

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 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	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
SENATOR IN THE GENERAL ASSEMBLY					MO	DAY	YEAR	10	STS	DEM	09
					2	13	2024	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		1	30	2024		2	23	2024			
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: <u>1/30/2024</u> To: <u>2/23/2024</u>

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
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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				MO	DAY	YEAR	\$ 0.00
Mailing Address							
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	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	Reporting Period
SANTARSIERO FOR STATE SENATE	From: <u>1/30/2024</u> To: <u>2/23/2024</u>

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$5,000.00
JOAN BLOCK				2	9	2024	
Mailing Address200 BELMONT AVE							
CityDOYLESTOWN	StatePA	Zip Code (Plus 4)189014305					
Employer NameNOT EMPLOYED				OccupationNOT EMPLOYED			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
200 BELMONT AVE			DOYLESTOWN		PA		189014305
Full Name of Contributor				MO	DAY	YEAR	\$500.00
CHARI COHEN				2	16	2024	
Mailing Address3805 OLD EASTON RD							
CityDOYLESTOWN	StatePA	Zip Code (Plus 4)189028400					
Employer NameHEPATITIS B FOUNDATION				OccupationPUBLIC HEALTH SCIENTIST			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
3805 OLD EASTON RD			DOYLESTOWN		PA		189028400
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				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 SUSAN L PLOTKIN				MO 2	DAY 20	YEAR 2024	\$ 5,000.00
Mailing Address 4650 WISMER RD							
City DOYLESTOWN	State PA	Zip Code (Plus 4) 189029326					
Employer Name NOT EMPLOYED				Occupation NOT EMPLOYED			
Employer Mailing Address/Principal Place of Business 4650 WISMER RD			City DOYLESTOWN		State PA		Zip Code (Plus 4) 189029326

Full Name of Contributor JOEL ROSEN				MO 2	DAY 16	YEAR 2024	\$ 1,000.00
Mailing Address 7 HEDGEROW LN							
City HORSHAM	State PA	Zip Code (Plus 4) 190441852					
Employer Name HIGH SWARTZ LLP				Occupation ATTORNEY			
Employer Mailing Address/Principal Place of Business 40 E AIRY ST			City NORRISTOWN		State PA		Zip Code (Plus 4) 194014803

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 SANTARSIERO FOR STATE SENATE	Reporting Period From: <u>1/30/2024</u> To: <u>2/23/2024</u>
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DATE				AMOUNT
Full Name	MO	DAY	YEAR	\$
WELLS FARGO				0.88
Mailing Address 1420 E LINCOLN HWY	1	31	2024	
City LANGHORNE				
State PA				
Zip Code (Plus 4) 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: <u>1/30/2024</u> To: <u>2/23/2024</u>	
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:
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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.						PAGE TOTAL \$ 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

Name of Filing Committee or Candidate	Reporting Period
SANTARSIERO FOR STATE SENATE	From <u>1/30/2024</u> To: <u>2/23/2024</u>

DATE				AMOUNT
To Whom Paid				
ACTBLUE				
Mailing Address PO BOX 441146				
City WEST SOMERVILLE	State MA	Zip Code (Plus 4) 021440031		
Description of Expenditure				
PROCESSING FEES				
To Whom Paid				
AWEBERCOMMUNICATIONS				
Mailing Address 1100 MANOR DR				
City CHALFONT	State PA	Zip Code (Plus 4) 189142252		
Description of Expenditure				
EMAIL MARKETING				
To Whom Paid				
BUCKS COUNTY SAINT PATRICK'S DAY PARADE COMMITTEE				
Mailing Address 518 TRENTON RD				
City FAIRLESS HILLS	State PA	Zip Code (Plus 4) 190302808		
Description of Expenditure				
SPONSORSHIP				
To Whom Paid				
COMMONWEALTH COMPLIANCE SOLUTIONS, LLC				
Mailing Address PO BOX 748				
City MECHANICSBURG	State PA	Zip Code (Plus 4) 170550748		
Description of Expenditure				
COMPLIANCE SERVICES				
To Whom Paid				
FRIENDS OF ANNA PAYNE				
Mailing Address 346 STRATTON CT				
City LANGHORNE	State PA	Zip Code (Plus 4) 190471664		
Description of Expenditure				
CONTRIBUTION MADE				
To Whom Paid				
GOOGLE G SUITE				
Mailing Address 1600 AMPHITHEATRE PKWY				
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

