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	2020C	:0427				Repo Filed		:	CAI	NDII	DATE	√	CC	MMITTE		LOB	BYIS	Г	
Name of Filing C	ommittee, C	andida	te or Lo	obbyis	it:		DISAN	ITO	, GI	OVAN	INI I	М								
Street Address:																				
City:										State	e:				Zip Cod	e: 17	7112			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND F PRIMA		PRE-	2.		0 DA RIMA		Р	OST-	3.		AMENDMI REPORT?	ENT	Yes] [Vo	/
(place X to the right of	6TH TUESDAY PRE-ELECTIO		4.	2ND F ELECT		PRE-	- 5.)		0 DA LECT							TION	Yes	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֡֓֓֡֓	No	\
report type)	ANNUAL RE	PORT	7.	Year	2020					IG ME CHEC					PAPER		V	DIS	KETTE	
Name of Office S	ought by Ca	ndidate	e:				•	_		DAT	ΕO	F ELE	СТІ	ON	District Number	Office Code	Pai	rty Co	de Cou Cod	
SENATOR IN TH	HE CENEDAL	VCCEI	MRIV							МО		DAY	١	YEAR	15	STS	REF	•	22	
										11		3	2020		(SEE IN	STRUCTI	ONS FO	R CODES	5)	
Summary of Expenditures		nd	МО	DA	-	YEAR		T ^		МО		DAY		YEAR	FO	R OFFI	CE USE	ONL	Y	
-			1 1 D	6	23	20)20	ТО			10		19	2020						
A. Amount Bro					/ F	Calaad	Jula T		\$			(3	300,	0.00						
B. Total Moneta					-	Sched	iuie 1	<u>'</u>	\$											
C. Total Funds Available (Sum Of Lines A and B) \$ (300,000.00)																				
D. Total Expend	ditures (Fron	n Sched	dule III	I) ——					\$					0.00						
E. Ending Cash	Balance (Su	btract	Line D	From	Line C	:)			\$			(3	00,0	000.00)						
F. Value Of In-	Kind Contrib	utions	Receive	ed (Fr	om Sc	hedul	e II)		\$					0.00						
G. Unpaid Debt	s And Obliga	ations (From S	Schedu	ıle IV)			\$					0.00						
						AFFI	[DAV	ΙT	SE	CTIC	NC									
PART I - If this is		-	•									•		_						
I swear (or affirm) correct and comple		ort, inclu	ding the	attach	ned sch	edules	filed o	n pa	iper o	or by e	electr	onic m	ediu	m, are to t	he best of	my kno	wledge	and b	elief , t	rue
Sworn to and subs	cribed before i	me this		20							•			Signature	of Person	Submit	ting Re	port		_
		Signature		-				_							Print	ed Name	=			_
My Commission Ex		ngnatar c	•								-				Email					_
	мо		DA	ΑY		YR						Are	ea Co	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of	a candi	date's	autho	rized	Comm	ittee,	Car	ndida	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		est of my	/ knowle	edge an	nd belie	ef this	politica	ıl co	ommi	ittee h	as no	ot viola	ted a	any provis	ions of the	act of J	une 3,1	937 (I	P.L. 133	33,
Sworn to and subsc		1e this												s	ignature o	f Candid	ate			-
	day of			20 -				_							Printed	l Name				_
	_	nature						_							Email					_
My Commission Exp	ires																			_
	M	40	DA	AY		YR		_				Area	Code	e	Da	ytime T	elephor	ne Nur	nber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period						
DISANTO, GIOVANNI M	From:	6/23/202	<u>:0</u> To:	10/19/2020			
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			_				
TOTAL for the Reporting	J 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	g 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	J Period	(3)	\$	0.00			
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)							
TOTAL for the Reporting	g 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 onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re					
			From:			То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•				-		DAGE 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 Filling Committee of Candidate				Reporting Period From: 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 Candi	nme of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				DA	TE		Α	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 S	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	ame of Filing Committee or Candidate			Reporting Period						
				Fror	n:		To	То:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address State Tip Code (Plus 4)								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	Code (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		А	MOUNT
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. Detailed	l Summary Page	Section	4			P/	AGE TOTAL
	Juliana 1/ Butanet	. January rage,		••			\$	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	1							
DISANTO, GIOVANNI M	From:	<u>6/23/2020</u> To:	10/19/2020						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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	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, 1		\$	0.00						

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting	g Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL	
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,	PAGE TOTAL		
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	me of Filing Committee or Candidate				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	(ind (Contributions De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (ame of Filing Committee or Candidate					Reporting Period					
			From			То:					
				DATE			AMOUNT				
To Whom Paid	МО	DAY	YEAR								
Mailing Address						\$	0.00				
City	State	Zip Code (Plus 4)	Description of Expenditure								
					PAGE TOTAL						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item						\$	0.00				