### **Campaign Finance Report**

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

Filer Identification 20180067 Number :						port		CANDI	DATE		СОМИ	4ITTEE	<b>√</b>	LOBE	SYIST	
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		San	tars	iero f	or State	Senate		-		·			
Street Address:	P O Box 671															
City:	Newtown							State:	PA			Zip Cod	<b>ie:</b> 18	3940		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		POST-	3.		AMENDMENT REPORT?		Yes	No	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDATELECTION	y pre	≣-	5.	30 DA		POST-	6.		TERMINA REPORT?		Yes	No	<b>\</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2024					NG METHO				PAPER	PAPER DISKETTE			
Name of Office S	- Sought by Candida	te:						DATE 0	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	County Code
								МО	DAY	ΥI	EAR	Number	code			Couc
								11		5	2024		(SEE IN	STRUCTIO	ONS FOR C	ODES)
Summary of Receipts and Expenditures from:								МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY	
Expenditures	s trom:		1 1		1	Т	0	1		1	1					
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			100,8	304.91					
B. Total Monet	ary Contributions A	And Rec	eipts (From	Sche	dule	· I)	\$		13,595.88							
C. Total Funds Available (Sum Of Lines A and B)							\$			114,4	400.79					
D. Total Expenditures (From Schedule III)							\$			3,1	125.79					
E. Ending Cash Balance (Subtract Line D From Line C)							\$		:	111,2	275.00					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II	:)	\$				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	)			\$				0.00			1		
				AFF	ID/	١٧٤	T SE	CTION								
	a Committee rep	-	_								_					
I swear (or affirm) correct and comple	) that this report, incl ete.	uding the	attached scl	hedule	s file	d on	paper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , true
Sworn to and subs	cribed before me this day of	•	20							S	Signature	of Perso	n Submit	ting Rep	ort	
	- Cianatu						- -					Prin	ted Name	e		
My Commission Ex	Signatu opires	ie										Ema	il			
	мо	D	AY	YR			-		Are	ea Cod	le	Daytim	e Teleph	none Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	polit	tical	comm	ittee has n	ot viola	ted ar	ıy provisi	ions of the	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subsc	ribed before me this										Si	ignature o	of Candid	ate		
	day of —— —————						_					Printe	d Name			
	Signature						-									
My Commission Exp	<del>-</del>											Ema	il			
	МО	D	AY	YR	l		-		Area	Code		Da	aytime T	elephon	e Numbe	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Period	
Santarsiero for State Senate	From:	То:
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	J 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)		<b>\$</b> 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	y Period (4)	\$ 0.88
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa		<b>\$</b> 13,595.88

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

		ly contributions r lue from \$50.01 t			•				
Name of Filing Committee or (	Candidate		Re	Reporting Period					
F				From: To			<b>)</b> :		
					DATE			AMOUNT	
Full Name of Contributing Comm	nittee			МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	4)						
							$\overline{}$	PAGE TOTAL	

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

0.00

## 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 Filling Committee of Candidate			Reporting Period From: To:					
			From: To				):	
					DATE		AMOUNT	
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						

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

**PAGE TOTAL \$** 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	me of Filing Committee or Candidate Rep			Reporting Period						
			From:			То:				
				DA	TE		А	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary Pa	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 C	nme of Filing Committee or Candidate				eporting Pe	riod	Reporting Period					
Santarsiero for	State Senate			Fr	om:		To	o:				
				•	D	ATE		AMOUNT				
Full Name of Cor Joel Rosen	ntributor				МО	DAY	YEAR					
Mailing Address	7 Hedgerow Ln							<b>\$</b> 1,000.00				
City Horsham	1	<b>State</b> PA	<b>Zip Code (</b> 19044185	•	2	16	2024	1				
Employer Name	High Swartz LLP				Occupat	<b>Occupation</b> Attorney						
Employer Mailing Business	Address/Principal Plac	e of	City			State		Zip Code (Plus 4)				
40 E Airy St Norristown			stown		PA		194014803					
Full Name of Contributor Susan L Plotkin					МО	DAY	YEAR					
Mailing Address	Mailing 4650 Wismer Rd						\$ 5,000.00					
<b>City</b> Doylesto	wn	<b>State</b> PA	<b>Zip Code (</b> 18902932		2	20	2024	1				
Employer Name	Not Employed	1			Occupat	Occupation Not Employed						
Employer Mailing	Address/Principal Plac	e of	City			State		Zip Code (Plus 4)				
4650 Wismer Ro	i		Doyle	stown		PA		189029326				
Full Name of Cor Mark Petty	ntributor				МО	DAY	YEAR					
Mailing Address	7 Hayden Ln							<b>\$</b> 1,000.00				
City Ottsville		<b>State</b> PA	<b>Zip Code (</b> 18942971	-	2	6	2024	1				
Employer Name PennEngineering				Occupation Board Member			ember					
Employer Mailing Business	Address/Principal Plac	e of	City		•	State		Zip Code (Plus 4)				
5190 Old Eastor	ı Rd		Danb	oro		PA		18916				

