Campaign Finance Report

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

Filer Identificati Number :	on 2015	0203				port ed B		CANDI	DATE		СОМ	4ITTEE	✓	LOBE	YIST	
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		DIS	SANT	O FOF	R SENATI	E							
Street Address:	PO BOX 6638															
City:	HARRISBURG							State:	PA			Zip Cod	le: 17	7112		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	E-	5. X	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No	~
report type)	ANNUAL REPORT	7.	Year 2017					IG METHO				PAPER		/	DISKE	ГТЕ
Name of Office S	Sought by Candida	te:	_					DATE O	F ELE	CTIO	N	District Number	Office Code	Part	ty Code	County Code
								МО	DAY	YE	AR		10000	REP		22
								11		7	2017		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR	₹			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY	
Expenditures	from:		6 6	2	017	7 T	0	10	:	23	2017					
A. Amount Bro	ught Forward Fron	n Last R	eport			•	\$			47,2	274.10	1				
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	e I)	\$				0.00					
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			47,2	274.10					
D. Total Expend	ditures (From Sch	edule II	I)				\$			11,7	72.72					
E. Ending Cash	Balance (Subtract	Line D	From Line (C)			\$			35,5	01.38					
F. Value Of In-	Kind Contributions	Receiv	ed (From So	hedu	le II	I)	\$				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$			150,0	00.00			•		
								CTION								
	s a Committee report, incl	•	=										f mv kno	wledge a	and belie	ef , true
correct and comple	ete.	_											,			
Sworn to and subs	cribed before me this day of	•	20							S	ignature	of Perso	n Submit	ting Rep	ort	
	Signatu	re					-					Prin	ted Name	e		
My Commission Ex	cpires						_					Ema	il			
	МО	D	AY	YR					Are	ea Cod	le	Daytim	e Teleph	one Nui	nber	
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of ned.	ny knowle	edge and beli	ef this	poli	itical	commi	ittee has n	ot viola	ted an	y 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			
My Commission Exp	Signature ires						-					Ema	il			
	МО	Di	AY	YR	1				Area	Code		Da	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
DISANTO FOR SENATE	From:	6/6/2017	<u>7</u> To:	10/23/2017
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	0.00
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)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	0.00
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 ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize on with an aggregate va	-		-			
Name of Filing Comm	nittee or Candidate		Reporting	Period			
			From:		То	:	
		1		DATE			AMOUNT
Full Name of Contribut	ing Committee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
	ļ.	·			-1		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 Filing Committee or Candid	ate		Rep Fro	oorting P m:	eriod	To	o:	
					DATE		AN	40UNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$ \$	0.00
City	State	Zip Code (Plus 4)	1					

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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Commit	tee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	ed Summary 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 Committee or Candidate			Rep	orting Pe	riod			
			Fror	n:		To) :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section	on 3.			\$	PAGE TOTAL 0.00

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	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	E TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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		
DISANTO FOR SENATE	From:	<u>6/6/2017</u> To:	10/23/2017
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting P	Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Kind (Contributions De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

<u> </u>							
Name of Filing Committee or Candida	te		Reportii	ng Period			
DISANTO FOR SENATE			From	<u>6/0</u>	5/2017	То:	10/23/2017
		1		DATE			AMOUNT
To Whom Paid Perry County Times			мо	DAY	YEAR		
Mailing Address P.O. Box 130			6	13	2017	\$	52.00
City New Bloomfield	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	<u> </u>	
	PA	17068	Subscr				
To Whom Paid Dauphin-Middle Paxton Fire Company	No. 1		МО	DAY	YEAR		
Mailing Address P.O. Box 518			6	15	2017	\$	25.00
City Dauphin	State PA	Zip Code (Plus 4) 17018	Descrip Contrib	otion of Expoution	penditure		
To Whom Paid West Perry Midget Football Association	n		мо	DAY	YEAR		
Mailing Address P.O. Box 444			6	15	2017	\$	60.00
City New Bloomfield	State PA	Zip Code (Plus 4) 17068	Descrip Adverti	otion of Exp	penditure		
To Whom Paid Grantville Volunteer Fire Company			мо	DAY	YEAR		
Mailing Address P. O. Box 39			6	15	2017	\$	75.00
City Grantville	State PA	Zip Code (Plus 4) 17028	Descrip Adverti	otion of Exp	penditure		
To Whom Paid Tall Cedars Forest No. 125			МО	DAY	YEAR		
Mailing Address 3537 Athena Aver	iue		7	26	2017	\$	90.00

