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				Rep File			CA	NDI	DIDATE COMMITTEE LOBBYIST								
Name of Filing C	Committee, Cand	lidate or L	obby	ist:		DISA	ANT	0, GI	OVAI	INV	M	•							
Street Address:																			
City:									Stat	e:				Zip Cod	e: 17	7112			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		FRIDAY MARY	PRE-	2		30 DA		POST- 3. AMENDMENT REPORT?					Yes		No	/	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		FRIDAY	/ PRE-	- 5		30 DA		Р	OST-	6.		TERMINATION REPORT?		Yes	ן ו	No	\
report type)	ANNUAL REPOR	7. X	Yea	ı r 2020				FILIN	NG MI					PAPER		V	DISI	ETTE	
Name of Office S	e of Office Sought by Candidate:							District Number	Office Code	Pai	ty Coo	le Cou							
SENATOR IN THE GENERAL ASSEMBLY									МО		DAY)	YEAR	15	STS	REF)	22	
			_							11		3	2020		(SEE IN	STRUCTI	ONS FO	R CODES	5)
Summary of Expenditures		МО	11 D	24	YEAR	020	T	^	МО	10	DAY		YEAR	FOI	R OFFI	CE USE	ONL	Y	
A. Amount Bro	ught Forward Fr	om Last F			20	J20		 		12		31	2020 000.00)						
	ary Contribution		•		Sched	dule	I)	\$			(3	,,,,,	0.00						
C. Total Funds	Available (Sum	Of Lines A	A and	В)				\$			(3	300,	000.00)						
D. Total Expend	ditures (From S	chedule I	II)					\$					0.00						
E. Ending Cash	Balance (Subtra	act Line D	Fron	n Line C	:)			\$			(3	00,0	00.00)						
F. Value Of In-	Kind Contribution	ns Receiv	/ed (F	From Sc	hedul	e II))	\$					0.00						
G. Unpaid Debt	s And Obligation	ns (From	Sche	dule IV)			\$					0.00						
					AFF:	IDA	VI	ΓSE	CTI	NC									
PART I - If this is	s a Committee r	eport, trea	asure	r sign h	ere. I	f this	s is	a Car	ndida	te re	port, o	cand	lidate sig	n here.					
I swear (or affirm) correct and comple		ncluding th	e atta	ched sch	edules	filed	on p	paper	or by	electr	ronic m	ediu	m, are to t	the best of	my kno	wledge	and b	elief , tı	rue
Sworn to and subs	cribed before me t day of	his	20										Signature	of Person	Submit	ting Re	oort		_
	Signa	iture						-						Print	ed Name	•			_
My Commission Ex	cpires							_		•				Email					
	МО	D	PΑΥ		YR						Ar	ea Co	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ındidate's	auth	orized	Comm	ittee	e, Ca	andid	ate s	hall s	sign h	ere.							
I swear (or affirm) No 320) as amende		f my know	ledge a	and belie	ef this	politi	cal	comm	ittee l	nas no	ot viola	ted a	any provis	ions of the	act of J	une 3,1	937 (F	.L. 133	3,
Sworn to and subsc	ribed before me th	nis	30										s	ignature of	Candid	ate			_
			_ 20					-						Printed	l Name				-
My Commission Exp	Signatur	·e						•		•				Email					-
	МО		DAY		YR						Area	Code		Da	ytime T	elephor	ne Nun	ıber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
DISANTO, GIOVANNI M	From:	11/24/202	<u>0</u> To:	12/31/2020
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

with an aggregate value from \$50.01 to \$2 Name of Filing Committee or Candidate Rep					\$250.00 in the reporting perio						
			Fro	m:		То	:				
					DATE			AMOUNT			
Full Name of Contribut	ing Committee			мо	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Code (Plus 4	•)								
		1			<u> </u>			PAGE 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 Commi	ttee or Candidate		Rep	oorting F	eriod			
			Fro	m:		To	o:	
					DATE			AMOUNT
Full Name of Contributor	r			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	lame of Filing Committee or Candidate Report					ting 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 Candidate	Reporting Period								
			Froi	From: 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 Cod	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	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	ame of Filing Committee or Candidate				Reporting Period					
			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 Peri	od	
DISANTO, GIOVANNI M	From:	<u>11/24/2020</u> To:	<u>12/31/2020</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, 1		\$	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:				
				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	те Г		PAGE TOTAL
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	ame of Filing Committee or Candidate					porting P	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, i	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (Name 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)	Descri	ption of Ex	penditure						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL				
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D).			\$	0.00				