

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	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		James Sabatino					
Street Address		1206 Saint Johns Rd					
City	Drums	State	PA	Zip Code	18222		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd 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 (M/M/DD/YYYY)		5/18/2021	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
	1/1/21	5/3/21	
A. Amount Brought Forward From Last Report	\$	0.00	<div style="text-align: center;"> <p>2021 MAY -7 PM 4:26</p> <p>RECEIVED</p> <p>BOARD OF ELECTIONS LUZERNE COUNTY PA</p> <p>Commonwealth of Pennsylvania - Notary Seal Susan M. Rossi, Notary Public Luzerne County My Commission expires January 31, 2022 Commission number 1141293</p> </div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0.00	
C. Total Funds Available (Sum of Lines A and B)	\$	0.00	
D. Total Expenditures (From Schedule III)	\$	4041.67	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		
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

7th day of May 20 21

Susan M Rossi
Signature

James Sabatino
Signature of Person Submitting Report

JAMES SABATINO
Printed Name

My Commission expires 01/31/2021
MO. DAY YR.

570
Area Code

956-3447
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

Signature of Candidate

Printed Name

My Commission expires _____
MO. DAY YR.

Area Code

Daytime Telephone Number

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid	Team Sabatino	Date [MM/DD/YYYY]	\$	4041.67
House #	1206	Street Address	Saint Johns Rd	
City	Drums	State	PA	Zip Code
				18222
Description of Expenditure				
Loan to PAC				
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #		Street Address	Description of Expenditure	
City		State		Zip Code
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #		Street Address	Description of Expenditure	
City		State		Zip Code
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #		Street Address	Description of Expenditure	
City		State		Zip Code
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #		Street Address	Description of Expenditure	
City		State		Zip Code
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #		Street Address	Description of Expenditure	
City		State		Zip Code
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #		Street Address	Description of Expenditure	
City		State		Zip Code
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #		Street Address	Description of Expenditure	
City		State		Zip Code

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		American Express			Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	4041.61	
		4/21/21				
City	State	Zip Code				
Description of Debt		Items purchased by PAC on credit card				

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

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

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

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

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