Zip Code (Plus 4)

17110

Description of Expenditure

Event tickets

State

PΑ

City

Harrisburg

- wa					
To Whom Paid BMD Design LLC	МО	DAY	YEAR		
Mailing Address 125 South Camp Street	7	26	2017	\$	133.26
CityWindsorStateZip Code (Plus 4)PA17366	Descrip Web sit	otion of Exp	penditure		
To Whom Paid Youth Advocate Programs Inc	МО	DAY	YEAR		
Mailing Address 1511 N. Front Street	7	26	2017	\$	100.00
City Harrisburg State Zip Code (Plus 4 PA 17102	Descrip Contrib	otion of Expoution	penditure		
To Whom Paid The Arc Of Dauphin County	МО	DAY	YEAR		
Mailing Address 2569 Walnut Street	7	26	2017	\$	100.00
City Harrisburg State Zip Code (Plus 4 PA 17103	Descrip Contrib	I otion of Exp oution	penditure		
namsburg	Descrip		yEAR		
To Whom Paid	Contrib	ution		\$	125.00
To Whom Paid Tri-County HDC	Contrib MO 7	DAY 26	YEAR 2017	\$	125.00
To Whom Paid Tri-County HDC Mailing Address 1514 Derry Street City Harrisburg State Zip Code (Plus 4	MO 7	DAY 26	YEAR 2017	\$	125.00
To Whom Paid Tri-County HDC Mailing Address 1514 Derry Street City Harrisburg State PA 17104 To Whom Paid	MO 7 Descrip	DAY 26 Dition of Exporship	YEAR 2017 penditure	\$	125.00 35.00
To Whom Paid Tri-County HDC Mailing Address 1514 Derry Street City Harrisburg State PA 17104 To Whom Paid West Perry Band Boosters	MO 7 Description Sponso MO 7	DAY 26 Dition of Exporship DAY 26 Dition of Exporting the second se	YEAR 2017 Denditure YEAR 2017	\$	
To Whom Paid Tri-County HDC Mailing Address 1514 Derry Street City Harrisburg State PA 17104 To Whom Paid West Perry Band Boosters Mailing Address 655 Pisgah Road City Shermans Dale State Zip Code (Plus 4 17104	MO 7 Description MO 7 Description MO 7 Description MO 7	DAY 26 Dition of Exporship DAY 26 Dition of Exporting the second se	YEAR 2017 Denditure YEAR 2017	\$	
To Whom Paid Tri-County HDC Mailing Address 1514 Derry Street City Harrisburg State PA 17104 To Whom Paid West Perry Band Boosters Mailing Address 655 Pisgah Road City Shermans Dale State PA 17090 To Whom Paid	MO 7 Description MO 7 Description MO 7 Description Advertification	DAY 26 DAY DAY 26 DAY 26 Dition of Expensions	YEAR 2017 Penditure 2017 Penditure	\$	

