Campaign Finance Report

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

Filer Identificati	on 2(0150203				eport		CANDI	DATE		СОМИ	MITTEE	✓	LOBE	BYIST	
Number : Name of Filing C	Committee, Can	didate or	· Lobbvis	st:	_	SANT	-	L SENATE	=							
Street Address:	PO BOX 66															
City:	HARRISBU	RG						State:	PA			Zip Co	de: 17	112		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND F PRIMA	FRIDAY PF ARY	RE-		30 DA PRIMA		POST-	3. X		AMENDI REPORT		Yes	No	, 🔨
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND F	FRIDAY P FION	RE-		30 DA ELECT	• •	POST- 6.			TERMINATION REPORT?		Yes	Nc) 🗸
report type)	ANNUAL REPO	PRT 7.	Year	2020		FILING METHOD () CHECK ONE						PAPER		\checkmark	DISKE	TTE
Name of Office S	L Sought by Cand	idate:						DATE O	FELEC	CTIO	N	District Number	Office Code	Par	ty Code	County Code
CENATOD IN T		CCEMPLY	,					мо	DAY	YE	AR	15	STS	REP		22
SENATOR IN TH	HE GENERAL A	SSEMBLY	ŕ					11		3	2020	 	(SEE INS	TRUCTIO	ONS FOR	CODES)
Summary of Receipts and								мо	DAY	YI	EAR	FC	R OFFIC	E USE	ONLY	
Expenditures	s from:		5	19	2020	0 T	C	6	2	22	2020					
A. Amount Bro	ught Forward F	rom Last	Report				\$		5	504,3	336.36					
B. Total Monetary Contributions And Receipts (From Schedule I)									10,500.00							
C. Total Funds	Available (Sum	n Of Lines	A and B	3)			\$		5	514,8	336.36					
D. Total Expend	ditures (From S	Schedule	III)				\$			5	506.66					
E. Ending Cash	Balance (Subt	ract Line	D From	Line C)			\$		5	514,3	29.70	-				
F. Value Of In-	Kind Contributi	ions Rece	eived (Fr	om Schee	lule I	II)	\$			22,6	24.85	-				
G. Unpaid Debt	ts And Obligation	ons (Fron	n Schedu	ıle IV)			\$		3	300,0	00.00		·			
				AF	FID	DAVIT	SE	CTION								
PART I - If this is																
I swear (or affirm) correct and comple		Including	the attach	ied schedu	les fil	led on p	aper o	or by elect	ronic me	edium	, are to 1	the best o	f my knov	vledge	and beli	ef , true
Sworn to and subs	cribed before me day of	this	20							S	Gignature	e of Perso	n Submitt	ing Rep	ort	
	Sigr	nature					-					Prin	ted Name			
My Commission Ex	-						_					Ema	il			
	мо		DAY	١	'R				Are	ea Coc	le	Daytin	e Teleph	one Nu	mber	
Part II- If this is	a report of a c	andidate	's autho	rized Con	nmitt	tee, Ca	ndida	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende		of my know	wledge ar	nd belief tl	nis pol	litical (commi	ttee has n	ot violat	ed an	y provis	ions of th	e act of Ju	ine 3,19	937 (P.L	1333,
Sworn to and subsc	ribed before me t day of	this	20								s	ignature	of Candida	ite		
			20									Printe	ed Name			
Signature Email																
My Commission Exp	oires											2				

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** DISANTO FOR SENATE From: <u>5/19/2020</u> To: 6/22/2020 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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)** 10,500.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 10,500.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 10,500.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Candidat	e		Reporting Period						
				From: To:					
DATE								AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	4)						
]								PAGE TOTAL	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								0.00	

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								
			Fror	m:		Тс):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address		_					\$	0.00
City								
								PAGE TOTAL
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	0.00

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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	g Period				
DISANTO FOR SENATE			From:	<u>5/1</u>	<u>.9/2020</u>	То:	<u>6/22/2020</u>	
				DA	TE		A	MOUNT
Full Name of Contributing Committee PA INSURANCE PAC (PIPAC)				мо	DAY	YEAR	\$	500.00
Mailing Address 1600 MARKET ST ST	TE 1720			5	27	2020		
City PHILADELPHIA	State	Zip Code	Zip Code (Plus 4)					
	РА	19103-0	0000					
Full Name of Contributing Committee				мо	DAY	YEAR		
ARGALL, DAVID VOLUNTEERS FOR							\$	10,000.00
Mailing Address PO BOX 241				5	27	2020		·
City TAMAQUA	State	Zip Code	e (Plus 4)					
	РА	18252-0	0000					
								PAGE TOTAL
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.						\$	10,500.00	

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			Rep	orting Pe	riod				
			Froi	From:			То:		
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE TOTAL 0.00	

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			Report	ing Peric	bd				
			From: To				D:		
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description					•				
								PAGE TO	AL
nter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.						\$		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>5/19/2020</u> то:	<u>6/22/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (3)	\$	22,624.85
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, 1		\$	22,624.85

