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	20063	347				Repo			CA	NDII	DATE		COMN	ITTEE	✓	LOB	BYIS	ST	
Name of Filing C	ommittee	, Candida	ite or Lo	bbyis	t:		SABA	IIT	NA SF	R.,JOH	IN F	RIEND	s o	F						
Street Address:	7720	CASTOR	AVE																	
City:	PHILA	DELPHIA	١							State	e:	PA			Zip Co	ie: 19	152-0	000		_
TYPE OF REPORT	6TH TUESI PRE-PRIMA		1.	2ND F PRIMA		PRE-	2.		30 DA		Р	OST-	3.		AMENDM REPORT		Yes	\	No	
(place X to the right of	6TH TUESI PRE-ELECT		4.	2ND F ELECT		/ PRE	- 5.		30 DA		Р	OST-	6. X	(TERMINA REPORT		Yes		No	\
report type)	ANNUAL	REPORT	7.	Year	2024					IG ME CHEC					PAPER		\	DIS	KETT	E
Name of Office S	ought by	Candidat	e:				_			DAT	E O	F ELE	СТІС	ON	District Number	Office Code	Pai	ty C	ode Co	ounty ode
REPRESENTATI	VE IN THE	GENER	ΔΙ Δςς	EMRI\	/					МО		DAY	Y	EAR	174	STH	DEI	И	51	
	VE IN IIII	CLIVEIO	AL A33								11		5	2024		(SEE IN	STRUCTI	ONS F	OR COD	ES)
Summary of Expenditures	•	and	МО	DA		YEAR		_	_	МО		DAY		EAR	FC	R OFFIC	E USE	ON	LY	
				10	22	20)24	T	1		11		25	2024						
A. Amount Bro				•					\$				43,	513.32						
B. Total Moneta	ary Contri	outions A	and Rec	eipts (From	Sched	dule 1	()	\$					0.00						
C. Total Funds		-			5)				\$					513.32						
D. Total Expend	ditures (Fi	rom Sche	dule II	[)					\$				1,	349.36						
E. Ending Cash	Balance (Subtract	Line D	From	Line C	:)			\$				42,	163.96						
F. Value Of In-							e II)		\$					0.00						
G. Unpaid Debt	s And Obl	igations ((From S	Schedu	ile IV)			\$					0.00						
						AFF:														
PART I - If this is		•	•		_							•				e many leman			halia s	.
I swear (or affirm) correct and comple		sport, meit	ading the	attatii	ieu scii	leuules	illeu	on p	рареі	огрус	iecu	onic in	euiuii	ii, ale to t	ile best o	i iliy kilov	vieuge	anu	bellel ,	ti de
Sworn to and subs	cribed befo	re me this		20										Signature	of Perso	n Submitt	ing Re	ort		
		Signatur	e						-						Prin	ted Name	1			-
My Commission Ex	cpires								_		•				Ema	il				_
	ŀ	10	D/	λY		YR						Are	ea Co	de	Daytin	e Teleph	one Nu	mbe	r	
Part II- If this is	a report	of a cand	idate's	autho	rized	Comm	ittee	, Ca	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	dge an	d belie	ef this	politic	al	comm	ittee h	as no	ot viola	ted a	ny provisi	ions of th	e act of J	ıne 3,1	937	(P.L. 1	333,
Sworn to and subsc		e me this												Si	ignature o	of Candida	ate			-
	day of ——			20 -					•						Printe	d Name				— I
	S	ignature							-											[
My Commission Exp	ires														Ema	il				
	_	мо	D	ΑY		YR						Area	Code	1	D	aytime T	elephoi	ne Nu	ımber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
SABATINA SR.,JOHN FRIENDS OF	From:	10/22/202	<u>4</u> То:	11/25/2024
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	J 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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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 Candidat	e	R	Reporting	Period			
		F	rom:		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.

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.

Name of Filing Com	nittee or Candidate		Reporting	Period			
			From:		Т	o:	
		<u> </u>		DATE			AMOUNT
Full Name of Contribu	tor		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
	I						PAGE TOTAL

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.)