					PAGE 13		
To Whom Paid The Latino Hispanic American Commun	мо	DAY	YEAR				
Mailing Address P.O. Box 61943	7	26	2017	\$	250	0.00	
City Harrisburg State Zip Co		ption of Exp					
To Whom Paid Habitat For Humanity Of The Greater Harrisburg Area	мо	DAY	YEAR				
Mailing Address 900 S. Arlington Avenue #131A	7	26	2017	\$	100	0.00	
City Harrisburg State Zip Co		Description of Expenditure Sponsorship					
To Whom Paid Maverick Finance	мо	DAY	YEAR				
Mailing Address 403 N. Second Street, 2 FL	7	26	3:	3.79			
City Harrisburg State Zip Co		Description of Expenditure Fundraising expense					
To Whom Paid Newport Athletic Booster Club	мо	DAY	YEAR				
Mailing Address P.O. Box 394	7	31	2017	\$	7:	5.00	
1.0. 50% 334	Code (Plus 4) Descri	ption of Exp		\$	7:	5.00	
City Newport State Zip Co	Code (Plus 4) Descri	ption of Exp		\$	7:	5.00	
City Newport State PA 1707 To Whom Paid	Code (Plus 4) Descri	ption of Exp ising	penditure	\$		0.00	
City Newport State PA 1707 To Whom Paid Tri County Community Action Mailing Address 1514 Derry Street	Description (Plus 4) MO 7 Code (Plus 4) Description (Plus 4) Description (Plus 4)	ption of Exprising DAY 31 ption of Expr	YEAR 2017				
City Newport State PA 1707 To Whom Paid Tri County Community Action Mailing Address 1514 Derry Street City Harrisburg State Zip Co	Description (Plus 4) MO 7 Code (Plus 4) Description (Plus 4) Description (Plus 4)	ption of Exprising DAY 31 ption of Expr	YEAR 2017				
City Newport State PA 1707 To Whom Paid Tri County Community Action Mailing Address 1514 Derry Street City Harrisburg State PA 1710 To Whom Paid	MO Code (Plus 4) Pescri Advert MO Code (Plus 4) Descri Spons	DAY 31 ption of Exporship	YEAR 2017			0.00	

To Whom Paid										
Dauphin County Judicial PAC			мо	DAY	YEAR					
Mailing Address 2255 Paxt	on Church Road		8	30	2017	\$	500.00			
City Harrisburg	State PA	Zip Code (Plus 4) 17110	Descrip Contrib	otion of Exp oution						
To Whom Paid Greenwood FFA Alumni	мо	DAY	YEAR							
Mailing Address 405 East Sunbury Street				30	2017	\$	250.00			
City Millerstown	town State Zip Code (Plus 4) PA 17062				Description of Expenditure Event tickets					
To Whom Paid Sports Recruiters			мо	DAY	YEAR					
Mailing Address 4320 Cres	tview Road		9	25	2017	\$	200.00			
City Harrisburg	State PA	Zip Code (Plus 4) 17112	Description of Expenditure Program Ad							
To Whom Paid				l nav	VEAD					
Dauphin County Council of Re	epublican Women		МО	DAY	YEAR					
Marilina Adduses	epublican Women amore Drive		мо	25	2017	\$	150.00			
Marilina Adduses		Zip Code (Plus 4) 17112	9	25 otion of Exp	2017		150.00			
Mailing Address 2132 Syca	amore Drive		9 Descrip	25 otion of Exp	2017		150.00			
Mailing Address 2132 Syca City Harrisburg To Whom Paid Maverick Finance	amore Drive		9 Descrip Sponso	25 Otion of Exp rship	2017 penditure					
Mailing Address 2132 Syca City Harrisburg To Whom Paid Maverick Finance	State PA		9 Descrip Sponso MO 9 Descrip	25 otion of Expreship DAY	2017 penditure YEAR 2017 penditure	\$				
Mailing Address 2132 Syca City Harrisburg To Whom Paid Maverick Finance Mailing Address 403 N. Se	State PA cond Street, 2 FL State	17112 Zip Code (Plus 4)	9 Descrip Sponso MO 9 Descrip	25 otion of Exp rship DAY 25 otion of Exp	2017 penditure YEAR 2017 penditure	\$				
Mailing Address 2132 Syca City Harrisburg To Whom Paid Maverick Finance Mailing Address 403 N. Se City Harrisburg To Whom Paid Most Wanted Printing LLC	State PA cond Street, 2 FL State	17112 Zip Code (Plus 4)	9 Description Sponso MO 9 Description Fundra	25 DAY 25 Dition of Exprising experi	2017 Penditure YEAR 2017 Penditure Inse	\$	3,000.00 1,290.00			

