Commonwealth of Pennsylvania

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**	✓	**LOBBYIST**						
Name of Filing Committee, Candidate or Lobbyist:	SANTARSIERO FOR STATE SENATE												
Street Address:													
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			
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes		No	✓		
	ANNUAL REPORT	7.	**Year** 2024		**FILING METHOD ( ) CHECK ONE**		**PAPER**	✓		**DISKETTE**			

Name of Office Sought by Candidate:	**DATE OF ELECTION**			**District Number**	**Office Code**	**Party Code**	**County Code**
	MO	**DAY**	**YEAR**				
SENATOR IN THE GENERAL ASSEMBLY	2	13	2024	10	STS	DEM	09
					(SEE INSTRUCTIONS FOR CODES)		

Summary of Receipts and Expenditures from:	**MO**	**DAY**	**YEAR**		**MO**	**DAY**	**YEAR**	**FOR OFFICE USE ONLY**
	12	14	2023	**TO**	1	29	2024	

A. Amount Brought Forward From Last Report	$	109,672.30
B. Total Monetary Contributions And Receipts (From Schedule I)	$	390.00
C. Total Funds Available (Sum Of Lines A and B)	$	110,062.30
D. Total Expenditures (From Schedule III)	$	9,257.39
E. Ending Cash Balance (Subtract Line D From Line C)	$	100,804.91
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

My Commission Expires

_____
MO **DAY** **YR**

_____
Signature of Person Submitting Report

_____
Printed Name

_____
Email

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

My Commission Expires

_____
MO **DAY** **YR**

_____
Signature of Candidate

_____
Printed Name

_____
Email

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: 12/14/2023 To: 1/29/2024

1. Unitemized Contributions Received - $ 50.00 or Less Per Contributor		
TOTAL for the Reporting Period (1)	$	90.00

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)	$	300.00
TOTAL for the Reporting Period (3)	$	300.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)		
TOTAL for the Reporting Period (4)	$	0.00

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.)	$	390.00

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**	
Mailing Address				$ 0.00
City / **State** / **Zip Code (Plus 4)**				

PAGE TOTAL
$ 0.00

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

PART B

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 Filing Committee or Candidate	Reporting Period From: To:

Full Name of Contributor			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:

Full Name of Contributing Committee			DATE MO	DAY	YEAR	AMOUNT
Mailing Address						$ 0.00
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: 12/14/2023 To: 1/29/2024

Full Name of Contributor			DATE MO	DAY	YEAR	AMOUNT $
MORRISVILLE SENIOR CENTER			1	17	2024	300.00
Mailing Address						
City MORRISVILLE	**State** PA	**Zip Code (Plus 4)** 190671259				
Employer Name MORRISVILLE SENIOR CENTER			**Occupation** N/A			
Employer Mailing Address/Principal Place of Business	**City** MORRISVILLE	**State** PA	**Zip Code (Plus 4)** 190671259			

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

PAGE TOTAL
$ 300.00

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 From: To:

			DATE			AMOUNT
Full Name			**MO**	**DAY**	**YEAR**	**$** 0.00
Mailing Address						
City	**State**	**Zip Code (Plus 4)**				
Receipt Description						

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

PAGE TOTAL
$ 0.00

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: 12/14/2023 To: 1/29/2024

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	
Mailing Address							$ 0.00
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	
Mailing Address						$ 0.00
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 12/14/2023 To: 1/29/2024

To Whom Paid	Mailing Address	City	State	Zip Code (Plus 4)	Date (MO / DAY / YEAR)	Amount	Description of Expenditure
AWEBERCOMMUNICATIONS		CHALFONT	PA	189142252	1 / 22 / 2024	$ 464.00	EMAIL MARKETING
CAMERON C TROILO PROPERTIES		YARDLEY	PA	190678291	1 / 16 / 2024	$ 1,000.00	OFFICE DECEMBER AND JANUARY
COMMONWEALTH COMPLIANCE SOLUTIONS, LLC		MECHANICSBURG	PA	170550748	1 / 3 / 2024	$ 500.00	COMPLIANCE
FRIENDS OF ANNA PAYNE		LANGHORNE	PA	190471664	1 / 20 / 2024	$ 1,000.00	CONTRIBUTION
FRIENDS OF JIM PROKOPIAK		LEVITTOWN	PA	190542808	1 / 10 / 2024	$ 5,000.00	CONTRIBUTION
GOOGLE G SUITE		MOUNTAIN VIEW	CA	940431351	1 / 2 / 2024	$ 76.32	WEB SERVICE

To Whom Paid			MO	DAY	YEAR	
KENNEDY DEMOCRATS						
Mailing Address			1	20	2024	$ 1,000.00
City BRISTOL	**State** PA	**Zip Code (Plus 4)** 190070934	**Description of Expenditure** CONTRIBUTION			

To Whom Paid			MO	DAY	YEAR	
SAGE PAYMENT SOLUTIONS						
Mailing Address			1	2	2024	$ 22.50
City RESTON	**State** VA	**Zip Code (Plus 4)** 201905858	**Description of Expenditure** BANKCARD FEES.			

To Whom Paid			MO	DAY	YEAR	
UNITED STATES POSTAL SERVICE						
Mailing Address			1	3	2024	$ 13.20
City NEWTOWN	**State** PA	**Zip Code (Plus 4)** 189405014	**Description of Expenditure** STAMPS			

To Whom Paid			MO	DAY	YEAR	
VERIZON						
Mailing Address			1	9	2024	$ 181.37
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** $ 9,257.39