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			CAI	NDI	DATE		COM	MITTEE	Y	LUB	51131	
Name of Filing C	ommittee, Candid	ate or L	obbyist:		SAN	TAR	SIER	0, ST	EVE	FOR S	STAT	E SENA	TE				
Street Address:	PO BOX 671																
City:	NEWTOWN							State	e:	PA			Zip Co	de: 18	3940-0	671	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2	2. X	30 DA PRIMA		Р	POST-	3.		AMENDN REPORT		Yes	No	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5	5.	30 DA		Р	POST-	6.		TERMIN/ REPORT		Yes	No	✓
report type)	ANNUAL REPORT	7.	Year 2020					IG ME CHECI					PAPER		₩	DISKE	TTE
Name of Office S	ought by Candida	te:						DAT	ΕO	F ELE	CTIC	ON	District Number	Office Code	Pai	ty Code	County Code
								МО		DAY	YI	EAR					
									11	,	3	2020		(SEE IN	STRUCTI	ONS FOR O	ODES)
Summary of Expenditures	Receipts and	МО	DAY	YEAR		_	_	МО		DAY	Y	EAR	FC	R OFFI	CE USE	ONLY	
expenditures	irom:		1 1	20	020	Т	0		5		18	2020					
A. Amount Bro	ught Forward Froi	n Last R	eport				\$					377.17					
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	Sche	dule	I)	\$				10,	036.00					
C. Total Funds Available (Sum Of Lines A and B) \$84,413.								413.17									
D. Total Expend	ditures (From Sch	edule II	I)				\$				13,0	024.36					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$				71,3	888.81					
F. Value Of In-	Kind Contribution	Receiv	ed (From S	chedul	le II))	\$					0.00	-				
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	')			\$					0.00			•		
				AFF	IDA	VI	ΓSE	CTIC	N								
	a Committee rep	-	_							-		_		£ I			
correct and comple) that this report, inc ete.	luaing the	attached sc	neaules	s riiea	ı on	paper	or by e	lecti	ronic m	eaium	i, are to t	ine best o	T MY KNO	wieage	and belle	er , true
Sworn to and subs	cribed before me this day of	5	20								5	Signature	of Perso	n Submit	ting Re	oort	
	Signatu	re					-						Prin	ted Name	9		
My Commission Ex	opires						_		•				Ema	il			
	МО	D	AY	YR						Are	ea Cod	de	Daytin	e Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized	Comm	nitte	e, C	andid	ate sh	all s	sign he	ere.						
No 320) as amende		ny knowl	edge and beli	ef this	politi	ical	comm	ittee h	as n	ot viola	ted ar	ny provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333,
Sworn to and subsc	ribed before me this day of		20									s	ignature (of Candid	ate		
	_						-						Printe	d Name			
My Commission Exp	Signature ires												Ema	il			
	мо	D	AY	YR			•			Area	Code		D	aytime T	elephor	ne Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
SANTARSIERO, STEVE FOR STATE SENATE	From:	1/1/202	<u>0</u> To:	5/18/2020
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	36.00
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	g Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	10,000.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	g Period	(3)	\$	10,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	10,036.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Committe	e or Candidate		Reporting				
			From:		То	:	
		L		DATE			AMOUNT
Full Name of Contributing	Committee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4))				

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 o	Name of Filling Committee of Candidate			Reporting Period From: To:				
			l		DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						

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 Per	iod		
SANTARSIERO, STEVE FOR STATE SENATE	From:	1/1/2020	То:	5/18/2020

DATE AMOUNT

Full Name of Contributing Committee PSEA PACE			МО	DAY	YEAR	
Mailing Address 400 N 3rd St PO Box 1724					\$ 10,000.00	
City Harrisburg	State PA	Zip Code (Plus 4) 171011385	5	14	2020	

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

PAGE TOTAL 10,000.00

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			
			Fron	n:		То	:	
				D	ATE		АМО	DUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PAG	GE 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 C	Candidate		Report	ting Perio	od			
			From:			To:		
				D	ATE		AMOUNT	
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. Detailed	d Summary Page.	Section	4.			PAGE TOTA	ıL
		· • • • • • • • • • • • • • • • • • • •					\$ C	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, STEVE FOR STATE SENATE	From:	<u>1/1/2020</u> To:	<u>5/18/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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,	•	\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	ate		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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	е				Re	porting	Period			
					Fro	om:		То:		
					•		DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor	-1		•			Occupa	ation			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	didate		Reporti	ng Period			
SANTARSIERO, STEVE FOR STAT	TE SENATE		From	<u>1/:</u>	1/2020	То:	5/18/2020
				DATE			AMOUNT
To Whom Paid ActBlue			МО	DAY	YEAR		
Mailing Address PO Box 44114	16		4	9	2020	\$	2.25
City West Somerville	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
west somervine	MA 021440031				to busin		
To Whom Paid ActBlue			МО	DAY	YEAR		
Mailing Address PO Box 44114	16		5	11	2020	\$ \$	2.23
City West Somerville	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
west sometime	MA	021440031	1	business			
Fo Whom Paid AweberCommunications			мо	DAY	YEAR		
Mailing Address 1100 Manor Dr			4	23	2020	\$	464.00
City Chalfont State Zip Code (Plus 4)			Descrip	tion of Exp	enditure		
PA 189142252			1	y Email Ve			
Го Whom Paid	•		МО	DAY	YEAR		

