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	2021	C0418				port ed B		CAN	DII	DATE	√	CO	MMITTEE		LOBI	BYIST	
Name of Filing C	committe	e, Candida	ate or Lo	obbyist:					ATINA,	, JR	₹.							_
Street Address:																		
City:									State:					Zip Code	e: 19	116		
-	T						_					_				Yes	No	
TYPE OF REPORT	6TH TUES	_	1.	2ND FRIDA' PRIMARY	Y PRE	-	2.	30 DA PRIMA		Р	OST-	3.		AMENDME REPORT?	Y			
(place X to the right of	6TH TUES		4.	2ND FRIDA' ELECTION	y pri	E-	5.	30 DA		Р	OST-	6. >	Κ	TERMINAT REPORT?	TION	Yes	No	
report type)	ANNUAL	. REPORT	7.	Year 2021					IG MET					PAPER		⋈	DISKE	TTE
Name of Office S	Sought by	/ Candidat	e:						DATE	TE OF ELECTION District Office Party Coc					ty Code	County Code		
									МО		DAY	Y	/EAR	Number 1	Code CPJ	DEN	1	Code
JUDGE OF THE	COURT	OF COMM	ON PLE	AS						11		2	2021		(SEE INS	TRUCTI	ONS FOR C	CODES)
Summary of	Receipts	s and	МО	DAY	YEAR	2			МО		DAY	١	/EAR	FOF	OFFIC	E USE	ONLY	
Expenditures	from:		1	10 19	2	021	Т	0		11	2	22	2021					
A. Amount Bro	ught For	ward Fron	ı Last R	eport				\$	•			•	0.00					
B. Total Monet	ary Conti	ributions <i>A</i>	And Rec	eipts (From	Sche	dule	e I)	\$					0.00					
C. Total Funds	Available	e (Sum Of	Lines A	and B)				\$					0.00					
D. Total Expend	ditures (From Sche	dule II	I)				\$					0.00					
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$					0.00					
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le I	I)	\$					0.00					
G. Unpaid Debt	ts And Ob	oligations	(From S	Schedule IV)			\$					0.00		,			
					AFF	ID	AVI	T SE	CTIO	N								
PART I - If this is	s a Comn	nittee repo	ort, trea	surer sign l	here.	If th	nis is	a Car	ndidate	re	port, c	and	lidate sig	ın here.				
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	ed on	paper	or by el	ectr	onic me	ediui	m, are to t	he best of	my knov	vledge	and belie	ef , true
Sworn to and subs	cribed bef	ore me this		20									Signature	of Person	Submitt	ing Rep	ort	
	_			-				-						Printe	ed Name			
My Commission Ex	cpires	Signatur	e							-				Email				
		мо	D/	AY	YR			-		•	Are	ea Co	ode	Daytime	Teleph	one Nu	mber	
Part II- If this is	a report	t of a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate sha	all s	sign he	ere.						
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee ha	s no	ot violat	ted a	any provisi	ions of the	act of Ju	ıne 3,1	937 (P.L.	. 1333,
Sworn to and subsc	ribed befo	re me this											Si	ignature of	Candida	ite		
	day of			_ 20				_										
		a						_						Printed	Name			
My Commission Exp		Signature								-				Email				-
	-	мо	D/	AY	YR	R.		-			Area	Code	•	Day	time Te	elephon	e Numbe	 er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Detailed Sullillary Page	_			
Name of Filing Committee or Candidate	Reporting	g Period		
JOHN P. SABATINA, JR.	From:	10/19/202	<u>?1</u> To:	11/22/2021
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 Pa			\$	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					
			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.

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	Name of Filing Committee or Candidate					Reporting Period						
			Fro	m:		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	ame of Filing Committee or Candidate			Reporting Period					
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				МО	DAY	YEAR		0	0.00
Mailing Address							+	U	.00
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.0	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	lame of Filing Committee or Candidate							
Fr						:		
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							1	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	PAGE 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:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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	
JOHN P. SABATINA, JR.	From:	10/19/2021 To:	11/22/2021
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Candidate	Reporting Period							
Fr					To:	То:		
				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 Sche	dule II, In-Kind	d Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTA	L
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate					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

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 Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL
Lines Grand Total Of Expenditures of	ni rage 1, kepoit C	over rage, Item L	, .			\$	0.00