### **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	20220	C0337				port ed B		CA	CANDIDATE COMMITTEE LOBBYIST										
Name of Filing C	Committee,	Candida	ate or Lo	obbyist:		SAN	ITAR	SIER	O, ST	EVE	N J									_
Street Address:														_						
City:									State	e:				Zip Co	<b>de:</b> 1	9067				
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA			OST-	3.			AMENDMENT REPORT?			No	•	<b>/</b>
(place X to the right of	6TH TUESD PRE-ELECT		4.	2ND FRIDA ELECTION	Y PRE	≣-	5. <b>X</b>	30 DA		Р	OST-	6.		TERMIN REPORT		Yes		No	•	<b>/</b>
report type)	ANNUAL R	EPORT	7.	<b>Year</b> 2022					IG ME CHEC		_			PAPER		<b>\</b>	D	ISKET	TE	
Name of Office S	- Sought by C	Candidat	e:						DAT	ΕO	F ELE	СТ	ION	District Number		e Pa	arty	Code	Coun Code	
SENATOR IN TH	HE GENERA	AL ASSE	MBLY						МО		DAY		YEAR	10	STS	DE	ΞM	(	09	
										11		8	2022		(SEE I	NSTRUCT	ION	S FOR CO	ODES)	
Summary of Expenditures		and	МО	DAY	YEAR		_	_	МО		DAY		YEAR	F	OR OFF	CE US	ΕO	NLY		
				6 7	2	022		<u>О</u>		10		24	2022	2]						
A. Amount Bro								\$					0.00	_						
B. Total Moneta	ary Contrib	utions A	And Rec	eipts (Fron	1 Sche	dule	· I)	\$					5,754.96	<u>'</u>						
C. Total Funds	Available (	Sum Of	Lines A	and B)				\$				6	5,754.96							
D. Total Expenditures (From Schedule III) \$ 6,754.96								_												
E. Ending Cash	Balance (S	Subtract	Line D	From Line	C)			\$					0.00	-						
F. Value Of In-						le II	()	\$		0.00										
G. Unpaid Debt	s And Obli	gations	(From S	Schedule IV	/)			\$					0.00							_
					AFF	ID/	۱۷۲	ΓSE	CTIC	NC										
PART I - If this is		-	-	_										_						
I swear (or affirm) correct and comple		port, incli	uding the	attached sc	hedule	s filed	d on	paper	or by e	electr	onic m	edil	ım, are to	the best o	of my kn	owledge	e an	d belief	r , tru	ie'
Sworn to and subs	cribed before day of	e me this		20						•			Signatui	e of Perso	n Subm	tting Re	epor	rt		_
		Signatur	·e					-						Pri	nted Nan	ne				-
My Commission Ex	opires —							_						Ema	nil					_
	М	0	D/	AY	YR						Are	ea C	ode	Daytir	ne Telep	hone N	umb	ber		
Part II- If this is	a report o	f a cand	idate's	authorized	Comn	nitte	e, C	andid	ate sl	nall s	sign he	ere.								
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and beli	ief this	polit	tical	comm	ittee h	as no	ot viola	ted	any provi	sions of th	e act of	June 3,	193	7 (P.L.	1333	3,
Sworn to and subsc	ribed before day of	me this		20									:	Signature	of Candi	date				-
								_						Print	ed Name					-
My Commission Exp	_	gnature						-		-				Ema	nil					-
, commission Exp																				╻┃
		МО	D	AY	YR	1					Area	Cod	le	C	aytime	Telepho	ne l	Numbe	r	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
SANTARSIERO, STEVEN J	From:	<u>6/7/202</u>	<u>2</u> To:	10/24/2022
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	) 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	) Period	(4)	\$	6,754.96
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			\$	6,754.96

#### **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	Name of Filing Committee or Candidate			Reporting Period							
		F	rom:		То	:					
		•		DATE			AMOUNT				
Full Name of Contributing Co	ommittee		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.

0.00

### **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.

(EXCIU	de contributions fr	om political comm	iitte	ees re	portea	in Part	A)	
Name of Filing Committe	e or Candidate		Rep					
			Fro	m:		To	o:	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.0
City	State	Zip Code (Plus 4	)					
	·	•			•	•		PAGE TOTAL

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		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							<b>-</b>   \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	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			
			Fron	n:		To	):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary 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	Reporting Perio	od	
SANTARSIERO, STEVEN J	From:	<u>6/7/2022</u> <b>To:</b>	10/24/2022

			D	ATE		Al	MOUNT
Full Name			МО	DAY	VEAD		6.754.06
Steve Santarsiero for State Senate			МО	DAT	YEAR	\$	6,754.96
Mailing Address			8	22	2022		
City Newtown	State	Zip Code (Plus 4)			2022		
	PA	18940					
Receipt Description Reimbursemer	t for wine for August I	nn at Barley Sheaf fu	ndraiser				

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

**PAGE TOTAL \$** 6,754.96

#### **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	
SANTARSIERO, STEVEN J	From:	<u>6/7/2022</u> <b>To:</b>	10/24/2022
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 Car	ndidate		Reporting Period					
			From:			To	:	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>7</b> \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•				
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	ımary Pa	ge,		PAGE TOTAL	•
Section 2.						\$	(	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	e or Candidate		Reporti	ng Period			
SANTARSIERO, STEVEN	J		From	<u>6/7</u>	7/2022	То:	10/24/2022
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Laurel Glen Vineyard			1-10				
Mailing Address			7	27	2022	\$	3,134.20
City Glen Ellen	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	CA	95442	Wine fc	r August Ir	nn at Bar	ley Sheaf	fundraiser
To Whom Paid			мо	DAY	YEAR		
Laurel Glen Vineyard							
Mailing Address			7	27	2022	\$	844.76
City Glen Ellen	State	Zip Code (Plus 4)	ip Code (Plus 4) Description of Expend				
	CA	95442	Wine fo	r August Ir	nn at Bar	ley Sheaf	fundraiser
To Whom Paid			мо	DAY	YEAR		
Laurel Glen Vineyard					127		
Mailing Address			8	4	2022	\$	2,082.56
City Glen Ellen	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	CA	95442	Wine fo	r August Ir	nn at Bar	ley Sheaf	fundraiser
To Whom Paid			мо	DAY	YEAR		
Laurel Glen Vineyard			110				
<u></u>			8	12	2022	\$	693.44
Mailing Address				1	1		
Mailing Address  City Glen Ellen	State	Zip Code (Plus 4)	Descrip	tion of Expe	<u> </u> enditure		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

6,754.96