Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification 20200398 Number :						port		CANDI	DATE		СОМ	ITTEE	✓	LOB	BYIST		
Name of Filing C	Committee, Cand	date or L	obbyist:		TEA	M S	ABRIN	NA									
Street Address:	1005 W SUT	TER RD															
City:	PITTSBURG	1						State:	PA			Zip Cod	ie: 15	5116			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3. X		AMENDM REPORT?		Yes	No	•	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDATELECTION	y pre	E	5.		0 DAY POST- LECTION				TERMINA REPORT?		Yes	No	•	
report type)	ANNUAL REPOR	T 7.	Year 2021					FILING METHOD () CHECK ONE					PAPER DISKETTE				
Name of Office S	- Sought by Candid	ate:			_			DATE O	F ELE	CTIO	N	District Number	Office Code	Pai	rty Code	Count Code	у
								МО	DAY	YE	AR		10000	<u> </u>			
								11		2	2021		(SEE IN	ISTRUCTI	ONS FOR (CODES)	
Summary of Expenditures	Receipts and	МО	DAY	YEAR	ł			МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	il Olli.		5 4	2	021	Т	0	6		7	2021						
A. Amount Brought Forward From Last Report							\$			16,9	963.03						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 18,965.00																	
C. Total Funds Available (Sum Of Lines A and B)									35,9	928.03							
D. Total Expenditures (From Schedule III)						\$			28,2	253.58							
E. Ending Cash Balance (Subtract Line D From Line C)						\$			7,6	74.45							
F. Value Of In-	Kind Contributio	ns Receiv	ed (From S	chedu	le II	()	\$				0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)			\$ 123,000.00										
				AFF	ID/	\VI	T SE	CTION									
PART I - If this is		•							•								
I swear (or affirm) correct and comple) that this report, ir ete.	cluding the	e attached scl	hedule	s file	d on	paper (or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge	and beli	ef , tru	e,
Sworn to and subs	cribed before me tl day of	nis	20							S	Signature	of Perso	n Submit	ting Re	port		-
	- Ciana						- -					Prin	ted Name	e			-
My Commission Ex	Signa cpires	uie										Ema	il				-
	мо	D	AY	YR			_		Are	ea Cod	le	Daytim	e Telepi	none Nu	mber		-
Part II- If this is	a report of a ca	ndidate's	authorized	Comn	nitte	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		my knowl	edge and beli	ef this	polit	tical	commi	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L	. 1333,	,
Sworn to and subsc	ribed before me thi	s									s	ignature o	of Candid	ate			-
	day of		_ 20				-					Drinto	d Name				-
	Signature	<u> </u>					-										_
My Commission Exp	_	_										Ema	il	_	_		
	МО	D	AY	YR	ł		•		Area	Code		Daytime Telephone Number					

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		_
TEAM SABRINA	From:	5/4/202	<u>1</u> To:	6/7/2021
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	115.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	500.00
All Other Contributions (Part B)			\$	850.00
TOTAL for the Reporting	\$	1,350.00		
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	1,000.00
All Other Contributions (Part D)			\$	16,500.00
TOTAL for the Reporting	Period	(3)	\$	17,500.00
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 and totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page			\$	18,965.00

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						
TEAM SABRINA	TEAM SABRINA				5/4/20	:	6/7/2021			
					DATE AMOUNT					
Full Name of Contributing Committee HRG PAC					DAY	YEAR				
Mailing Address 369 EAST PARK DR							\$	250.00		
City HARRISBURG	State PA	Zip Code (Plus 4 17111)	5	12	2021				
Full Name of Contributing Committee PEOPLE TO KEEP JUDGE OPIELA MAGISTERIAL DISTRICT JUDGE					DAY	YEAR				
Mailing Address 970 PERRY HIGHWAY							\$	250.00		
City PITTSBURGH	State	Zip Code (Plus 4)	5	12	2021				

15237

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

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PAGE TOTAL \$ 500.00

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	Reporting Period					
TEAM SABRINA			Froi	m:	<u>5/4/2</u>	2021 T o):	<u>6/7/2021</u>	
					DATE			AMOUNT	
Full Name of Contributor RONALD BROWN				МО	DAY	YEAR			
Mailing Address 9301 ALMAR ST							\$	200.00	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15237		5	12	2021			
Full Name of Contributor DAVID SLESNICK	МО	DAY	YEAR						
Mailing Address 2074 BEECHWOOD	BLVD						\$	100.00	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15217		5	12	2021			
Full Name of Contributor NICOLE MOLINARO					DAY	YEAR			
Mailing Address 825 VALLEVISTA AV	/E						\$	100.00	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15234		5	5	2021			
Full Name of Contributor SARA INNAMORATO				МО	DAY	YEAR			
Mailing Address 5166 NATRONA WA	Y	Zip Code (Plus 4)		5	13	2021	\$	100.00	
11113531(6)1	PA	15201							
Full Name of Contributor KATHI ELLIOTT					DAY	YEAR			
Mailing Address 5543 HAYS ST							\$	100.00	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15206	4)	5	14	2021			

