

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		✓		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.	AMENDMENT REPORT?	Yes	No	✓			
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	✓			
	ANNUAL REPORT	7. X	Year 2021	FILING METHOD () CHECK ONE			PAPER	✓	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code	
						MO	DAY	YEAR	22				
						11	2	2021	(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY				
		11	23	2021		12	31	2021					
A. Amount Brought Forward From Last Report						\$ 86,937.30							
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 4,015.00							
C. Total Funds Available (Sum Of Lines A and B)						\$ 90,952.30							
D. Total Expenditures (From Schedule III)						\$ 143.02							
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 90,809.28							
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00							
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 of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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>11/23/2021</u> To: <u>12/31/2021</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)	\$ 4,015.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 4,015.00

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.)	\$ 4,015.00
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

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>11/23/2021</u> To: <u>12/31/2021</u>
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DATE				AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
PAFP PAC (PA ACDMY FAMILY PHYSICIANS)				
Mailing Address 2704 COMMERCE DR STE A				
City HARRISBURG	12	9	2021	\$ 515.00
State PA				
Zip Code (Plus 4) 17110				
Full Name of Contributing Committee	MO	DAY	YEAR	
UNITEDHEALTH GROUP INC PAC (FED PAC)				
Mailing Address 701 PENNSYLVANIA AVE NW, STE 200				
City WASHINGTON	12	17	2021	\$ 2,000.00
State DC				
Zip Code (Plus 4) 20004				
Full Name of Contributing Committee	MO	DAY	YEAR	
NATIONWIDE MUTUAL INS CO PAC				
Mailing Address ONE NATIONWIDE PLAZA 1-32-301				
City COLUMBUS	12	17	2021	\$ 1,000.00
State OH				
Zip Code (Plus 4) 43215				
Full Name of Contributing Committee	MO	DAY	YEAR	
NORFOLK SOUTHERN CORP GOOD GOV FUND				
Mailing Address ONE CONSTITUTION AVE NE				
City WASHINGTON	12	31	2021	\$ 500.00
State DC				
Zip Code (Plus 4) 20002				

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

PAGE TOTAL
\$ 4,015.00

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	\$ 0.00
Mailing Address						
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	\$ 0.00
Mailing Address						
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		Reporting Period	
DISANTO FOR SENATE		From: <u>11/23/2021</u> To: <u>12/31/2021</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 RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
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.)		\$	0.00

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:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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 III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
DISANTO FOR SENATE	From <u>11/23/2021</u> To: <u>12/31/2021</u>

DATE				AMOUNT
To Whom Paid Centric Bank	MO	DAY	YEAR	
Mailing Address P.O. Box 790408	11	24	2021	\$ 47.70
City St Louis	State MO	Zip Code (Plus 4) 63179	Description of Expenditure Constant contact	
To Whom Paid Centric Bank	MO	DAY	YEAR	
Mailing Address P.O. Box 790408	11	24	2021	\$ 82.60
City St Louis	State MO	Zip Code (Plus 4) 63179	Description of Expenditure Hilton Harrisburg	
To Whom Paid Centric Bank	MO	DAY	YEAR	
Mailing Address P.O. Box 790408	11	24	2021	\$ 12.72
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 \$ 143.02

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>11/23/2021</u> To: <u>12/31/2021</u>			
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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			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL \$ 300,000.00