

# Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/>	Lobbyist
Name of Filing Committee, Candidate or Lobbyist		Team Sabatino			
Street Address		1206 Saint Johns Rd			
City	Drums	State	PA	Zip Code	18222

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Election (MM/DD/YYYY)		05/18/2021	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/1/2021	5/3/2021	
A. Amount Brought Forward From Last Report	\$	280.00	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">2021 MAY -7 PM 4:26</p> <p style="text-align: center;">BOARD OF ELECTIONS LUZERNE COUNTY, PA</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	4206.67	
C. Total Funds Available (Sum of Lines A and B)	\$	4486.67	
D. Total Expenditures (From Schedule III)	\$	4041.67	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	445.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	4041.67	

**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 on paper, is to the best of my knowledge and belief true, correct, and complete.

Sworn to and subscribed before me this

7<sup>th</sup> day of May 20 21  
 Susan M Rossi  
 Signature

*[Signature]*  
 Signature of Person Submitting report  
 Joshua Shaffer  
 Printed Name

My Commission expires 01/31/2022  
 MO. DAY YR.

570 579-6727  
 Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal  
 Susan M. Rossi, Notary Public  
 Luzerne County  
 My commission expires January 31, 2022  
 Commission number 1141293

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

7<sup>th</sup> day of May 20 21  
 Susan M Rossi  
 Signature

*[Signature]*  
 Signature of Candidate  
 JAMES SABATINO  
 Printed Name

My Commission expires 01/31/2022  
 MO. DAY YR.

570 956-3447  
 Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal  
 Susan M. Rossi, Notary Public  
 Luzerne County  
 My commission expires January 31, 2022  
 Commission number 1141293

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>			
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period	(1)	\$	165.00
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	4041.67
Total for the reporting period	(3)	\$	
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period	(4)	\$	
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	

**PART D**  
**All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C)

Filer Identification Number	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
James Sabatino					2/9/21		675.00
House #	1206	Street Address	Saint Johns Rd		Date [MM/DD/YYYY]	\$	
					3/18/21		3182.40
City	Drums	State	PA	Zip Code	18222	Date [MM/DD/YYYY]	\$
					4/21/21		184.27
Employer Name		Vesuvios			Occupation	Owner	
Employer Mailing Address / Principal Place of Business		366 W Butler Dr Drums PA 18222					

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	
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<b>To Whom Paid</b>	Anchor Graphic Design	<b>Date [MM/DD/YYYY]</b>	\$	675.00
House #	Street Address	<b>Description of Expenditure</b>		
City	State	Zip Code	graphic design package	
Date [MM/DD/YYYY]	2/9/21			\$ 675.00
<b>To Whom Paid</b>	Screen Printing USA	<b>Date [MM/DD/YYYY]</b>	\$	3182.40
House #	Street Address	<b>Description of Expenditure</b>		
City	State	Zip Code	poster board signs	
Date [MM/DD/YYYY]	3/18/21			\$ 3182.40
<b>To Whom Paid</b>	Amazon	<b>Date [MM/DD/YYYY]</b>	\$	184.27
House #	Street Address	<b>Description of Expenditure</b>		
City	State	Zip Code	office supplies	
Date [MM/DD/YYYY]	4/21/21			\$ 184.27
<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>	\$	
House #	Street Address	<b>Description of Expenditure</b>		
City	State	Zip Code		
Date [MM/DD/YYYY]				\$
<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>	\$	
House #	Street Address	<b>Description of Expenditure</b>		
City	State	Zip Code		
Date [MM/DD/YYYY]				\$
<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>	\$	
House #	Street Address	<b>Description of Expenditure</b>		
City	State	Zip Code		
Date [MM/DD/YYYY]				\$
<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>	\$	
House #	Street Address	<b>Description of Expenditure</b>		
City	State	Zip Code		
Date [MM/DD/YYYY]				\$

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.

Filer Identification Number:	
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Name of Creditor		James Sabatino				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
1206	Saint Johns Rd	2/9/21				675.00	
City	State	PA	Zip Code	18222			
City	Drums	State	PA	Zip Code	18222		

Description of Debt	Signs purchased on credit card						
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Name of Creditor		James Sabatino				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
1206	Saint Johns Rd	2/20/21				52.86	
City	State	PA	Zip Code	18222			
City	Drums	State	PA	Zip Code	18222		

Description of Debt	office supplies purchased on credit card						
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Name of Creditor		James Sabatino				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
1206	Saint Johns Rd	3/18/21				3182.40	
City	State	PA	Zip Code	18222			
City	Drums	State	PA	Zip Code	18222		

Description of Debt	Yard signs purchased on credit card						
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Name of Creditor		James Sabatino				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
1206	Saint Johns Rd	3/25/21				89.02	
City	State	PA	Zip Code	18222			
City	Drums	State	PA	Zip Code	18222		

Description of Debt	office supplies purchased on credit card						
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Name of Creditor		James Sabatino				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
1206	Saint Johns Rd	4/21/21				42.39	
City	State	PA	Zip Code	18222			
City	Drums	State	PA	Zip Code	18222		

Description of Debt	office supplies purchased on credit card						
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Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
City	State		Zip Code				
City		State		Zip Code			

Description of Debt							
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