

# Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

<b>Filer Identification Number :</b>		20180067		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> Santarsiero for State Senate												
<b>Street Address:</b>												
<b>City:</b> Newtown						<b>State:</b> PA		<b>Zip Code:</b> 18940				
<b>TYPE OF REPORT</b>  (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	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2024	<b>FILING METHOD ( ) CHECK ONE</b>			<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>				
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>				
						11	5	2024				
									(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		1	1	1		1	1	1				
<b>A. Amount Brought Forward From Last Report</b>						\$ 100,804.91						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 13,595.88						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 114,400.79						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 3,125.79						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 111,275.00						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
Santarsiero for State Senate	<b>From:</b> <b>To:</b>

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

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 13,500.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 13,500.00

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

<b>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.)</b>	\$ 13,595.88
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**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.

<b>PAGE TOTAL</b>
\$ 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.)**

<b>Name of Filing Committee or Candidate</b>  Santarsiero for State Senate	<b>Reporting Period</b>  <b>From:</b> _____ <b>To:</b> _____
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				DATE	AMOUNT	
<b>Full Name of Contributor</b> Joan Block				<b>MO</b>	\$ 5,000.00	
<b>Mailing Address</b> City Doylestown State PA Zip Code (Plus 4) 189014305				<b>DAY</b>		
<b>Employer Name</b> Not Employed				<b>YEAR</b>		
<b>Employer Mailing Address/Principal Place of Business</b>				2	9	2024
<b>Employer Name</b> Hepatitis B Foundation				Not Employed		
<b>Employer Mailing Address/Principal Place of Business</b>				City Doylestown	State PA	Zip Code (Plus 4) 189014305
<b>Full Name of Contributor</b> Chari Cohen				<b>MO</b>	\$ 500.00	
<b>Mailing Address</b> City Doylestown State PA Zip Code (Plus 4) 189028400				<b>DAY</b>		
<b>Employer Name</b> Hepatitis B Foundation				<b>YEAR</b>		
<b>Employer Mailing Address/Principal Place of Business</b>				2	16	2024
<b>Employer Name</b> Hepatitis B Foundation				Public Health Scientist		
<b>Employer Mailing Address/Principal Place of Business</b>				City Doylestown	State PA	Zip Code (Plus 4) 189028400
<b>Full Name of Contributor</b> Jeff DeVuono				<b>MO</b>	\$ 1,000.00	
<b>Mailing Address</b> City Devon State PA Zip Code (Plus 4) 193331722				<b>DAY</b>		
<b>Employer Name</b> Brandywine Realty Trust				<b>YEAR</b>		
<b>Employer Mailing Address/Principal Place of Business</b>				2	21	2024
<b>Employer Name</b> Brandywine Realty Trust				Executive Vice President		
<b>Employer Mailing Address/Principal Place of Business</b>				City Philadelphia	State PA	Zip Code (Plus 4) 191042857
<b>Full Name of Contributor</b> Mark Petty				<b>MO</b>	\$ 1,000.00	
<b>Mailing Address</b> City Ottsville State PA Zip Code (Plus 4) 189429711				<b>DAY</b>		
<b>Employer Name</b> PennEngineering				<b>YEAR</b>		
<b>Employer Mailing Address/Principal Place of Business</b>				2	6	2024
<b>Employer Name</b> PennEngineering				Board Member		
<b>Employer Mailing Address/Principal Place of Business</b>				City Danboro	State PA	Zip Code (Plus 4) 18916

<b>Full Name of Contributor</b> Susan L Plotkin			<b>MO</b> 2	<b>DAY</b> 20	<b>YEAR</b> 2024	<b>\$</b> 5,000.00
<b>Mailing Address</b>						
<b>City</b> Doylestown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 189029326				
<b>Employer Name</b> Not Employed			<b>Occupation</b> Not Employed			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b> Doylestown	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 189029326	

  

<b>Full Name of Contributor</b> Joel Rosen			<b>MO</b> 2	<b>DAY</b> 16	<b>YEAR</b> 2024	<b>\$</b> 1,000.00
<b>Mailing Address</b>						
<b>City</b> Horsham	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190441852				
<b>Employer Name</b> High Swartz LLP			<b>Occupation</b> Attorney			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b> Norristown	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 194014803	

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

<b>PAGE TOTAL</b>
<b>\$</b> 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.**

<b>Name of Filing Committee or Candidate</b>  Santarsiero for State Senate	<b>Reporting Period</b>  <b>From:</b> <b>To:</b>
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				DATE		AMOUNT	
Full Name				MO	DAY	YEAR	\$ 0.88
Wells Fargo							
Mailing Address				1	31	2024	
City	Langhorne	State	Zip Code (Plus 4)				
		PA	190473007				
Receipt Description		Bank Interest					

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

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
Santarsiero for State Senate		<b>From:</b>	<b>To:</b>
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period		(1)	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period		(2)	\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
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			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.						<b>PAGE TOTAL</b>  \$ 0.00

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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
Santarsiero for State Senate	<b>From</b> <b>To:</b>

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

<b>To Whom Paid</b> NGP VAN, Inc.			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 402.80
<b>Mailing Address</b>			2	9	2024	
<b>City</b> Washington	<b>State</b> DC	<b>Zip Code (Plus 4)</b> 200055006	<b>Description of Expenditure</b> Database fee			

<b>To Whom Paid</b> Sage Payment Solutions			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 22.50
<b>Mailing Address</b>			2	2	2024	
<b>City</b> Reston	<b>State</b> VA	<b>Zip Code (Plus 4)</b> 201905858	<b>Description of Expenditure</b> Bankcard fees.			

<b>To Whom Paid</b> Stripe			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 4.69
<b>Mailing Address</b>			1	31	2024	
<b>City</b> South San Francisco	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 940801912	<b>Description of Expenditure</b> Processing fees.			

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

<b>To Whom Paid</b> Verizon			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 181.38
<b>Mailing Address</b>			2	8	2024	
<b>City</b> Albany	<b>State</b> NY	<b>Zip Code (Plus 4)</b> 122125124	<b>Description of Expenditure</b> Phone and internet.			

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 3,125.79

