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 :	ion 202	2C0337			Repo Filed		C	ANDI	DATE	✓	CC	OMMITTE	E	LOBI	BYIST		
Name of Filing C	Committee, Candi	date or Lo	obbyist:		SANT	ARSIE	RO, S	TEVE	IN J								
Street Address:																	
City:							State:				Zip Code: 19067						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 I PRII	DAY MARY	Ρ	POST- 3.		AMENDMENT REPORT?		Yes	No)	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	E- 5.		30 DAY POST- ELECTION			OST- 6. X		TERMINATION REPORT?		Yes	No)	\checkmark
report type)	ANNUAL REPOR	T 7.	Year 2022				ING M) CHE					PAPER		\checkmark	DISKE	TTE	
Name of Office Sought by Candidate:							DA	TE O	F ELEC			District Number	Office Code	Par	ty Code	Cour Code	
SENATOR IN T	SENATOR IN THE GENERAL ASSEMBLY								DAY	YEA		10	STS	DEN	1	09	
								11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of Expenditures	Receipts and	мо	DAY	YEAR			мо		DAY	YE/	R	FO	R OFFIC	E USE	ONLY		
	5 110111.	1	10 25	2	022	то		11	2	8	2022						
A. Amount Bro	ught Forward Fro	om Last R	eport				\$				0.00						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	1 Sche	dule I)	\$ 0.00										
C. Total Funds	Available (Sum C	Of Lines A	and B)				\$				0.00						
D. Total Expen	ditures (From Sc	hedule II	1)				\$			24	0.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$			(240	0.00)	-					
F. Value Of In-	Kind Contribution	ns Receive	ed (From S	chedu	le II)		\$				0.00	-					
G. Unpaid Deb	ts And Obligation	s (From S	Schedule IV	()			\$				0.00						
				AFF	IDAV	IT S	ECTI	ON									
	s a Committee re																
I swear (or affirm correct and compl) that this report, in ete.	cluding the	e attached sc	hedule	s filed o	n pape	er or by	electi	ronic me	dium, a	are to	the best of	my know	ledge	and bel	lef , tr	ue
Sworn to and subs	scribed before me th day of 	is	20							Sig	Inatur	e of Persor	n Submitti	ing Rep	oort		-
	Signat	ure										Print	ed Name				-
My Commission E	xpires											Emai	I				_
	МО	D/	AY	YR					Are	a Code		Daytim	e Telepho	one Nu	mber		
Part II- If this is	a report of a car	ndidate's	authorized	Comm	nittee,	Candi	idate s	shall	sign he	re.							
I swear (or affirm) No 320) as amendo) that to the best of ed.	my knowle	edge and beli	ef this	s politica	al com	mittee	has n	ot violat	ed any	provis	ions of the	e act of Ju	ine 3,1	937 (P.I	133	з,
Sworn to and subscribed before me this day of 20											S	ignature o	f Candida	te			-
												Printe	d Name				-
My Commission Exp	Signature bires	3										Emai	I				-
	мо	D/	AY	YR	ł	_			Area	Code		Da	iytime Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
SANTARSIERO, STEVEN J	From:	<u>10/25/202</u>	<u>2</u> To:	<u>11/28/2022</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	(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	g Period	(3)	\$	0.00
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			\$	0.00
			L	

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					
				From: To:):		
		·			DATE			AMOUNT	
Full Name of Contributing Committee			м	10	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	•)						
								PAGE TOTAL	
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. (Exclude contributions from political committees reported in Part A)								
Name of Filing Committee or Candida	te		Rep	orting P	eriod			
			Fror	m:		Тс):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address	_	_					\$	0.00
City State Zip Code (Plus 4)								
								PAGE TOTAL
Enter Grand Total of Part A on	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	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 Period						
				То:					
				DA	TE		ŀ	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Sched	age, Sectio	n 3.			\$	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					
Fre				From:			То:		
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE 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	Name of Filing Committee or Candidate			Reporting Period						
			From: To:							
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description	·	•					•			
		_						PAGE TO	TAL	
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary Page,	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 Perio	d	
SANTARSIERO, STEVEN J	From:	<u>10/25/2022</u> то:	<u>11/28/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	「 F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, I		\$	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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	ie,	F	PAGE TOTAL		
						\$	0.00		

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

Name of Filing Committee or Candidate				Reporting Period					
						То:			
					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 Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution		
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	d			PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Reporting Period						
SANTARSIERO, STEVEN J	From	<u>10/2</u>	То:	<u>11/28/2022</u>			
	DATE AMO						
To Whom Paid			мо	DAY	YEAR		
USPS - Newtown							
Mailing Address			11	28	2022	\$	240.00
City Newtown	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	18940	Postage	e - Stamps			
							PAGE TOTAL
Enter Grand Total of Expend	ditures on Page 1, Re	port Cover Page, Item I).			\$	240.00