

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 : 20180067		Report Filed By :		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST					
Name of Filing Committee, Candidate or Lobbyist: SANTARSIERO, STEVE FOR STATE SENATE											
Street Address: PO BOX 671											
City: NEWTOWN			State: PA		Zip Code: 18940-0671						
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2020	FILING METHOD () CHECK ONE		PAPER		DISKETTE		<input checked="" type="checkbox"/>	
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code	
				MO	DAY	YEAR					
				3	17	2020	(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		1	1	2020	TO	3	2	2020			
A. Amount Brought Forward From Last Report				\$		86,562.91					
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		411.00					
C. Total Funds Available (Sum Of Lines A and B)				\$		86,973.91					
D. Total Expenditures (From Schedule III)				\$		12,088.49					
E. Ending Cash Balance (Subtract Line D From Line C)				\$		74,885.42					
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
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 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
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
SANTARSIERO, STEVE FOR STATE SENATE	From: <u>1/1/2020</u> To: <u>3/2/2020</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 61.00

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)	\$ 100.00
TOTAL for the Reporting Period (2)	\$ 350.00

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 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.)	\$ 411.00
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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	Reporting Period
SANTARSIERO, STEVE FOR STATE SENATE	From: <u>1/1/2020</u> To: <u>3/2/2020</u>
DATE AMOUNT	

Full Name of Contributing Committee	MO	DAY	YEAR	
Newtown Democrats				
Mailing Address 33 Meridian Cir				\$ 250.00
City Newtown State PA Zip Code (Plus 4) 189401741	1	10	2020	

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
SANTARSIERO, STEVE FOR STATE SENATE	From: <u>1/1/2020</u> To: <u>3/2/2020</u>

				DATE	AMOUNT	
Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
David P Moore						
Mailing Address 467 S Norwood Ave			1	7	2020	
City Newtown	State PA	Zip Code (Plus 4) 189401834				

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

PAGE TOTAL
\$ 100.00

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: To:

	DATE			AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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 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: _____

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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
	From: _____ To: _____

			DATE	AMOUNT
Full Name	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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 SANTARSIERO, STEVE FOR STATE SENATE	Reporting Period From: <u>1/1/2020</u> To: <u>3/2/2020</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: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$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		
Mailing Address				\$	0.00
City	State	Zip Code(Plus 4)			
Employer of Contributor			Occupation		
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
SANTARSIERO, STEVE FOR STATE SENATE	From <u>1/1/2020</u> To: <u>3/2/2020</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
ActBlue	1	8	2020	\$ 15.27
Mailing Address PO Box 441146				
City West Somerville	State MA	Zip Code (Plus 4) 021440031	Description of Expenditure ActBlue percentage fees	
To Whom Paid ActBlue	1	9	2020	\$ 30.20
Mailing Address PO Box 441146				
City West Somerville	State MA	Zip Code (Plus 4) 021440031	Description of Expenditure ActBlue percentage fees	
To Whom Paid ActBlue	2	11	2020	\$ 2.25
Mailing Address PO Box 441146				
City West Somerville	State MA	Zip Code (Plus 4) 021440031	Description of Expenditure ActBlue business to business fee	
To Whom Paid AweberCommunications	1	23	2020	\$ 464.00
Mailing Address 1100 Manor Dr				
City Chalfont	State PA	Zip Code (Plus 4) 189142252	Description of Expenditure Monthly Email Vendor Charge	
To Whom Paid AweberCommunications	2	24	2020	\$ 464.00
Mailing Address 1100 Manor Dr				
City Chalfont	State PA	Zip Code (Plus 4) 189142252	Description of Expenditure Monthly Email Vendor Charge	