							PAGE	15
To Whom Paid Maverick Finance				мо	DAY	YEAR		
Mailing Address 403 N. Second Street, 2 FL					19	2017	\$	2,094.60
City Harrisburg	ı	State Zip Code (Plus 4) Description of Expenditure PA 17101 Fundraising expense						
To Whom Paid Susan G. Komen Breast Cancer Foundation					DAY	YEAR		
Mailing Address P.O. Box 650309					19	2017	\$	100.00
City Dallas		State TX	Description of Expenditure Sponsorship					
To Whom Paid Perry County Rep	ublican Committee			МО	DAY	YEAR		
Mailing Address	PO Box 303			10	19	2017	\$	750.00
City New Bloom	nfield	State PA	Zip Code (Plus 4) 17068	Description of Expenditure Fall Dinner				
To Whom Paid Estamos Unidos D	e Pennsylvania			МО	DAY	YEAR		
Mailing Address	Mailing Address P. O. Box 60709				19	2017	\$	200.00
City Harrisburg	ı	State Zip Code (Plus 4) PA 17106			otion of Exp	enditure		
To Whom Paid Chris "Handles" Fi	ranklin Foundation			МО	DAY	YEAR		
Mailing Address	2412 Chestnut Stre	eet		10	19	2017	\$	100.00
City Harrisburg	l	State PA	Zip Code (Plus 4) 17104	Description of Expenditure Contribution				
To Whom Paid i360 LLC				МО	DAY	YEAR		
Mailing Address	PO Box 37046			7	26	2017	\$	200.00
City Baltimore		State MD	Zip Code (Plus 4) 21297	Descrip Subscri	otion of Exp option	penditure		

							PAGE 16		
To Whom Paid Comcast			МО	DAY	YEAR				
Mailing Address P. O. Box 3	3002		9	25	2017	\$	149.58		
City Southeastern	PA Zip Code (Plus 4) 19398				Description of Expenditure phone and internet				
To Whom Paid Centric Bank	-	-	МО	DAY	YEAR				
Mailing Address P.O. Box 790408				13	2017	\$	52.40		
City St. Louis	St. Louis State MO State Zip Code (Plus 4) 63179				Description of Expenditure Credit card purchases				
To Whom Paid Centric Bank			МО	DAY	YEAR				
Mailing Address P.O. Box 7	90408		7	24	2017	\$	74.58		
City St. Louis	State MO	Zip Code (Plus 4) 63179	Description of Expenditure Credit card purchases						
To Whom Paid Centric Bank	·	·	МО	DAY	YEAR				
Mailing Address P.O. Box 7	90408		9	5	2017	\$	141.34		
City St. Louis	State Zip Code (Plus 4) MO 63179				Description of Expenditure Credit card purchases				
To Whom Paid Centric Bank	·	·	МО	DAY	YEAR				
Mailing Address P.O. Box 7	90408		9	25	2017	\$	91.17		
City St. Louis	State MO	Zip Code (Plus 4) 63179		otion of Exp card purch					
Enter Grand Total of Expen	ditures on Page 1. Pe	nort Cover Page Ttom D					PAGE TOTAL		
Enter Granu Total of Expen	uitures on Page 1, Re	port Cover Page, Item D	-			\$	11,772.72		

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate Reportin			ng Period						
DISANTO FOR SENATE From:					<u>6/6/2017</u> To:			10/23/2017	
					DATE			Outstanding Balance of Debt	
Name of Creditor John M. DiSanto				МО	DAY	YEAR			
Mailing Address 6130 Minglewood Road				5	27	2015	5 .	\$ 50,000.00	
City Harrisburg	State PA	Zip Code (Plu 17112	ıs 4)	1	otion of Del				
	·	•			DATE			Outstanding Balance of Debt	
Name of Creditor John M. DiSanto				мо	DAY	YEAR			
Mailing Address 6130 Minglewo	ood Road			12	23	2015	5 ,	\$ 100,000.00	
City Harrisburg	State PA	Zip Code (Plu 17112	ıs 4)		otion of Del				
Enter Grand Total of Unpaid I	I	I						PAGE TOTAL	