

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 for State Senate | | | | | | | | | | | | |
| Street Address: P O Box 671 | | | | | | | | | | | | |
| City: Newtown | | | | | | State: PA | | Zip Code: 18940 | | | | |
| TYPE OF REPORT (place X to the right of report type) | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRE-PRIMARY | 2. | 30 DAY PRIMARY | POST- | 3. | AMENDMENT REPORT? | Yes | No | <input checked="" type="checkbox"/> | |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | 5. | 30 DAY ELECTION | POST- | 6. | TERMINATION REPORT? | Yes | No | <input checked="" type="checkbox"/> | |
| | ANNUAL REPORT | 7. | Year 2024 | FILING METHOD () CHECK ONE | | PAPER <input checked="" type="checkbox"/> | | DISKETTE | | | | |
| Name of Office Sought by Candidate: | | | | | | DATE OF ELECTION | | | District Number | Office Code | Party Code | County Code |
| | | | | | | MO | DAY | YEAR | | | | |
| | | | | | | 11 | 5 | 2024 | | | | |
| | | | | | | | | | (SEE INSTRUCTIONS FOR CODES) | | | |
| Summary of Receipts and Expenditures from: | | MO | DAY | YEAR | TO | MO | DAY | YEAR | FOR OFFICE USE ONLY | | | |
| | | 1 | 1 | 1 | | 1 | 1 | 1 | | | | |
| A. Amount Brought Forward From Last Report | | | | | | \$ 100,804.91 | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | | \$ 13,595.88 | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | \$ 114,400.79 | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | | \$ 3,125.79 | | | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | | \$ 111,275.00 | | | | | | |
| 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 of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

| | |
|--|-------------------------|
| Name of Filing Committee or Candidate | Reporting Period |
| Santarsiero for State Senate | From: To: |

| | |
|--|----------|
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | |
| TOTAL for the Reporting Period (1) | \$ 95.00 |

| | |
|--|---------|
| 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) | \$ 13,500.00 |
| TOTAL for the Reporting Period (3) | \$ 13,500.00 |

| | |
|--|---------|
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) | |
| TOTAL for the Reporting Period (4) | \$ 0.88 |

| | |
|---|--------------|
| 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.) | \$ 13,595.88 |
|---|--------------|

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 | \$ | 0.00 |
| Mailing Address | | | | | | | |
| 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 Santarsiero for State Senate | Reporting Period From: _____ To: _____ |
|--|--|

| | | | | DATE | | AMOUNT | |
|--|---------|----------------------------|--------------|------------------------------------|-------|--------|-------------------|
| Full Name of Contributor | | | | MO | DAY | YEAR | \$1,000.00 |
| Joel Rosen | | | | 2 | 16 | 2024 | |
| Mailing Address7 Hedgerow Ln | | | | | | | |
| CityHorsham | StatePA | Zip Code (Plus 4)190441852 | | | | | |
| Employer NameHigh Swartz LLP | | | | OccupationAttorney | | | |
| Employer Mailing Address/Principal Place of Business | | | City | | State | | Zip Code (Plus 4) |
| 40 E Airy St | | | Norristown | | PA | | 194014803 |
| Full Name of Contributor | | | | MO | DAY | YEAR | \$5,000.00 |
| Susan L Plotkin | | | | 2 | 20 | 2024 | |
| Mailing Address4650 Wismer Rd | | | | | | | |
| CityDoylestown | StatePA | Zip Code (Plus 4)189029326 | | | | | |
| Employer NameNot Employed | | | | OccupationNot Employed | | | |
| Employer Mailing Address/Principal Place of Business | | | City | | State | | Zip Code (Plus 4) |
| 4650 Wismer Rd | | | Doylestown | | PA | | 189029326 |
| Full Name of Contributor | | | | MO | DAY | YEAR | \$1,000.00 |
| Mark Petty | | | | 2 | 6 | 2024 | |
| Mailing Address7 Hayden Ln | | | | | | | |
| CityOttsville | StatePA | Zip Code (Plus 4)189429711 | | | | | |
| Employer NamePennEngineering | | | | OccupationBoard Member | | | |
| Employer Mailing Address/Principal Place of Business | | | City | | State | | Zip Code (Plus 4) |
| 5190 Old Easton Rd | | | Danboro | | PA | | 18916 |
| Full Name of Contributor | | | | MO | DAY | YEAR | \$1,000.00 |
| Jeff DeVuono | | | | 2 | 21 | 2024 | |
| Mailing Address560 Beaumont Rd | | | | | | | |
| CityDevon | StatePA | Zip Code (Plus 4)193331722 | | | | | |
| Employer NameBrandywine Realty Trust | | | | OccupationExecutive Vice President | | | |
| Employer Mailing Address/Principal Place of Business | | | City | | State | | Zip Code (Plus 4) |
| 2929 Arch St | | | Philadelphia | | PA | | 191042857 |