								- •
Full Name of Contributor Jeff DeVuono				МО	DAY	YEAR	2	
Mailing 560 Beaumont Rd								<b>4</b> 1 000 00
Address				2	21	202		\$ 1,000.00
City Devon	State	Zi	p Code (Plus 4)		21	202	7	
	PA	19	93331722					
Employer Name Brandywine Realty T	rust			Occupat	t <b>ion</b> E	xecuti	ve V	ice President
Employer Mailing Address/Principal Pla Business	ce of		City		State		Zi	p Code (Plus 4)
2929 Arch St			Philadelphia			1	191042857	
Full Name of Contributor				мо	DAY	YEAR		
Chari Cohen								
Mailing 3805 Old Easton Rd								\$ 500.00
City Doylestown	State	Zi	p Code (Plus 4)	2	16	202	4	
,	PA	18	39028400					
Employer Name Hepatitis B Foundati	on	•		Occupat	t <b>ion</b>	ublic H	Healt	th Scientist
Employer Mailing Address/Principal Pla Business	ce of		City	State Zip Code (I			p Code (Plus 4)	
3805 Old Easton Rd			Doylestown		PA		1	189028400
Full Name of Contributor					DAY	VEAD		
Joan Block				МО	DAY	YEAR	•	
Mailing 200 Belmont Ave								\$ 5,000.00
<b>City</b> Doylestown	State	Zi	p Code (Plus 4)	2	9	202	4	
- c <b>,</b> - c c c c c c c c c c c c c c c c c c	PA	18	39014305					
Employer Name Not Employed				Occupat	tion	lot Em	ploy	ved
Employer Mailing Address/Principal Place of Business  City			ı	State		Zi	p Code (Plus 4)	
200 Belmont Ave Doylestown			Doylestown	PA 189014305			189014305	
nter Grand Total of Part C on Schedule I, Detailed Summary Page, Sect				on 3.				PAGE TOTAL
						- 1		

**PAGE TOTAL \$** 13,500.00

## 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			Report	ing Perio	d			
Santarsiero for State Senate			From:	om: To:				
				D	ATE		А	MOUNT
Full Name Wells Fargo				мо	DAY	YEAR		
Mailing Address 1420 E Lincoln Hwy				_	2.1		<b>\$</b>	0.88
<b>City</b> Langhorne	<b>State</b> PA	<b>Zip Code (</b> 1904730	•	1	31	2024		
Receipt Description Bank Interest								
Enter Grand Total of Part E on Schedu	le I, Detailed Sumr	marv Page,	Section	4.			P	AGE 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:	То:	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Candid	ate		Reporting Period					
			From:			То:		
				DATE		AMOUNT		
Full Name of Contributor				DAY	YEAR			
Mailing Address						<b>\$</b>	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail			iled Sum	mary Pag	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	om:		To:	To:		
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(F	Plus 4)							
Employer of Contributor			•		Occupation			•			
Employer Mailing Address/Principal Place of Business City State						Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Det				taile	ed				PAGE TOTAL 0.00		
Summary Page, Section 3.										0.00	

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period				
Santarsiero for State Senate			From			То:		
				DATE			AMOUNT	
To Whom Paid ActBlue			МО	DAY	YEAR			
Mailing Address PO Box 441146			1	31	2024	\$	2.10	
City West Somerville	State	Zip Code (Plus 4)	Description of Expenditure					
	MA	021440031	1	cessing fees.				
<b>To Whom Paid</b> AweberCommunications	МО	DAY	YEAR					
Mailing Address 1100 Manor Dr				22	2024	\$	464.00	
City Chalfont	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	189142252	Email marketing.					
<b>To Whom Paid</b> Bucks County Saint Patrick's Day Parad	le Committee		мо	DAY	YEAR			
Mailing Address 518 Trenton Rd			2	21	2024	\$	250.00	
City Fairless Hills	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	190302808	Sponso	rship				
<b>To Whom Paid</b> Commonwealth Compliance Solutions,	LLC		МО	DAY	YEAR			
Mailing Address PO Box 748			2	8	2024	\$	500.00	
City Mechanicsburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure			
	PA	170550748	Compli	ance servi	ces			
To Whom Paid Friends of Anna Payne			МО	DAY	YEAR			
Mailing Address 346 Stratton Ct	lailing Address 346 Stratton Ct			21	2024	\$	1,000.00	
City Langhorne	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure			

190471664

Contribution Made

PA

							17.62 15
<b>To Whom Paid</b> Google G Suite			мо	DAY	YEAR		
Mailing Address 1600 Amphitheatre Pkwy			2	2	2024	\$	76.32
City Mountain View	State	Zip Code (Plus 4)	Description of Expenditure				
	CA	940431351	Web service				
To Whom Paid NGP VAN, Inc.			мо	DAY	YEAR		
Mailing Address 1101 15th St NW Ste 500			2	9	2024	\$ \$	402.80
City Washington	State	Zip Code (Plus 4)	Doscrir	tion of Ev	l nondituro		
<b>City</b> Washington	DC	200055006	<b>Description of Expenditure</b> Database fee			l	
To Whom Paid Sage Payment Solutions			МО	DAY	YEAR		
Mailing Address 12120 Sunset Hills Rd Ste 500			2	2	2024	\$	22.50
City Reston	State	Zip Code (Plus 4)	Descrip	tion of Ex	penditure		
Keston	VA	201905858	Bankcard fees.				
<b>To Whom Paid</b> Stripe			МО	DAY	YEAR		
Mailing Address 354 Oyster Point Blvd			1	31	2024	\$	4.69
City South San Francisco	State	Zip Code (Plus 4)	Descrip	tion of Ex	) Denditure	<u> </u>	
	CA	940801912	Processing fees.				
To Whom Paid United States Postal Service			МО	DAY	YEAR		
Mailing Address 20 Terry Dr			2	5	2024	\$	222.00
<b>City</b> Newtown	State	Zip Code (Plus 4)	Descrip	tion of Ex	penditure		
	PA	189405014	USPS PO Box yearly fee				
To Whom Paid Verizon			МО	DAY	YEAR		
Mailing Address PO Box 15124			2	8	2024	\$	181.38
City Albany	State	Zip Code (Plus 4)	Description of Expenditure				
, abany	NY	122125124	Phone and internet.				
							PAGE TOTAL
Enter Grand Total of Expenditu	res on Page 1, Re	port Cover Page, Item D	٠.			\$	3,125.79