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 200)6347				port ed B		CANE	ANDIDATE COMMITTEE LOBBYIST							
Name of Filing Committee, Candidate or Lobbyist: Friends of John Sabatina																
Street Address:	7720 Castor Ave,2nd Fl Street Address:															
City:	Phila							State:	PA	PA Zip Code: 19152						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE- 2. 30 PRIMARY						POST	- 3.		AMENDM REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE- ELECTION 5. 30 DAY ELECTI						POST	- 6.			TERMINATION Yes REPORT?			~
report type)	ANNUAL REPOR	T 7. X	Year 2011		FILING METHOD () CHECK ONE						PAPER		\checkmark	DISKE	ГТЕ	
Name of Office S	Sought by Candid	late:	•					DATE	OF EL	ECT	ION	District Number	Office Code	Pari	ty Code	County Code
								МО	DAY	1	YEAR		10000	DEM		51
								1	1	8	2011	 	(SEE IN	ISTRUCTIO	NS FOR C	ODES)
	Receipts and	МО	DAY YE	AR				МО	DA	′	YEAR	FO	R OFFI	CE USE	ONLY	
Expenditures	s trom:		11 29	20	011	Т	0	1	2	31	2011					
A. Amount Bro	ught Forward Fr	om Last R	eport				\$			6	3,726.36					
B. Total Moneta	ary Contribution	s And Rec	eipts (From So	che	dule	e I)	\$				0.00					
C. Total Funds	Available (Sum	Of Lines A	and B)				\$			6	3,726.36					
D. Total Expenditures (From Schedule III) \$ 0.00																
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)				\$			63	3,726.36					
F. Value Of In-	Kind Contributio	ns Receiv	ed (From Sche	dul	le II	I)	\$				0.00					
G. Unpaid Debt	ts And Obligation	s (From	Schedule IV)				\$				0.00					
			А	FF	IDA	AVI	T SE	CTION	J							
PART I - If this is	s a Committee re	port, trea	surer sign her	e. I	if th	nis is	a Can	ndidate	report	, can	didate si	gn here.				
I swear (or affirm) correct and complete		cluding the	e attached sched	ules	file	d on	paper o	or by ele	ctronic	medi	um, are to	the best o	f my kno	wledge a	nd belie	f , true
Sworn to and subs	cribed before me t	nis	20						_		Signature	e of Perso	n Submit	ting Rep	ort	
	Signa	ture					- -					Prin	ted Nam	e		
My Commission Ex	-	cure							_			Ema	il			
	мо	D	AY	ΥR			_			Area (Code	Daytim	e Telepl	none Nui	nber	
Part II- If this is	a report of a ca	ndidate's	authorized Co	mm	itte	ee, C	andida	ate sha	ll sign	here						
I swear (or affirm) No 320) as amende		f my knowl	edge and belief 1	this	polit	itical	commi	ittee has	not vic	lated	any provis	ions of the	e act of J	une 3,19	37 (P.L.	1333,
Sworn to and subsc		is									S	ignature o	of Candid	ate		
	day of						-					Drints	d Name			
	Signatur	<u> </u>					-		_							
My Commission Exp	-	_										Ema	il		_	
	МО	D	AY	YR			-		Ar	ea Coo	de	Da	aytime 1	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Detailed Summary 1 age				
Name of Filing Committee or Candidate	Reporting	g Period		
Friends of John Sabatina	From:	11/29/20	<u>l1</u> To:	12/31/2011
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 Page 1			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting Period				
		F	From:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address	_	_				\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

0.00

PART B 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.

(Exclud	ie contributions froi	m political comm	IITTE	es rep	oortea	in Part	A)		
Name of Filing Committee or Candidate Reporting Period									
From: To:									
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4))						
					•	•		PAGE TOTAL	

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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			Reporting						
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							+	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Schee	dule 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				orting Pe	eriod			
	Fro	m:		To	То:			
				D	ATE		Al	MOUNT
Full Name of Contributor				МО	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Employer Name				Occupation				
Employer Mailing Address/Principal Plac	e of Business	City		•	State		Zip Cod	le (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Si	ummary Page	, Secti	on 3.			P	AGE 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 Candidate			Report	ing Peri	od			
			From:			To:		
				E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Count Total of Dout	Fan Cahadula I Datailad	I Company Dome C	` !	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	ection	4.			\$	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 Per	riod						
Friends of John Sabatina	From:	<u>11/29/2011</u> To:	12/31/2011					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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,	•	\$	0.00					

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Car	Reporting Period							
	From: To:							
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$	C	0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pa	ge,		PAGE TOTAL	
Section 2.						\$	0	.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
					From:			То:		
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi _l	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

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)	Descrip	tion of Exp	enditure		
Enter Crand Total of Evnanditures	on Dogg 1 Donowh (Cover Dage Item F					PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.			, .			\$	0.00