

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 : 20150203		Report Filed By :		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: DISANTO FOR SENATE										
Street Address: PO BOX 6638										
City: HARRISBURG			State: PA		Zip Code: 17112					
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. <input checked="" type="checkbox"/>	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 2020	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	15	STS	REP	22
				11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		5	19	2020	TO	6	22	2020		
A. Amount Brought Forward From Last Report				\$		504,336.36				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		10,500.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		514,836.36				
D. Total Expenditures (From Schedule III)				\$		506.66				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		514,329.70				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		22,624.85				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		300,000.00				

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
DISANTO FOR SENATE	From: <u>5/19/2020</u> To: <u>6/22/2020</u>

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)	\$ 10,500.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 10,500.00

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.)	\$ 10,500.00
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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	
Mailing Address				\$ 0.00
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 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: _____

				DATE	AMOUNT	
Full Name of Contributor						
Mailing Address	MO	DAY	YEAR			\$ 0.00
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 DISANTO FOR SENATE	Reporting Period From: <u>5/19/2020</u> To: <u>6/22/2020</u>
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			DATE	AMOUNT		
Full Name of Contributing Committee	Mailing Address	City	MO	DAY	YEAR	
PA INSURANCE PAC (PIPAC)	1600 MARKET ST STE 1720	PHILADELPHIA	5	27	2020	\$ 500.00
State PA	Zip Code (Plus 4) 19103-0000					
ARGALL, DAVID VOLUNTEERS FOR	PO BOX 241	TAMAQUA	5	27	2020	\$ 10,000.00
State PA	Zip Code (Plus 4) 18252-0000					

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

PAGE TOTAL
\$ 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	Reporting Period
	From: _____ To: _____

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business	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 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		
Mailing Address				\$	0.00
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 DISANTO FOR SENATE	Reporting Period From: <u>5/19/2020</u> To: <u>6/22/2020</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 RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 22,624.85
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.)	\$ 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: _____ 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 DISANTO FOR SENATE	Reporting Period From: <u>5/19/2020</u> To: <u>6/22/2020</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
COMMONWEALTH LEADERS FUND					
Mailing Address PO BOX 934				\$	16,702.00
City HARRISBURG	6	11	2020		
State PA					
Zip Code(Plus 4) 17108-0934					
Employer of Contributor N/A			Occupation N/A		
Employer Mailing Address/Principal Place of Business N/A	City	State	Zip Code(Plus 4)	Description of Contribution	
				Mailing	

Full Name of Contributor	MO	DAY	YEAR		
COMMONWEALTH LEADERS FUND					
Mailing Address PO BOX 934				\$	2,883.85
City HARRISBURG	6	11	2020		
State PA					
Zip Code(Plus 4) 17108-0934					
Employer of Contributor N/A			Occupation N/A		
Employer Mailing Address/Principal Place of Business N/A	City	State	Zip Code(Plus 4)	Description of Contribution	
				Digital advertising	

Full Name of Contributor	MO	DAY	YEAR		
COMMONWEALTH LEADERS FUND					
Mailing Address PO BOX 934				\$	3,039.00
City HARRISBURG	6	11	2020		
State PA					
Zip Code(Plus 4) 17108-0934					
Employer of Contributor N/A			Occupation N/A		
Employer Mailing Address/Principal Place of Business N/A	City	State	Zip Code(Plus 4)	Description of Contribution	
				Television 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 of Filing Committee or Candidate	Reporting Period
DISANTO FOR SENATE	From <u>5/19/2020</u> To: <u>6/22/2020</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
David Chase	6	15	2020	\$ 200.00
Mailing Address 6557 New Providence Drive				
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure Photography	
To Whom Paid Centric Bank	5	22	2020	\$ 47.70
Mailing Address P.O. Box 790408				
City St Louis	State MO	Zip Code (Plus 4) 63179	Description of Expenditure Constant contact	
To Whom Paid Centric Bank	5	22	2020	\$ 143.95
Mailing Address P.O. Box 790408				
City St Louis	State MO	Zip Code (Plus 4) 63179	Description of Expenditure Springgate winery; meeting	
To Whom Paid Centric Bank	5	22	2020	\$ 95.93
Mailing Address P.O. Box 790408				
City St Louis	State MO	Zip Code (Plus 4) 63179	Description of Expenditure Shaffer Products, signs	
To Whom Paid Centric Bank	5	22	2020	\$ 19.08
Mailing Address P.O. Box 790408				
City St Louis	State MO	Zip Code (Plus 4) 63179	Description of Expenditure Google G Suite	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 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 DISANTO FOR SENATE				Reporting Period From: <u>5/19/2020</u> To: <u>6/22/2020</u>			
DATE						Outstanding Balance of Debt	
Name of Creditor John M. DiSanto				MO	DAY	YEAR	\$ 50,000.00
Mailing Address 6130 Minglewood Road				5	27	2015	
City Harrisburg	State PA	Zip Code (Plus 4) 17112		Description of Debt Loan to committee			
DATE						Outstanding Balance of Debt	
Name of Creditor John M. DiSanto				MO	DAY	YEAR	\$ 100,000.00
Mailing Address 6130 Minglewood Road				12	23	2015	
City Harrisburg	State PA	Zip Code (Plus 4) 17112		Description of Debt Loan to committee			
DATE						Outstanding Balance of Debt	
Name of Creditor John M. DiSanto				MO	DAY	YEAR	\$ 150,000.00
Mailing Address 6130 Minglewood Road				12	30	2019	
City Harrisburg	State PA	Zip Code (Plus 4) 17112		Description of Debt Loan to committee			
DATE						Outstanding Balance of Debt	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL \$ 300,000.00	