| | | | | | | |
|---|--------------------|---------------------------------------|---|------------------|---------------------------------------|---------------------|
| Full Name of Contributor Chari Cohen | | | MO 2 | DAY 16 | YEAR 2024 | \$ 500.00 |
| Mailing Address 3805 Old Easton Rd | | | | | | |
| City Doylestown | State PA | Zip Code (Plus 4) 189028400 | | | | |
| Employer Name Hepatitis B Foundation | | | Occupation Public Health Scientist | | | |
| Employer Mailing Address/Principal Place of Business 3805 Old Easton Rd | | City Doylestown | State PA | | Zip Code (Plus 4) 189028400 | |

| | | | | | | |
|--|--------------------|---------------------------------------|--------------------------------|-----------------|---------------------------------------|-----------------------|
| Full Name of Contributor Joan Block | | | MO 2 | DAY 9 | YEAR 2024 | \$ 5,000.00 |
| Mailing Address 200 Belmont Ave | | | | | | |
| City Doylestown | State PA | Zip Code (Plus 4) 189014305 | | | | |
| Employer Name Not Employed | | | Occupation Not Employed | | | |
| Employer Mailing Address/Principal Place of Business 200 Belmont Ave | | City Doylestown | State PA | | Zip Code (Plus 4) 189014305 | |

| | | | | | | |
|---|--|--|--|--|--|---------------------|
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3. | | | | | | PAGE TOTAL |
| | | | | | | \$ 13,500.00 |

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 |
| Santarsiero for State Senate | From: To: |

| | | | | DATE | | AMOUNT | |
|---------------------|--|-------|-------------------|------|-----|--------|---------|
| Full Name | | | | MO | DAY | YEAR | \$ 0.88 |
| Wells Fargo | | | | | | | |
| Mailing Address | | | | | | | |
| 1420 E Lincoln Hwy | | | | 1 | 31 | 2024 | |
| City | | State | Zip Code (Plus 4) | | | | |
| Langhorne | | PA | 190473007 | | | | |
| Receipt Description | | | | | | | |
| Bank Interest | | | | | | | |

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

| | |
|-------------------|------|
| PAGE TOTAL | |
| \$ | 0.88 |

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 for State Senate | | From: | To: |
| 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 RECIEVED - 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 | \$ 0.00 |
| Mailing Address | | | | | | |
| 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 |

5/9/2025 2:26:31 PM

SCHEDULE III STATEMENT OF EXPENDITURES

| | |
|--|-------------------------|
| Name of Filing Committee or Candidate | Reporting Period |
| Santarsiero for State Senate | From To: |

