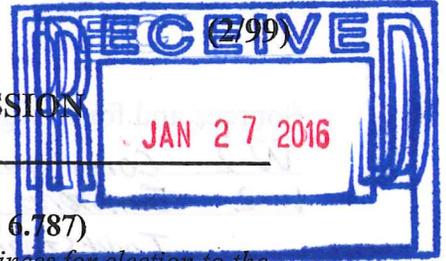


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KENTUCKY LEGISLATIVE ETHICS COMMISSION



STATEMENT OF FINANCIAL DISCLOSURE (KRS 6.787)

To be filed by: All members of the General Assembly, all candidates and nominees for election to the General Assembly, and major management personnel in the legislative branch of state government.

Check here and attach additional sheets if necessary. 1 Number of sheets attached.

Please Include The Following Information For The Preceding Calendar Year:

Name SALVATORE SANTORO
Business address 596 WATERLOT CT FLORENCE KY 41042
Business telephone 859-371-8840
Home address 596 WATERLOT CT FLORENCE KY 41042
Title of public position, or office sought MEMBER HOUSE OF REPRESENTATIVE
Other occupations of filer ELECTRICAL CONTRACTOR
Occupations of spouse REGISTERED NURSE

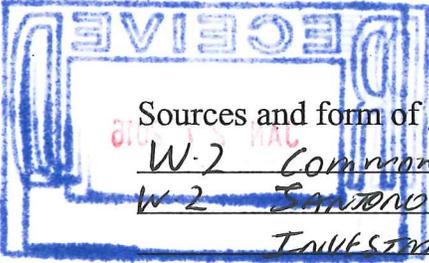
NOTE: The Following Sections Do Not Require Disclosure Of Specific Dollar Amounts.

Positions held by filer in any business, partnership, corporation for profit, or corporation not for profit from which the filer receives compensation, and the name of the business, partnership, or corporation PRESIDENT SANTORO ELECTRIC CO. INC

Positions held by filer's spouse in any business, partnership, corporation for profit, or corporation not for profit from which the filer's spouse receives compensation, and the name of the business, partnership, or corporation NONE

Names and addresses of all businesses, investments, or securities in which the filer, filer's spouse, or filer's minor children had at any time during the reporting year an interest of \$10,000 at fair market value, or 5% ownership interest or more

SANTORO ELECTRIC CO INC 596 WATERLOT CT FLORENCE KY 41042
US BANK 8461 HWY 42 FLORENCE KY 41042
FIRST SECURITY & TRUST 7135 HOUSTON RD FLORENCE KY 41042
PNC BANK MT ZION RD FLORENCE KY 41042



Sources and form of gross income of the filer (list sources by name) _____

W-2 COMMONWEALTH OF KENTUCKY
W-2 SANDOZ ELECTRIC CO INC
INVESTMENT INCOME SEE PAGE #1

Sources and form of gross income of the filer's spouse (list sources by name) _____

W-2 ST. ELIZABETH HEALTH CARE
INVESTMENT INCOME SEE PAGE #1

Positions of a fiduciary nature in a business _____

NONE

A designation as commercial, residential, or rural, and the location of all real property other than the filer's primary residence, in which there is an interest of \$10,000 or more held by the filer, filer's spouse, or filer's minor children _____

RENTAL INCOME FROM RESIDENTIAL PROPERTY COUNTESSA, KY.
RENTAL INCOME FROM RESIDENTIAL PROPERTY BRADENTON, FLA.

Sources of gifts of money or property with a retail value of more than \$200 to the filer or the filer's immediate family, except those from a member of the filer's family. (Family means spouse, parent, sibling, child, mother-in-law, father-in-law, son-in-law, daughter-in-law, grandparent, or grandchild. Immediate family means unemancipated child residing in an individual's household, spouse, or a person claimed by the filer's spouse as a dependent for tax purposes.) _____

NA

The name of any creditor owed more than \$10,000 **except** debts arising from the purchase of consumer goods. (Goods used or bought for use primarily for personal, family, or household purposes) _____

HOME EQUITY LOAN P.M.C. BANK

WELLS FARGO DEMOS, IOWA

The name of any legislative agent who is:

1. A member of the filer's immediate family;
2. A partner of the filer, or a partner of a member of the filer's immediate family;
3. An officer or director of the filer's employer;
4. An employer of the filer or an employer of a member of the filer's immediate family;
5. A business associate of the filer or a business associate of a member of the filer's immediate family

none

The names of any of the filer's clients who are legislative agents or employers _____

none

If you have held a professional license during the filing period, has a properly licensed partner of yours engaged in the practice of cases or other matters which you are prohibited from practicing under KRS 6.744? Yes No Not Applicable

If yes, list the names of the clients represented and list the agencies before which the partner made an appearance. The filer need not identify which client was represented before a specific agency.

Clients

NONE

State Agency

NONE

NOTICES

1. Upon receipt by the Commission, a statement of financial disclosure shall be a public record available for copying.
2. Any person who fails to file a statement of financial disclosure or who fails to remedy a deficiency identified by the Commission in a timely manner may be fined an amount not to exceed \$100 per day up to a maximum total fine of \$1000.
3. Any person who files a statement of financial interests which they know to contain false information, or to omit required information, shall be guilty of a class A misdemeanor.

1-20-16
Date


Filer

Send completed statements to: The Kentucky Legislative Ethics Commission
22 Mill Creek Park
Frankfort, Kentucky 40601
FAX (502) 573-2929

If you have questions please call us at (502) 573-2863.

MICROSOFT 6201 15TH AVE BROOKLYN NY

AMGEN 1- AMGEN CENTER THOUSAND OAKS CA

DIVERSIFIED INVESTMENTS 440 MADAMONVELL AVE
HARRISON NY 10528