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 | 20001 | .90 | | | | Repo Filed | | | CAI | NDII | DATE | | СОМ | 4ITTEE | ✓ | LOB | BYIST | | |
|--|----------------------------|------------|-------------|----------------|---------|------------|---------------|-------|---------------------------|--------|--------|----------|---------|-------------|------------------------|----------------|---------|--------|------------|----------|
| Name of Filing C | ommittee, (| Candida | te or Lo | bbyis | t: | Δ | AFTPA | CSP | E | | | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | | | |
| City: | PHILAD | ELPHIA | | | | | | | | State | e: | PA | | | Zip Cod | le: 19 | 103 | | | |
| TYPE OF REPORT | 6TH TUESDA PRE-PRIMAR | | 1. | 2ND F PRIMA | | PRE- | 2. | | DA' | | Р | OST- | 3. | | AMENDMENT REPORT? | | Yes | 1 | lo | √ |
| (place X to the right of | 6TH TUESDA PRE-ELECTION | | 4. | 2ND F ELECT | | PRE- | - 5. | | 30 DAY F ELECTION | | | OST- | OST- 6. | | TERMINATION REPORT? | | Yes | ١ | lo | \ |
| report type) | ANNUAL RE | PORT | 7. X | Year 2 | 2015 | | | | FILING METHO () CHECK ON | | | | | | PAPER | \checkmark | DIS | ETTE | | |
| Name of Office S | ought by Ca | andidate | e: | | | | | | | DAT | E O | F ELE | CTI | ON | District Number | Office Code | Pai | ty Cod | e Cou | |
| | | | | | | | | | | МО | | DAY | Y | EAR | | | • | | • | |
| | | | | | | | | | | | 11 | | 3 | 2015 | | (SEE INS | STRUCTI | ONS FO | R CODES | 6) |
| Summary of | | and | МО | DAY | Y | YEAR | | | | МО | | DAY | Y | 'EAR | FO | R OFFIC | E USE | ONL | ′ | |
| Expenditures | from: | | 1 | .1 | 24 | 20 |)15 | то | | | 12 | | 31 | 2015 | | | | | | |
| A. Amount Bro | ught Forwai | rd From | Last R | eport | | | | | \$ | | | | 18, | ,445.21 | | | | | | |
| B. Total Monet | ary Contribu | ıtions A | nd Rec | eipts (| From | Sched | lule I) |) | \$ | | | | | 952.00 | | | | | | |
| C. Total Funds | Available (S | Sum Of I | Lines A | and B |) | | | | \$ | | | | 19, | ,397.21 | | | | | | |
| D. Total Expend | ditures (Fro | m Sche | dule II | [) | | | | | \$ | | | | | 500.00 | | | | | | |
| E. Ending Cash | Balance (S | ubtract | Line D | From L | Line C | :) | | | \$ | | | | 18, | 897.21 | | | | | | |
| F. Value Of In- | Kind Contrib | outions | Receive | ed (Fro | om Sc | hedule | e II) | | \$ | | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Oblig | ations (| From S | chedu | le IV) |) | | | \$ | | | | | 0.00 | | • | | | | |
| | | | | | | AFFI | [DAV | IT S | SE(| CTIC | DΝ | | | | | | | | | |
| PART I - If this is | | - | - | | _ | | | | | | | - | | | | | | | | |
| I swear (or affirm) correct and comple | | ort, inclu | ding the | attach | ed sch | edules | filed o | n pap | er o | r by e | lectr | onic m | ediun | n, are to t | he best of | f my knov | vledge | and be | elief , tr | ue |
| Sworn to and subs | cribed before day of | me this | | 20 | | | | | | | | | | Signature | of Persoi | n Submitt | ing Re | oort | | _ |
| | | Signature | e | - | | | | _ | | | | | | | Print | ted Name | | | | |
| My Commission Ex | cpires | | | | | | | | | | • | | | | Emai | il | | | | |
| | мо |) | D# | ΛY | | YR | | | | | | Ar | ea Co | de | Daytim | e Teleph | one Nu | mber | | |
| Part II- If this is | a report of | a candi | date's | author | ized (| Commi | ittee, | Cand | lida | ite sh | nall s | sign h | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | | est of my | y knowle | dge an | d belie | f this p | politica | l con | nmi | ttee h | as no | ot viola | ted a | ny provis | ions of the | e act of Ju | ine 3,1 | 937 (P | .L. 133 | з, |
| Sworn to and subsc | ribed before r | ne this | | 20 | | | | | | | | | | s | ignature o | f Candida | ite | | | _ |
| | | | | | | | | _ | | | | | | | Printe | d Name | | | | - $ $ |
| | Sig | nature | | | | | | _ | | | | | | | | | | | | _ |
| My Commission Exp | ires | | | | | | | | | | | | | | Emai | il | | | | |
| | | мо | DA | λΥ | | YR | | | | | | Area | Code | 1 | Da | ytime Te | elephoi | ne Nun | ıber | _ |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | |
|--|-----------|----------|---------------|------------|
| AFTPA CSPE | From: | 11/24/20 | <u>15</u> То: | 12/31/2015 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting |) Period | (1) | \$ | 952.00 |
| 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 Pa | | | \$ | 952.00 |

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 Commit | ttee or Candidate | 1 | | Rep | orting I | Period | | | |
|--------------------------|-------------------|-------|-------------------|-----|----------|--------|------|----|--------|
| | | | | Fro | m: | | To | : | |
| | | | ' | | | DATE | | | AMOUNT |
| Full Name of Contributin | ng 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.

