

# 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> P O BOX 671											
<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>
SENATOR IN THE GENERAL ASSEMBLY					MO DAY YEAR			10	STS	DEM	09
					2 13 2024			(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		MO	DAY	YEAR	<b>TO</b>	MO	DAY	YEAR	<b>FOR OFFICE USE ONLY</b>		
		1	30	2024		2	23	2024			
<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	From: <u>1/30/2024</u> To: <u>2/23/2024</u>

<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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<div>PART A</div> <div>CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</div> <div>\$50.01 TO \$250.00</div> <div>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.</div>	
Name of Filing Committee or Candidate	Reporting Period
	From: To:
DATEAMOUNT	

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

<div><div>PART B</div><div>ALL OTHER CONTRIBUTIONS</div><div>\$50.01 TO \$250.00</div><div>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)</div></div>						
Name of Filing Committee or Candidate				Reporting Period		
				From:		To:
				DATE		AMOUNT
Full Name of Contributor				MO	DAY	YEAR
Mailing Address						
City	State	Zip Code (Plus 4)				
						\$ 0.00
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.						<div>PAGE TOTAL</div> <div>\$ 0.00</div>

**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> <u>1/30/2024</u> <b>To:</b> <u>2/23/2024</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
JOEL ROSEN				2	16	2024	\$ 1,000.00
<b>Mailing Address</b> 7 HEDGEROW LN							
<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> 40 E AIRY ST			<b>City</b> NORRISTOWN		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 194014803	
SUSAN L PLOTKIN				2	20	2024	\$ 5,000.00
<b>Mailing Address</b> 4650 WISMER RD							
<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> 4650 WISMER RD			<b>City</b> DOYLESTOWN		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 189029326	
MARK PETTY				2	6	2024	\$ 1,000.00
<b>Mailing Address</b> 7 HAYDEN LN							
<b>City</b> OTTSVILLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 189429711					
<b>Employer Name</b> PENNENGINEERING				<b>Occupation</b> BOARD MEMBER			
<b>Employer Mailing Address/Principal Place of Business</b> 5190 OLD EASTON RD			<b>City</b> DANBORO		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18916	

<b>Full Name of Contributor</b> JEFF DEVUONO				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b> 560 BEAUMONT RD				2	21	2024	
<b>City</b> DEVON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 193331722					
<b>Employer Name</b> BRANDYWINE REALTY TRUST				<b>Occupation</b> EXECUTIVE VICE PRESIDENT			
<b>Employer Mailing Address/Principal Place of Business</b> 2929 ARCH ST			<b>City</b> PHILADELPHIA		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191042857	

<b>Full Name of Contributor</b> CHARI COHEN				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> 3805 OLD EASTON RD				2	16	2024	
<b>City</b> DOYLESTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 189028400					
<b>Employer Name</b> HEPATITIS B FOUNDATION				<b>Occupation</b> PUBLIC HEALTH SCIENTIST			
<b>Employer Mailing Address/Principal Place of Business</b> 3805 OLD EASTON RD			<b>City</b> DOYLESTOWN		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 189028400	

<b>Full Name of Contributor</b> JOAN BLOCK				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 5,000.00
<b>Mailing Address</b> 200 BELMONT AVE				2	9	2024	
<b>City</b> DOYLESTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 189014305					
<b>Employer Name</b> NOT EMPLOYED				<b>Occupation</b> NOT EMPLOYED			
<b>Employer Mailing Address/Principal Place of Business</b> 200 BELMONT AVE			<b>City</b> DOYLESTOWN		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 189014305	

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

<b>PAGE TOTAL</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> <u>1/30/2024</u> <b>To:</b> <u>2/23/2024</u>
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				DATE			AMOUNT
<b>Full Name</b> WELLS FARGO				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 0.88
<b>Mailing Address</b> 1420 E LINCOLN HWY				1	31	2024	
<b>City</b> LANGHORNE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190473007					
<b>Receipt Description</b> 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		From: <u>1/30/2024</u> To: <u>2/23/2024</u>	
<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:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
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	From <u>1/30/2024</u> To: <u>2/23/2024</u>

DATE				AMOUNT		
To Whom Paid ACTBLUE			MO	DAY	YEAR	\$ 2.10
Mailing Address PO BOX 441146			1	31	2024	
City WEST SOMERVILLE	State MA	Zip Code (Plus 4) 021440031	Description of Expenditure PROCESSING FEES			
To Whom Paid AWEBERCOMMUNICATIONS			MO	DAY	YEAR	\$ 464.00
Mailing Address 1100 MANOR DR			2	22	2024	
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			MO	DAY	YEAR	\$ 250.00
Mailing Address 518 TRENTON RD			2	21	2024	
City FAIRLESS HILLS	State PA	Zip Code (Plus 4) 190302808	Description of Expenditure SPONSORSHIP			
To Whom Paid COMMONWEALTH COMPLIANCE SOLUTIONS, LLC			MO	DAY	YEAR	\$ 500.00
Mailing Address PO BOX 748			2	8	2024	
City MECHANICSBURG	State PA	Zip Code (Plus 4) 170550748	Description of Expenditure COMPLIANCE SERVICES			
To Whom Paid FRIENDS OF ANNA PAYNE			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 346 STRATTON CT			2	21	2024	
City LANGHORNE	State PA	Zip Code (Plus 4) 190471664	Description of Expenditure CONTRIBUTION MADE			

<b>To Whom Paid</b> GOOGLE G SUITE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 1600 AMPHITHEATRE PKWY			2	2	2024	
<b>City</b> MOUNTAIN VIEW	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 940431351	<b>Description of Expenditure</b> WEB SERVICE			

<b>To Whom Paid</b> NGP VAN, INC.			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 1101 15TH ST NW STE 500			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>	
<b>Mailing Address</b> 12120 SUNSET HILLS RD STE 500			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>	
<b>Mailing Address</b> 354 OYSTER POINT BLVD			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>	
<b>Mailing Address</b> 20 TERRY DR			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>	
<b>Mailing Address</b> PO BOX 15124			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