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						7 \$	0.0
City	State	Zip Code (Plus 4)					
Description of Contribution:	•	-	- !				
Enter Grand Total of Part F on Sche Section 2.	iled Sum	mary Pag	ie,		PAGE TOTAL		
						\$	0.0

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SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	port	ing P	Period			
DISANTO FOR SENATE				Fro	om:		<u>5/19/202</u>	2 <u>0</u> To:	<u>6/22/2020</u>	
							DATE		AMOUNT	
Full Name of Contributor COMMONWEALTH LEADERS FUND					M	0	DAY	YEAR		
Mailing Address PO BOX 934						6	11	2020	\$ 16,702.00	
City HARRISBURG	State		Zip Code(Plus 4)							
	РА		17108-0934							
Employer of Contributor N/A			•	Occupa			tion N/	A		
Employer Mailing Address/Principal Place of Business City N/A				Stat	State		Code(Plus 4)	Descrij Mailing	ption of Contribution	
Full Name of Contributor COMMONWEALTH LEADERS FUND				мо		DAY	YEAR	# <u>20020</u> F		
Mailing Address PO BOX 934					6	11	2020	\$ 2,883.85		
City HARRISBURG	State PA		Zip Code(Plus 4) 17108-0934							
Employer of Contributor N/A			ļ	Occupation N/A					I	
Employer Mailing Address/Principal Plac N/A	e of Business	Ci	ty	Stat	e	Zip	Code(Plus 4)		ption of Contribution advertising	
Full Name of Contributor COMMONWEALTH LEADERS FUND					M	0	DAY	YEAR		
Mailing Address PO BOX 934						6	11	2020	\$ 3,039.00	
City HARRISBURG	State		Zip Code(Plus 4)							
	PA		17108-0934							
Employer of Contributor N/A	Employer of Contributor N/A Occupation N/									
Employer Mailing Address/Principal Plac	mployer Mailing Address/Principal Place of Business City				е	Zip	Code(Plus 4)	Descri	ption of Contribution	
N/A	N/A							Televis	sion advertising	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 22,624.85				

SCHEDULE III STATEMENT OF EXPENDITURES

Name	e of Filing Co	mmittee or Candidate			Reporti	ng Period					
DISA	ANTO FOR SE	NATE			From	<u>5/19</u>	<u>9/2020</u>	То:	<u>6/22/2020</u>		
						DATE			AMOUNT		
To W	hom Paid				мо	DAY	YEAR				
David	l Chase										
Mailin	ng Address	6557 New Providence	ce Drive		6	15	2020	\$	200.00		
City	Harrisburg		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
			РА	17111	Photography						
To WI	hom Paid				мо	DAY	YEAR				
Centr	ric Bank										
Mailin	ng Address	P.O. Box 790408			5	22	2020	\$	47.70		
CitySt LouisStateZip Code (Plus 4)					Description of Expenditure						
MO 63179					Constar	nt contact					
To WI	hom Paid				мо	DAY	YEAR				
Centr	ric Bank										
Mailin	ng Address	P.O. Box 790408			5	22	2020	\$	143.95		
City	St Louis		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
			МО	63179	Springgate winery; meeting						
To Wi	hom Paid				мо	DAY	YEAR				
Centr	ric Bank										
Mailin	ng Address	P.O. Box 790408			5	22	2020	\$	95.93		
City	St Louis		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
			МО	63179	Shaffer	Products,	signs				
To WI	hom Paid				мо	DAY	YEAR				
Centr	ric Bank										
Mailin	ng Address	P.O. Box 790408			5	22	2020	\$	19.08		
City	St Louis		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•			
			МО	63179	Google	G Suite					
Enter	inter Grand Total of Evnenditures on Page 1. Penert Cover Page. Item D			`				PAGE TOTAL			
Entel	iter Grand Total of Expenditures on Page 1, Report Cover Page, Item							\$	506.66		

SCHEDULE IV 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			Reporti	ng Period						
DISANTO FOR SENATE			From:	5	<u>/19/2020</u>	То:		6/22/2020		
					DATE			tstanding ance of Debt		
Name of Creditor John M. DiSanto				мо	DAY	YEAR				
Mailing Address 6130 Minglewood Ro	oad			5	27	2015	5 \$	50,000.00		
City Harrisburg	State	Zip Code (P	lus 4)	Description of Debt						
PA 17112					Loan to committee					
Name of Creditor John M. DiSanto					DAY	YEAR				
Mailing Address 6130 Minglewood Ro	bad			12	23	2015	5 \$	100,000.00		
City Harrisburg	State	Zip Code (P	lus 4)	Descript	tion of Deb	t				
	PA	17112		Loan to committee						
Name of Creditor John M. DiSanto				мо	DAY	YEAR				
Mailing Address 6130 Minglewood Ro	bad			12	30	2019	, \$	150,000.00		
City Harrisburg	State	Zip Code (P	lus 4)	Descript	tion of Deb	t				
	PA	17112		Loan to	committee	5				
				-				PAGE TOTAL		
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Iten				G.			\$	300,000.00		