI	ONS FO	R CODE	S)
Summary of Receipts and MO DAY YEAR							мо	DAY	YE	AR	FC	OR OFFIC	e use	ONL	Y	
Expenditure	s from:		11 20	5 20	19 T	0	12	3	31	2019						
A. Amount Bro	ought Forward F	rom Last F	Report			\$			64,9	44.43]					
B. Total Monet	ary Contributio	ns And Ree	ceipts (Fro	m Sched	ule I)	\$	\$ 23,960.00									
C. Total Funds Available (Sum Of Lines A and B) \$ 88,904.43																
D. Total Expenditures (From Schedule III)									2,3	41.52						
E. Ending Cash	n Balance (Subt	ract Line D	From Line	C)		\$			86,5	62.91						
F. Value Of In-	-Kind Contributi	ons Receiv	ved (From S	Schedule	e II)	\$				0.00						
G. Unpaid Deb	ts And Obligatio	ons (From	Schedule I	V)		\$				0.00						
				AFFI	DAVI	T SE	CTION									
PART I - If this i		• •	-					• •		-						
I swear (or affirm correct and compl		including th	e attached s	chedules	filed on	paper (or by elect	ronic me	edium,	are to f	the best o	f my knov	/ledge	and be	elief , t	rue
Sworn to and sub	scribed before me day of	this	20			_			S	ignature	e of Perso	n Submitt	ing Re	port		
	Sign	ature				-					Prin	ted Name				_
My Commission E	xpires					_					Ema	il				
	МО	D	AY	YR				Are	a Cod	e	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a c	andidate's	authorized	d Commi	ittee, C	andida	ate shall	sign he	ere.							
I swear (or affirm No 320) as amend		of my know	edge and be	lief this p	olitical	commi	ittee has n	ot violat	ed any	y provis	ions of th	e act of Ju	ine 3,1	937 (P	.L. 133	33,
Sworn to and subs	cribed before me t day of	his	20							s	ignature	of Candida	te			-
						-					Printe	ed Name				-
My Commission For	Signatu	ire				-					Ema	il				_
My Commission Ex	ures					-										_
	мо	C	YAY	YR				Area (Code		D	aytime Te	lephor	ne Nun	ıber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reportin	g Period		
SANTARSIERO, STEVE FOR STATE SENATE	From:	<u>11/26/20</u>	<u>19</u> To:	<u>12/31/2019</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reportin	g Period	(1)	\$	58.00
2. Contributions Received - \$50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	600.00
All Other Contributions (Part B)	\$	500.00		
TOTAL for the Reportin	g Period	(2)	\$	1,100.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	10,800.00
All Other Contributions (Part D)			\$	12,000.00
TOTAL for the Reportin	g Period	(3)	\$	22,800.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)			
TOTAL for the Reportin	g Period	(4)	\$	2.00
Total Monetary Contributions and Receipts During this Reporting Period (Add a totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover P			\$	23,960.00
			_	

\$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 Candida	te		Reporting	Period					
SANTARSIERO, STEVE FOR STATE S	ENATE		From:	<u>11/26/20</u>) <u>19</u> To	:	<u>12/31/2019</u>		
				DATE AMOU					
Full Name of Contributing Committee Pennsylvania Optometric Political Actio	n Committee		мо	DAY	YEAR				
Mailing Address 218 North St	Mailing Address 218 North St					\$	100.00		
City Harrisburg	State PA	Zip Code (Plus 171011124	4) 12	18	2019				
Full Name of Contributing Committee AFSCME Council 13 Political & amp; Leg	мо	DAY	YEAR						
Mailing Address 4031 Executive P	ark Dr					\$	250.00		
City Harrisburg	State PA	Zip Code (Plus 171111507	4) 12	3	2019				
Full Name of Contributing Committee AT&T PAC Pennsylvania			мо	DAY	YEAR				
Mailing Address 3033 Chain Bridg	e Rd					\$	250.00		
City Oakton	State VA	Zip Code (Plus 221851000	4) 12	23	2019				
							PAGE TOTAL		
Enter Grand Total of Part A on Sche	ter Grand Total of Part A on Schedule I, Detailed Summary Page, Sec					\$	600.00		