Full Name of Contributor LORRAINE BITTNER	МО	DAY	YEAR			
Mailing Address 1290				\$ 250.00		
City ALLISON PARK	State	Zip Code (Plus 4)	5	18	2021	
	PA	15101				

PAGE TOTAL \$ 850.00

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	ame of Filing Committee or Candidate Re			g Period					
TEAM SABRINA			From:	<u>5</u> /	<u>/4/2021</u>	То:	6/7/2021		
				DA	TE		AMOUNT		
Full Name of Contributing Committee ECKERT SEAMANS PA GOVERNMENT	PAC			МО	DAY	YEAR			
Mailing Address 600 GRANT ST FL 44 City Preserve City State Zip Code (Plus 4)				_		2024	\$	500.00	
City PITTSBURGH	State PA	Zip Cod 15219	e (Plus 4)	5	6	2021			
Full Name of Contributing Committee FORT PITT LODGE #1 PITTSBURGH F	OP PAC FUND			мо	DAY	YEAR			
Mailing Address 1428 BANKSVILLE	RD						\$	500.00	
City PITTSBURGH	State PA	Zip Cod 15216	e (Plus 4)	5	24	2021			
nter Grand Total of Part C on Schedule I. Detailed Summary Page. Secti				.n. 2				PAGE TOTAL	
EILEI GIANG TOLATOL PARL CON SCN	Grand Total of Part C on Schedule I, Detailed Summary Page, Se					- 1	4		

1,000.00

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.

Name of Filing Committee or Candidate

(Exclude contributions from political committees reported in Part C.)

Reporting Period

TEAM SABRINA	TEAM SABRINA				Fron	n:	<u>5/4/2</u>	<u>021</u> T o	: <u>6/7/2021</u>	
						DA	TE		АМ	OUNT
Full Name of Contributor ROBERT GALLO						мо	DAY	YEAR		
Mailing 300 FO	X CHAPEL RD								\$	500.00
City PITTSBURGH		State PA	_	Code (Plus 238	4)	6	1	2021		
Employer Name SELF-EMPLOYED					Occupation ATTORNEY					
Employer Mailing Address Business	Principal Place	e of		City		State			Zip Code	(Plus 4)
300 FOX CHAPEL RD PITTSBURGH				RGH		PA		15238		
Full Name of Contributor CORBETT INVESTORS LLC					мо	DAY	YEAR			
Mailing 1585 FF	REDERICK BLV	LVD							\$	2,500.00
City AKRON		State	Zip	Code (Plus	4)	5	24	2021		
		OH	44	320						
Employer Name PARTNE	RSHIP					Occupation PARTNERSHIP				
Employer Mailing Address, Business	/Principal Place	e of		City			State		Zip Code	(Plus 4)
Full Name of Contributor SABRINA KORBEL						МО	DAY	YEAR		
Mailing 408 SA	NGREE RD								\$	1,000.00
City PITTSBURGH		State PA	' ' '			5	12	2021		
Employer Name WOMEN'S CENTER & SHELTER OF GREATER PITTSBURGH					Occupation ATTORNEY					
Employer Mailing Address/Principal Place of City Business		City	1		State			Zip Code (Plus 4)		
PO BOX 3742 PITTSBU			RGH	GH PA			15230			

									PAGE 8	
Full Name of Co					мо	DAY	YEAR			
Mailing Address	408 SANGREE R	.D						\$	12,000.00	
City PITTSB	URGH	State PA		p Code (Plus 4) 5237	5	24	2021			
Employer Name WOMEN'S CENTER & SHELTER OF GREATER PITTSBURGH					Occupat	Occupation ATTORNEY				
Employer Mailing Address/Principal Place of Business City				State		Zip Code	(Plus 4)			
PO BOX 3742						PA		15230		
Full Name of Contributor MICHAEL SANTICOLA					МО	DAY	YEAR			
Mailing Address	155 HUNTERS R	UN RD						\$	500.00	
City MOON	TOWNSHIP	State PA		p Code (Plus 4) 5108	5	5	2021			
Employer Name	SANTICOLA, ST	EELE & FEDE	LES, P.C.		Occupat	tion A	TTORN	EY		
Employer Mailin Business	g Address/Principa	Il Place of		City	1	State		Zip Code	(Plus 4)	
722 TURNPIKE ST BEAVER			BEAVER		PA		15009			
Enter Grand T	otal of Part C on	Schedule I, Deta	ailed Sumr	mary Page, Secti	on 3.			PA	GE TOTAL	
								\$	16,500.00	

