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 20	20C0427				port ed B		CAN	NDIDATE COMMITTEE LOBBYIST						Г			
Name of Filing C	Committee, Cand	idate or L	obbyist:		DIS	SANT	O, GI	OVANN	NI N	<u>——</u>								
Street Address:																		
City:	_							State:					Zip Cod	e: 17	7112			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY												AMENDME REPORT?	Yes		No	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRID ELECTION		E-	5.	30 DA		P	POST- 6.			TERMINAT REPORT?	TION	Yes		No	/
report type)	ANNUAL REPOR	tT 7.	Year 202	0				NG MET CHECK					PAPER		\	DIS	KETTE	
Name of Office S	ought by Candi	date:						DATE	OI	F ELE	CTIC	N	District Number	Office Code	Pai	rty Co	de Cou Cod	
SENATOD IN TH	HE GENERAL AS	CEMBIV						МО		DAY	YI	EAR	15	STS	REF)	22	
SLIVATOR IN TI	IL GENERAL AS	SLMBLI							11		3	2020		(SEE IN	STRUCTI	ONS FO	R CODE	S)
	Receipts and	МО	DAY	YEAF	₹			МО		DAY	Y	EAR	FOI	OFFI	CE USE	ONL	Y	
Expenditures	irom:		5 1	9 2	2020	T	0		6	2	22	2020						
A. Amount Bro	ught Forward Fr	om Last R	eport				\$			(3	00,0	00.00)						
B. Total Monet	ary Contribution	s And Rec	eipts (Fro	m Sche	edule	e I)	\$					0.00						
C. Total Funds	Available (Sum	Of Lines A	and B)				\$			(3	300,0	00.00)						
D. Total Expend	ditures (From Se	:hedule II	I)				\$					0.00						
E. Ending Cash	Balance (Subtra	act Line D	From Line	e C)			\$			(3	00,00	00.00)						
F. Value Of In-	Kind Contributio	ns Receiv	ed (From	Schedu	ile I	I)	\$					0.00						
G. Unpaid Debt	s And Obligation	ns (From S	Schedule 1	IV)			\$					0.00			1			
				AFF	-ID/	AVI	T SE	CTIO	N									
PART I - If this is		• /																
I swear (or affirm) correct and comple		ncluding the	e attached s	chedule	s file	ed on	paper	or by ele	ectr	onic m	edium	i, are to t	he best of	my kno	wledge	and b	elief , t	rue
Sworn to and subs	cribed before me t day of	his	20						-		5	Signature	of Person	Submit	ting Re	port		_
	Signa	nture					- -		•				Print	ed Name	•			
My Commission Ex	cpires						_		-				Email					_
	МО	D	AY	YR						Are	ea Co	de	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authorize	d Comr	nitte	ee, C	andid	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		f my knowl	edge and be	elief this	s poli	itical	comm	ittee has	s no	ot viola	ted ar	ny provis	ions of the	act of J	une 3,1	937 (1	P.L. 133	33,
Sworn to and subsc	ribed before me th day of	is	20									s	ignature of	Candid	ate			-
	<u> </u>		_ 20				-						Printed	l Name				-
My Commission Exp	Signatur	e					-		-				Email					_
,							_											_
	МО	D	AY	YF	2					Area	Code		Da	ytime T	elephor	ne Nui	nber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
DISANTO, GIOVANNI M	From:	<u>5/19/202</u>	2 <u>0</u> To:	6/22/2020
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 an 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 only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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

PAGE TOTAL\$ 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 Candidat	e		Rep	orting P	eriod			
			Fro	m:		To):	
					DATE			AMOUNT
Full Name of Contributor				МО	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 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:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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 Candi	ne of Filing Committee or Candidate					Reporting Period					
				Fror	n:		To	То:			
			_		D	ATE		А	MOUNT		
Full Name of Contributor					МО	DAY	YEAR				
Mailing Address								\$	0.00		
City	State	Zi	p Code (Plus	4)							
Employer Name					Occupa	tion	•	•			
Employer Mailing Address/Principa Business	l Place of		City		•	State		Zip Cod	de (Plus 4)		
Enter Grand Total of Part C on	Schedule I, Deta	iled Sumr	mary Page,	Section	on 3.			F \$	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 Co	nme of Filing Committee or Candidate				od			
			From:			То:		
				D	ATE		AM	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T. Detailer	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	Section	•			\$	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 Perio	d	
DISANTO, GIOVANNI M	From:	<u>5/19/2020</u> To:	<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	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
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	ame of Filing Committee or Candidate Re					Reporting Period					
	From:		To:	·o:							
				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	ge,		PAGE TOTAL				
Section 2.						\$	0.00				

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting l	Period				
					From:			To:	То:		
					•		DATE			AMOUNT	
Full Name of Contributor						МО	DAY	YEAR			
Mailing Address									\$ \$	0.00	
City	State		Zip Code(I	Plus 4)							
Employer of Contributor						Occupa	ition				
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	ption	of Contribution	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (Reporting Period						
	From			То:			
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
-							PAGE TOTAL
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D).			\$	0.00