To Whom Paid Bucks County Democratic Committee			MO	DAY	YEAR	
Mailing Address 123 N Broad St Ste B			1	6	2020	
City Doylestown	State PA	Zip Code (Plus 4) 189013716	Description of Expenditure contribution made- 1/7/20 Bucks fundraiser			
To Whom Paid Bucks County tour of Honor			MO	DAY	YEAR	
Mailing Address PO Box 689			2	2	2020	
City Doylestown	State PA	Zip Code (Plus 4) 189010689	Description of Expenditure contribution made			
To Whom Paid Cappelletti for Pa			MO	DAY	YEAR	
Mailing Address PO Box 498			2	25	2020	
City Norristown	State PA	Zip Code (Plus 4) 194040498	Description of Expenditure contribution made			
To Whom Paid Commonwealth Compliance Solutions, LLC			MO	DAY	YEAR	
Mailing Address PO Box 748			2	10	2020	
City Mechanicsburg	State PA	Zip Code (Plus 4) 170550748	Description of Expenditure compliance firm fee			
To Whom Paid Friends of Farnese			MO	DAY	YEAR	
Mailing Address PO Box 22596			2	2	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 191102596	Description of Expenditure contribution made			
To Whom Paid Friends of Harold M Hayes			MO	DAY	YEAR	
Mailing Address 2148 Andrea Dr			2	25	2020	
City Bensalem	State PA	Zip Code (Plus 4) 190202911	Description of Expenditure contribution made			

To Whom Paid Friends of Wendy Ullman			MO	DAY	YEAR	
Mailing Address 5747 Ridgeview Dr			1	23	2020	
City Doylestown	State PA	Zip Code (Plus 4) 189021344	Description of Expenditure contribution made			
To Whom Paid George Scott for PA 15			MO	DAY	YEAR	
Mailing Address PO Box 1063			1	9	2020	
City Harrisburg	State PA	Zip Code (Plus 4) 171081063	Description of Expenditure contribution made			
To Whom Paid George Scott for PA 15			MO	DAY	YEAR	
Mailing Address PO Box 1063			2	25	2020	
City Harrisburg	State PA	Zip Code (Plus 4) 171081063	Description of Expenditure contribution made			
To Whom Paid Google G Suite			MO	DAY	YEAR	
Mailing Address 1600 Amphitheatre Pkwy			1	1	2020	
City Mountain View	State CA	Zip Code (Plus 4) 940431351	Description of Expenditure Email Marketing			
To Whom Paid Google G Suite			MO	DAY	YEAR	
Mailing Address 1600 Amphitheatre Pkwy			2	3	2020	
City Mountain View	State CA	Zip Code (Plus 4) 940431351	Description of Expenditure Email Marketing			
To Whom Paid Google G Suite			MO	DAY	YEAR	
Mailing Address 1600 Amphitheatre Pkwy			3	2	2020	
City Mountain View	State CA	Zip Code (Plus 4) 940431351	Description of Expenditure Email Marketing			

To Whom Paid NGP VAN, Inc.			MO	DAY	YEAR	
Mailing Address 1101 15th St NW Ste 500			2	2	2020	
City Washington	State DC	Zip Code (Plus 4) 200055006	Description of Expenditure Database Charge			
To Whom Paid Sage Payment Solutions			MO	DAY	YEAR	
Mailing Address 12120 Sunset Hills Rd Ste 500			1	3	2020	
City Reston	State VA	Zip Code (Plus 4) 201905858	Description of Expenditure Bank card merchant fees			
To Whom Paid Sage Payment Solutions			MO	DAY	YEAR	
Mailing Address 12120 Sunset Hills Rd Ste 500			2	3	2020	
City Reston	State VA	Zip Code (Plus 4) 201905858	Description of Expenditure Bank card merchant fees			
To Whom Paid Sage Payment Solutions			MO	DAY	YEAR	
Mailing Address 12120 Sunset Hills Rd Ste 500			3	2	2020	
City Reston	State VA	Zip Code (Plus 4) 201905858	Description of Expenditure Bank card merchant fees			
To Whom Paid Steamfitter's L.U. 420 Wish			MO	DAY	YEAR	
Mailing Address 4031 Freemansburg Ave			2	2	2020	
City Easton	State PA	Zip Code (Plus 4) 180455520	Description of Expenditure contribution for charity fundraiser event			
To Whom Paid United States Postal Service			MO	DAY	YEAR	
Mailing Address 20 Terry Dr			1	31	2020	
City Newtown	State PA	Zip Code (Plus 4) 189405014	Description of Expenditure postage			

To Whom Paid United States Postal Service			MO	DAY	YEAR	
Mailing Address 20 Terry Dr			2	26	2020	\$ 134.00
City Newtown	State PA	Zip Code (Plus 4) 189405014	Description of Expenditure Renew P O Box fee			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 12,088.49