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

	\$5 t to itemize all o \$50.01 to \$2	PART B R CONTRIE 50.01 TO \$250.00 ther contribution 50.00 in the repo om political comm	s with an orting per	aggreg iod.			rom	
Name of Filing Committee or	Candidate		Reporting P	eriod				
SANTARSIERO, STEVE FOR S	STATE SENATE		From:	<u>11/26/</u>):	: <u>12/31/2019</u>		
				DATE			AMOUNT	
Full Name of Contributor Thomas Taft			мо	DAY	YEAR			
Mailing Address 503 Pen Ar City Ambler	State Zin Code (Plus 4) 12 10 2019							
Full Name of Contributor William H. Koehler	мо	DAY	YEAR					
Mailing Address 25 Spring I City Yardley	_n State PA	Zip Code (Plus 4) 190675402	12	2	2019	\$	100.00	
Full Name of Contributor MaryAnn Edwards			мо	DAY	YEAR			
Mailing Address 775 River F City Yardley	Rd State PA	Zip Code (Plus 4) 190671847	12	2	2019	\$	100.00	
Full Name of Contributor William Rohrer Brosius			мо	DAY	YEAR			
Mailing Address 178 Green St City Sellersville State Zip Code (Plus 4) PA 189602410				9	2019	\$	100.00	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								

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			
SANTARSIERO, STEVE FOR STATE SENA	TE		From:	<u>11/2</u>	<u>6/2019</u>	То:	<u>12/31/2019</u>
				DA	TE		AMOUNT
Full Name of Contributing Committee Pennsylvania Optometric Political Action	Committee			мо	DAY	YEAR	
Mailing Address 218 North St							\$ 500.00
City Harrisburg	State Zip Code (Plus 4) PA 171011124			12	3	2019	
Full Name of Contributing Committee PA-THA-PAC					DAY	YEAR	
Mailing Address PO Box 300 City Bensalem	State Zip Code (Plus 4) PA 190200300			12	23	2019	\$ 2,500.00
Full Name of Contributing Committee Pa Ophthalmology PAC				мо	DAY	YEAR	
Mailing Address 200 N 3rd St Ste 150	D State PA	Zip Code 171011	e (Plus 4) 585	12	2	2019	\$ 300.00
Full Name of Contributing Committee International Union of Painters and Allie	d trades	•		мо	DAY	YEAR	
International Union of Painters and Allied trades Mailing Address 2980 Southampton Rd City Philadelphia State Zip Code (Plus 4) PA 191541202				12	9	2019	\$ 2,500.00
Full Name of Contributing Committee INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL 98 COMMITTEE ON POLITICAL EDUCATION					DAY	YEAR	
Mailing Address 1719 Spring Garden S City Philadelphia	St State PA	Zip Code 191303	e (Plus 4) 915	12	16	2019	\$ 5,000.00

4/28/2024 8:41:20 AM

\$

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				Rep	orting Pe	riod				
SANTARSIERO, STEVE FOR STATE SEN	ATE			Fron	n:	<u>11/26/2</u>	019 T a	To: <u>12/31/2019</u>		
					DA	TE		AMOUI	NT	
Full Name of Contributor							1			
Joseph Botta					мо	DAY	YEAR			
Mailing 118 Magnolia Dr Address								\$	5,000.00	
City Phoenixville	State	Zip	p Code (Plus	; 4)	12	27	2019			
	РА	19	4605762							
Employer Name Pineville Properties					Occupat	ion V	ice Pres	sident		
Employer Mailing Address/Principal Place of City Business						State		Zip Code (Plus 4)		
			Phoenixv	ille		PA		194605762		
Full Name of Contributor										
Michael P. Clarke					мо	DAY	YEAR			
Mailing 506 Lantern Ln Address								\$	1,000.00	
City Philadelphia	State	Zip	p Code (Plus	; 4)	12	10	2019			
	РА	19	1281052							
Employer Name Rudolph Clarke LLC					Occupation Attorney					
Employer Mailing Address/Principal Place Business	e of		City			State		Zip Code (Pl	us 4)	
7 Neshaminy Interplex DrSte 200			Trevose			PA		190536974	ļ	
Full Name of Contributor										
Obermayer Rebmann Maxwell & H	ippel LLP				мо	DAY	YEAR			
Mailing Address Centre Sq W 1500 Ma	arket St, suite 3400							\$	1,000.00	
City Philadelphia	State	Zip	p Code (Plus	; 4)	12	2	2019			
CityPhiladelphiaPA191022100										
Employer Name					Occupat	ion		-		
Employer Mailing Address/Principal Place	e of		City	State				Zip Code (Plus 4)		
Business										

Full Name of Contributor Bruce Wallace	ailing 84 Sheep Hole Rd					YEAR			
Mailing 84 Sheep Hole	e Rd						\$ 5,000.00		
City Ottsville	State PA		Code (Plus 4) 9429706	12 2 20		2019			
Employer Name none				Occupat	Occupation none				
Employer Mailing Address/Princi Business	pal Place of		City	•	State		Zip Code (Plus 4)		
84 Sheep Hole Rd			Ottsville	PA			189429706		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							PAGE TOTAL 12,000.00		