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.

(Exclude contributions from political committees reported in Part A)

| Name of Filing Committee | or Candidate | | Rep | orting P | | | | |
|--------------------------|--------------|-------------------|-----|----------|------|------|----|--------|
| | | | Fro | m: | | To |): | |
| | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) |) | | | | | |
| | | • | | | | | | |

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 | Period | | | | |
|---------------------------------------|----------------------|----------|-------------|--------|-----|------|---------------|------------|
| | | | From: | | | То: | | |
| | | | | DA | TE | | P | AMOUNT |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | 0.0 |
| Mailing Address | | | | | | | - \$ | 0.0 |
| City | State | Zip Cod | e (Plus 4) | | | | | |
| | | | | | | | | PAGE TOTAL |
| Enter Grand Total of Part C on Scheo | 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.)

| | | | Repo | orting Pe | riod | | | |
|------------------|-------------------------|----------------------------|---|--|--|---|--|--|
| | | | Fron | n: | | T | 0: | |
| | | | | D | ATE | | | AMOUNT |
| | | | | мо | DAY | YEAR | \$ | 0.00 |
| | | | | | | | | |
| State | Zi | p Code (Plus | s 4) | | | | | |
| | | | | Occupa | tion | | | |
| ce of Business | | City | | | State | | Zip | Code (Plus 4) |
| dule I, Detailed | Sumn | mary Page, | Section | on 3. | | | \$ | PAGE TOTAL 0.00 |
| | State ce of Business | State Zi ce of Business | State Zip Code (Plus ce of Business City | State Zip Code (Plus 4) ce of Business City | From: MO State Zip Code (Plus 4) Occupa | From: DATE MO DAY State Zip Code (Plus 4) Occupation ce of Business City State | State Zip Code (Plus 4) State Zip Code (Plus 4) Occupation ce of Business City State cdule I, Detailed Summary Page, Section 3. | From: To: DATE MO DAY YEAR State Zip Code (Plus 4) Occupation ce of Business City State Zip |

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 | ting Peri | od | | | |
|---------------------------|---------------------------|---------------|-------------|-----------|-----|------|--------|------------|
| | | | From: | | | To: | | |
| | | | | C | ATE | | | AMOUNT |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | _ | | | | | | \neg | |
| City | State | Zip Code (| Plus 4) | | | | | |
| Receipt Description | • | • | | • | • | • | • | |
| | | | . .: | _ | | | | PAGE TOTAL |
| Enter Grand Total of Part | E on Schedule I, Detailed | Summary Page, | Section | 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 | od | |
|--|----------------|-----------------------|-------------------|
| AFTPA CSPE | From: | 11/24/2015 To: | <u>12/31/2015</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | PER CONTRIBUTO | R | |
| 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 Candi | idate | | Reporting Period | | | | | | |
|-----------------------------------|--------------------|------------------------|------------------|----------|------|-------------|------------|--|--|
| | | | From: | | | To: | | | |
| | | | | DATE | | | AMOUNT | | |
| Full Name of Contributor | | | МО | DAY | YEAR | | | | |
| Mailing Address | | | | | | 7 \$ | 0.00 | | |
| City | State | Zip Code (Plus 4) | | | | | | | |
| Description of Contribution: | • | | • | • | • | | | | |
| | | | | | | | | | |
| Enter Grand Total of Part F on | Schedule II, In-Ki | nd Contributions Detai | led Sum | mary Pag | 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 | | | | |
|--|----------------|-----|------------------|--------|-------------------|----------------|-------|------|-----------------|------|
| | | | | Fro | m: | | To: | | | |
| | | | | | | 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 |

500.00

STATEMENT OF EXPENDITURES

| Name of Filing Committ | ee or Candidate | | Reportir | ng Period | | | | | |
|------------------------|------------------------------|------------------------|----------|-------------|----------------------------|----|------------|--|--|
| AFTPA CSPE | AFTPA CSPE | | | | From <u>11/24/2015</u> To: | | | | |
| | | | | DATE | | | AMOUNT | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| COMMITTEE TO RE-ELE | CT JOHN SAABATINA JR. | | 1-10 | | | | | | |
| Mailing Address | | | 12 | 9 | 2015 | \$ | 500.00 | | |
| City | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | • | | | |
| | PA | | CONTRI | BUTION | | | | | |
| Enter Grand Total of I | Expenditures on Page 1, Repo | ort Cover Page, Item [|). | | | | PAGE TOTAL | | |