| DATE | | | | AMOUNT |
|---|-----------------|------------------------------------|---|-------------|
| To Whom Paid | MO | DAY | YEAR | |
| ActBlue | | | | |
| Mailing Address PO Box 441146 | 1 | 31 | 2024 | \$ 2.10 |
| City West Somerville | State MA | Zip Code (Plus 4) 021440031 | Description of Expenditure Processing fees. | |
| To Whom Paid | MO | DAY | YEAR | |
| AweberCommunications | | | | |
| Mailing Address 1100 Manor Dr | 2 | 22 | 2024 | \$ 464.00 |
| City Chalfont | State PA | Zip Code (Plus 4) 189142252 | Description of Expenditure Email marketing. | |
| To Whom Paid | MO | DAY | YEAR | |
| Bucks County Saint Patrick's Day Parade Committee | | | | |
| Mailing Address 518 Trenton Rd | 2 | 21 | 2024 | \$ 250.00 |
| City Fairless Hills | State PA | Zip Code (Plus 4) 190302808 | Description of Expenditure Sponsorship | |
| To Whom Paid | MO | DAY | YEAR | |
| Commonwealth Compliance Solutions, LLC | | | | |
| Mailing Address PO Box 748 | 2 | 8 | 2024 | \$ 500.00 |
| City Mechanicsburg | State PA | Zip Code (Plus 4) 170550748 | Description of Expenditure Compliance services | |
| To Whom Paid | MO | DAY | YEAR | |
| Friends of Anna Payne | | | | |
| Mailing Address 346 Stratton Ct | 2 | 21 | 2024 | \$ 1,000.00 |
| City Langhorne | State PA | Zip Code (Plus 4) 190471664 | Description of Expenditure Contribution Made | |
| To Whom Paid | MO | DAY | YEAR | |
| Google G Suite | | | | |
| Mailing Address 1600 Amphitheatre Pkwy | 2 | 2 | 2024 | \$ 76.32 |
| City Mountain View | State CA | Zip Code (Plus 4) 940431351 | Description of Expenditure Web service | |

| | | | | | | |
|--|--------------------|---------------------------------------|---|------------|-------------|-----------|
| To Whom Paid NGP VAN, Inc. | | | MO | DAY | YEAR | \$ 402.80 |
| Mailing Address 1101 15th St NW Ste 500 | | | 2 | 9 | 2024 | |
| City Washington | State DC | Zip Code (Plus 4) 200055006 | Description of Expenditure Database fee | | | |

| | | | | | | |
|--|--------------------|---------------------------------------|---|------------|-------------|----------|
| To Whom Paid Sage Payment Solutions | | | MO | DAY | YEAR | \$ 22.50 |
| Mailing Address 12120 Sunset Hills Rd Ste 500 | | | 2 | 2 | 2024 | |
| City Reston | State VA | Zip Code (Plus 4) 201905858 | Description of Expenditure Bankcard fees. | | | |

| | | | | | | |
|--|--------------------|---------------------------------------|---|------------|-------------|---------|
| To Whom Paid Stripe | | | MO | DAY | YEAR | \$ 4.69 |
| Mailing Address 354 Oyster Point Blvd | | | 1 | 31 | 2024 | |
| City South San Francisco | State CA | Zip Code (Plus 4) 940801912 | Description of Expenditure Processing fees. | | | |

| | | | | | | |
|---|--------------------|---------------------------------------|---|------------|-------------|-----------|
| To Whom Paid United States Postal Service | | | MO | DAY | YEAR | \$ 222.00 |
| Mailing Address 20 Terry Dr | | | 2 | 5 | 2024 | |
| City Newtown | State PA | Zip Code (Plus 4) 189405014 | Description of Expenditure USPS PO Box yearly fee | | | |

| | | | | | | |
|-------------------------------------|--------------------|---------------------------------------|--|------------|-------------|-----------|
| To Whom Paid Verizon | | | MO | DAY | YEAR | \$ 181.38 |
| Mailing Address PO Box 15124 | | | 2 | 8 | 2024 | |
| City Albany | State NY | Zip Code (Plus 4) 122125124 | Description of Expenditure Phone and internet. | | | |

| | | | | | | |
|--|--|--|--|--|--|-------------------|
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | PAGE TOTAL |
| | | | | | | \$ 3,125.79 |