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	lame of Filing Committee or Candidate			Reporting Period					
			From:			To:			
			•	D	ATE		AI	MOUNT	
Full Name				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)						
Receipt Description	•	•		•		•	•		
Enter Grand Total of Part E o	on Schedule I. Detailed	d Summary Page	Section	4			PA	GE TOTAL	
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammary rage,	500.011				\$	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 Perio	d							
TEAM SABRINA	From:	<u>5/4/2021</u> To:	6/7/2021						
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 PART 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 Candid	ame of Filing Committee or Candidate				Reporting Period					
			From:			То:				
				DATE			AMOUNT			
Full Name of Contributor				DAY	YEAR					
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)								
Description of Contribution:										
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL			
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL			
						\$	0.00			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	ame of Filing Committee or Candidate			Reporting Period						
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor	-1		•			Occupation				
Employer Mailing Address/Principal Place of Business City				State		Zip Code(Plus 4) Descri			ption	of Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.								PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or			Damantin	Daviad				
Name of Filing Committee or	candidate		Reportir	ng Period				
TEAM SABRINA			From <u>5/4/2021</u> To: <u>6/7/2</u>					
				DATE			AMOUNT	
To Whom Paid ROGERS & DETURCK COMMERCIAL PRINTING			мо	DAY	YEAR			
Mailing Address 467 WILDWOOD AVE			5	10	2021	\$	9,027.59	
City VERONA	State	State Zip Code (Plus 4)		Description of Expenditure				
	PA	15147	PRINTI					
To Whom Paid ROGERS & DETURCK CO	OMMERCIAL PRINTING		МО	DAY	YEAR			
Mailing Address 467 WILDWOOD AVE			5	10	2021	\$	6,753.34	
City VERONA	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	15147	MAILER	MAILER POSTAGE				
To Whom Paid MICHAEL BARTLEY			МО	DAY	YEAR			
Mailing Address 4228 GLAI	DSTONE ST		5	25	2021	\$	1,800.00	
City PITTSBURGH	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
TITIODONO.	PA	15207		ADVERTISING				
			1					
To Whom Paid ALLEGHENY COUNTY DEMOCE	RATIC BLACK CAUCUS		МО	DAY	YEAR			
		<u> </u>	MO 5	DAY 17	YEAR 2021	\$	150.00	
Mailing Address PO BOX 53		Zip Code (Plus 4)	5		2021		150.00	
Mailing Address PO BOX 53	3104	Zip Code (Plus 4) 15219	5	17 otion of Exp	2021		150.00	
Mailing Address PO BOX 53	3104 State		5 Descrip	17 otion of Exp	2021		150.00	
ALLEGHENY COUNTY DEMOCE Mailing Address PO BOX 53 City PITTSBURGH To Whom Paid	3104 State PA		5 Descrip DONAT	17 Ition of Exp	2021 penditure		150.00 3,500.00	

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CONSULTING

To Whom Paid IRON WORKERS LOCAL UNION N	10. 3		мо	DAY	YEAR		
Mailing Address 2201 LIBERT	Y AVE		6	2	2021	\$	200.00
City PITTSBURGH	State	Zip Code (Plus 4)	Descri	tion of Exp	nenditure		
PITTSBURGH	PA	15222		DUTING SP			
To Whom Paid TEAMSTERS LOCAL 249 PICNIC (COMMITTEE		мо	DAY	YEAR		
Mailing Address PO BOX 4012	8		6	7	2021	\$	100.00
City PITTSBURGH	State	Zip Code (Plus 4)	Docario	ntion of Ev	nondituro		
PITTSBURGH	PA	15201	Description of Expenditure GOLF OUTING SPONSORS				
To Whom Paid GETTHRU			МО	DAY	YEAR		
Mailing Address PO BOX 2690	ı		5	14	2021	\$	157.60
City ALAMEDA	State	Zip Code (Plus 4)	Descrip	otion of Ex	penditure		
, <u> </u>	CA	94501	Description of Expenditure TEXTING PROGRAM				
To Whom Paid GETTHRU			МО	DAY	YEAR		
Mailing Address PO BOX 2690			5	21	2021	\$	184.00
City ALAMEDA	State	Zip Code (Plus 4)	Description of Expenditure			<u> </u>	
, <u> </u>	CA	94501	-	NG PROGRA			
To Whom Paid GETTHRU			мо	DAY	YEAR		
Mailing Address PO BOX 2690	l		6	1	2021	\$	2,336.72
City ALAMEDA	State	Zip Code (Plus 4)	Descri	ption of Exp	penditure		
, L. III L. S. I.	CA	94501	TEXTIN				
To Whom Paid ONPOINT OPERATIONS & amp; C	ONSULTING		МО	DAY	YEAR		
Mailing Address 1718 OUTLOOK DR			6	7	2021	\$	4,044.33
City VERONA	State	Zip Code (Plus 4)	Descri	l ption of Exp	penditure	<u> </u>	
VENORA	PA	15147		MANAGEME			DRT
		<u> </u>					PAGE TOTAL
Enter Grand Total of Expendit	ures on Page 1, Re	port Cover Page, Item D)_			\$	28,253.58