To Whom Paid Bucks County Democratic Committee			МО	DAY	YEAR		
Mailing Address 123 N Broad St Ste B			4	1	2020	\$	2,500.00
City Doylestown	State	Zip Code (Plus 4)	Description of Expenditure contribution made				
,	PA	189013716					
To Whom Paid Depasquale for Pa10			МО	DAY	YEAR		
Mailing Address PO Box 1822		4	1	2020	\$	500.00	
	22					*	300.00
City York	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		300.00

To Whom Paid						
Finello for Congress	МО	DAY	YEAR			
Mailing Address 2034 S Colorado St	4	1	2020	\$		500.00
City Philadelphia State Zip Code (Plus 4) PA 191452912	Descrip	Description of Expenditure contribution made				
To Whom Paid Friends of Carolyn Comitta	МО	DAY	YEAR			
Mailing Address 117 W Gay St Ste 156	4	1	2020	\$		1,000.00
City West Chester PA Zip Code (Plus 4) 193802938	Descrip	Description of Expenditure contribution made				
To Whom Paid Friends of Carolyn Comitta	МО	DAY	YEAR			
Mailing Address 117 W Gay St Ste 156	4	27	2020	\$		1,000.00
	_	Description of Expenditure contribution made				
City West Chester State Zip Code (Plus 4) PA 193802938	Descrip					
west Chester	Descrip					
To Whom Paid	contrib	ution made	e 	\$		500.00
To Whom Paid Friends of Gary Spillane	MO 4	DAY	YEAR 2020 Denditure	\$		500.00
To Whom Paid Friends of Gary Spillane Mailing Address PO Box 34 City Chalfont State Zip Code (Plus 4)	MO 4	DAY 27	YEAR 2020 Denditure	\$		500.00
To Whom Paid Friends of Gary Spillane Mailing Address PO Box 34 City Chalfont State PA 189140034 To Whom Paid	MO 4 Description	DAY 27 Dition of Expution made	YEAR 2020 Denditure	\$		500.00
To Whom Paid Friends of Gary Spillane Mailing Address PO Box 34 City Chalfont State PA 189140034 To Whom Paid Google G Suite	MO 4 Description MO 4 Description MO 4 Description MO	DAY 27 ption of Expution made	YEAR 2020 Denditure YEAR 2020	\$		
To Whom Paid Friends of Gary Spillane Mailing Address PO Box 34 City Chalfont State PA 189140034 To Whom Paid Google G Suite Mailing Address 1600 Amphitheatre Pkwy City Mountain View State Zip Code (Plus 4)	MO 4 Description MO 4 Description MO 4 Description MO	DAY 27 Dition of Expution made	YEAR 2020 Denditure YEAR 2020	\$		
To Whom Paid Friends of Gary Spillane Mailing Address PO Box 34 City Chalfont State PA 189140034 To Whom Paid Google G Suite Mailing Address 1600 Amphitheatre Pkwy City Mountain View State CA 2ip Code (Plus 4) 189140034	MO 4 Description MO 4 Description MO 4 Description A Description A Description A Description A Description A	DAY 27 Pition of Expution made DAY 3 Pition of Explanation of	YEAR 2020 Denditure 2020 Penditure	\$		

To Whom Paid			мо	DAY	YEAR		
Kane for Senate							
Mailing Address 209 Harding Ave			4	1	2020	\$	1,500.00
City Havertown	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	190833409					
To Whom Paid Pennsylvania Senate Democr	atic Campaign Committee		мо	DAY	YEAR		
Mailing Address PO Box 59358			5	4	2020	\$	5,000.00
City Phila	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	191029358					
To Whom Paid	•	·	мо	DAY	YEAR		
Sage Payment Solutions							
Mailing Address 12120 Sunset Hills Rd Ste 500			4	2	2020	\$	2.50
City Reston	State	Zip Code (Plus 4)	Description of Expenditure				
	VA	201905858	Bank ca	ard mercha	ant fees		
To Whom Paid Sage Payment Solutions	•		МО	DAY	YEAR		
Mailing Address 12120 Sunset Hills Rd Ste 500			5	4	2020	\$	2.50
City Reston	State	Zip Code (Plus 4)	Description of Expenditure				
	VA	201905858	Bank card merchant fees				
	L		I				PAGE TOTAL
Enter Grand Total of Expe	nditures on Page 1, Rep	ort Cover Page, Item D	-			\$	13,024.36