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 C	Candidate		Report	ing Perio	d				
SANTARSIERO, STEVE FOR S	TATE SENATE		From:		<u>11/26/201</u>	<u>9</u> To:	<u>12/31/2019</u>		
				D	ATE		AMOUNT		
Full Name Wells Fargo	Vells Fargo					YEAR			
Mailing Address 1420 E Lincoln Hwy							\$:	2.00
City Langhorne	State PA	Zip Code (1904730	-	12	4	2019	Ð		
Receipt Description transaction fee reversal									
Enter Grand Total of Part F o	n Schedule T. Detailed	Summary Page	Section	4				PAGE TOTAL	
	er Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.							2.00)

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 Peri	od							
SANTARSIERO, STEVE FOR STATE SENATE	From:	<u>11/26/2019</u> то:	<u>12/31/2019</u>						
. 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	T 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, 1		\$	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:			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 Scheo Section 2.	iled Sum	mary Pag	je,	PAGE	TOTAL			
					4	5	0.00	

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

Name of Filing Committee or Candidate	1				Re	porting P	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State	Zip Code(Plus 4)								
Employer of Contributor	•		•		Occupation					
Employer Mailing Address/Principal Place of City State Business						Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	n-Kind	Contributi	ions De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period					
SANTARSIERO, STEVE FOR STATE SEN	IATE		From	<u>11/2</u>	<u>5/2019</u>	То:	<u>12/31/2019</u>		
				DATE			AMOUNT		
To Whom Paid ActBlue			мо	DAY	YEAR				
Mailing Address PO Box 441146			12	4	2019	\$	360.98		
City West Somerville	State MA	Zip Code (Plus 4) 021440031		Description of Expenditure ActBlue percentage fees					
To Whom Paid ActBlue	мо	DAY	YEAR						
Mailing Address PO Box 441146	12	10	2019	\$	624.00				
City West Somerville		Description of Expenditure ActBlue percentage fees							
To Whom Paid AweberCommunications			мо	DAY	YEAR				
Mailing Address 1100 Manor Dr			12	23	2019	\$	464.00		
City Chalfont	State PA	Zip Code (Plus 4) 189142252	Description of Expenditure Monthly Email Vendor Charge						
To Whom Paid Elect Marlene Katz			мо	DAY	YEAR				
Mailing Address PO Box 386 2370 Yo	ork Road G1		12	23	2019	\$	500.00		
City Jamison	State PA	Zip Code (Plus 4) 189290386		otion of Exp ution made					
To Whom Paid Google G Suite			мо	DAY	YEAR				
Mailing Address 1600 Amphitheatre	Aailing Address 1600 Amphitheatre Pkwy			3	2019	\$	25.44		
City Mountain View	State CA	Zip Code (Plus 4) 940431351		otion of Exp Marketing	penditure	1			

To Whom Paid					DAY	YEAR			
Sage Payment Solutions									
Mailing Address 12120 Sunset Hills Rd Ste 500					2	2019	\$	2.50	
City Resto	on	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure			
		VA	201905858	Bank c	ard mercha	ant fees			
To Whom Paid Steve Santarsiero					DAY	YEAR			
Mailing Address 530 Southridge Cir				12	23	2019	\$	312.00	
City Yardl	ev	State	Zip Code (Plus 4)	Descrip	l otion of Exp	l Denditure			
	-,	РА	190674771	reimbursement/travel exp				o DLCC	
To Whom Paid The Parcel Place					DAY	YEAR			
Mailing Address 2865 S Eagle Rd				12	3	2019	\$	14.08	
City Newt	own	State	Zip Code (Plus 4)	Description of Expenditure					
PA 189401560				overnight mail fee					
To Whom Paid					DAY	YEAR			
The Parcel Place									
Mailing Address 2865 S Eagle Rd				12	5	2019	\$	15.52	
City Newt	own	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure			
		PA	189401560	overnight mail fee					
To Whom Paid Wells Fargo					DAY	YEAR			
Mailine Address									
Mailing Address 1420 E Lincoln Hwy				12	2	2019	\$	8.00	
City Lang	horne				Description of Expenditure				
		PA	190473007	bank transaction fee					
To Whom Paid Vantiv				мо	DAY	YEAR			
Mailing Address 8500 Governors Hill Dr				11	29	2019	\$	15.00	
City Symr	mes Twp	State	Zip Code (Plus 4)	Description of Expenditure Vantiv Fees			1		
,		ОН	45249						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.								PAGE TOTAL	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							\$	2,341.52	