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate Report			Reportir	ng Period				
TEAM SABRINA			From:		<u>5/4/2021</u>	То:		6/7/2021
					DATE			Outstanding Balance of Debt
Name of Creditor				МО	DAY	VEAD		
SABRINA KORBEL				МО	DAY	YEAR		
Mailing Address 408 SANGREE RD				12	1	2021	- \$	100,000.00
City PITTSBURGH	State	Zip Code (Plu	us 4)	Descrip	tion of Del	ot	•	
PA 15237				CAMPAIGN LOAN				
					DATE			Outstanding Balance of Debt
Name of Creditor SABRINA KORBEL				МО	DAY	YEAR		
Mailing Address 408 SANGREE RD				5	12	2021	\$	1,000.00
City PITTSBURGH	State	Zip Code (Plu	ıs 4)	Descrip	tion of Del	ot		
	PA	15237		CAMPA	IGN LOAN			
					DATE			Outstanding Balance of Debt
Name of Creditor SABRINA KORBEL				МО	DATE	YEAR		
				MO 5		YEAR 2021	\$	Balance of Debt
SABRINA KORBEL Mailing Address 408 SANGREE RD	State	Zip Code (Plu	us 4)	5	DAY	2021	\$	Balance of Debt
SABRINA KORBEL Mailing Address 408 SANGREE RD	State PA	Zip Code (Plu 15237	us 4)	5 Descri p	DAY 24	2021	\$	Balance of Debt
SABRINA KORBEL Mailing Address 408 SANGREE RD			us 4)	5 Descri p	DAY 24 otion of Del	2021	\$	Balance of Debt
SABRINA KORBEL Mailing Address 408 SANGREE RD			us 4)	5 Descri p	DAY 24 otion of Del IGN LOAN	2021	\$	12,000.00 Outstanding
SABRINA KORBEL Mailing Address 408 SANGREE RD City PITTSBURGH Name of Creditor			us 4)	5 Descrip CAMPA	DAY 24 Otion of Del IGN LOAN DATE	2021 ot		12,000.00 Outstanding Balance of Debt
SABRINA KORBEL Mailing Address 408 SANGREE RD City PITTSBURGH Name of Creditor ANDREW KORBEL				5 Descrip CAMPA MO	DAY 24 Otion of Del IGN LOAN DATE DAY	2021 YEAR 2021		12,000.00 Outstanding Balance of Debt
SABRINA KORBEL Mailing Address 408 SANGREE RD City PITTSBURGH Name of Creditor ANDREW KORBEL Mailing Address 738 TENACITY DR	PA	15237		5 Description CAMPA MO 4 Description	DAY 24 Pition of Del IGN LOAN DATE DAY 2	2021 YEAR 2021		12,000.00 Outstanding Balance of Debt
SABRINA KORBEL Mailing Address 408 SANGREE RD City PITTSBURGH Name of Creditor ANDREW KORBEL Mailing Address 738 TENACITY DR City LONGMONT	PA State CO	15237 Zip Code (Plu 80504	us 4)	Description Ampa	DAY 24 otion of Del IGN LOAN DATE DAY 2 otion of Del	2021 YEAR 2021		12,000.00 Outstanding Balance of Debt
SABRINA KORBEL Mailing Address 408 SANGREE RD City PITTSBURGH Name of Creditor ANDREW KORBEL Mailing Address 738 TENACITY DR	PA State CO	15237 Zip Code (Plu 80504	us 4)	Description Ampa	DAY 24 otion of Del IGN LOAN DATE DAY 2 otion of Del	2021 YEAR 2021		Outstanding Balance of Debt 12,000.00 10,000.00