Name of Filing Committee or Candidate			Rep	orting Pe	riod			
			Fron	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	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 of	or Candidate		Report	ing Peri	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)				
Receipt Description	•	•					
Enter Grand Total of Part I	on Schodulo I. Dotailed	Summary Dage	Soction	4			PAGE TOTAL
cincer Granu Total Of Part I	on Schedule 1, Detalled	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 Peri	od						
SABATINA SR.,JOHN FRIENDS OF	From:	<u>10/22/2024</u> To:	11/25/2024					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	2						
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

Full Name of Contributor Mailing Address	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 S	chedule 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	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				
SABATINA SR.,JOHN FRIENDS OF	From	10/22/2024	То:	11/25/2024	

Mo								
Mo					DATE			AMOUNT
Mailing Address 9701 Roosevelt Boulevard 10 25 2024 \$ 29.16	To Whom Paid			мо	DAY	YEAR		
City Philadelphia State Zip Code (Plus 4) Description of Expenditure Office Supplies To Whom Paid ACME Mo	Lowes							
To Whom Paid ACME Mailing Address 8200 Roosevelt Boulevard State PA 19152 To Whom Paid Bills State PA 19152 To Whom Paid Bills State PA 19152 To Whom Paid Bills PA 19152 To Whom Paid Werizon Mo DAY VEAR Jep Code (Plus 4) Description of Expenditure Office Supplies To Whom Paid Werizon Mo DAY VEAR Jep Code (Plus 4) Description of Expenditure Description of Expenditure Description of Expenditure Internet and Email Services To Whom Paid Gaeta's Italian Bakery Mo DAY VEAR Jep Code (Plus 4) Description of Expenditure Description of Expenditure Internet and Email Services To Whom Paid Gaeta's Italian Bakery Mailing Address 7616 Castor Avenue To Whom Paid Gaeta's Italian Bakery Mailing Address 7616 Castor Avenue To Whom Paid Gaeta's Italian Bakery Mailing Address 7616 Castor Avenue To Whom Paid Gaeta's Italian Bakery Mailing Address 7616 Castor Avenue To Whom Paid Gaeta's Italian Bakery Mailing Address 7616 Castor Avenue To Whom Paid Gaeta's Italian Bakery Mailing Address 7616 Castor Avenue To Whom Paid Gaeta's Italian Bakery Mailing Address 7616 Castor Avenue To Whom Paid Gaeta's Italian Bakery Mailing Address 7616 Castor Avenue To Whom Paid Gaeta's Italian Bakery Mailing Address 7616 Castor Avenue To Whom Paid Gaeta's Italian Bakery Mo DAY VEAR Description of Expenditure Catering Expense PAGE TOTAL	Mailing Address 9701 Roose	evelt Boulevard		10	25	2024	\$	29.16
To Whom Paid ACME Mailing Address 8200 Roosevelt Boulevard 10 28 2024 \$ 25.71 City Philadelphia State PA 19152 Office Supplies To Whom Paid Bills State PA 19152 Office Supplies To Whom Paid Bills PA 19152 Office Supplies To Whom Paid Bills PA 19152 Office Supplies To Whom Paid City Philadelphia State PA 1915 Office Supplies To Whom Paid Verizon Mo DAY VEAR To Whom Paid State Zip Code (Plus 4) Description of Expenditure Internet and Email Services To Whom Paid Gaeta's Italian Bakery Mo DAY VEAR Gaeta's Italian Bakery Mo DAY VEAR Gaeta's Italian Bakery Mo DAY VEAR Mo DAY VEAR Gaeta's Italian Bakery Mo DAY VEAR Gaeta's Italian Bakery Mailing Address 7616 Castor Avenue To Whom Paid Gaeta's Italian Bakery Mailing Address 7616 Castor Avenue To Whom Paid Gaeta's Italian Bakery Mailing Address 7616 Castor Avenue To Whom Paid Gaeta's Italian Bakery Mailing Address 7616 Castor Avenue To Whom Paid Gaeta's Italian Bakery Mailing Address 7616 Castor Avenue To Whom Paid Gaeta's Italian Bakery Mailing Address 7616 Castor Avenue To Whom Paid Gaeta's Italian Bakery Mailing Address 7616 Castor Avenue To Whom Paid Gaeta's Italian Bakery Mailing Address 7616 Castor Avenue To PA Description of Expenditure Catering Expense PAGE TOTAL	City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
Mo		PA	19114	Office S	upplies			
Mailing Address 8200 Roosevelt Boulevard 10 28 2024 \$ 25.71	To Whom Paid			MO	DAY	VEAR		
City Philadelphia State PA 19152 Office Supplies To Whom Paid Bills State PA 19152 Office Supplies To Whom Paid Survive Philadelphia State PA 19152 Office Supplies To Whom Paid Pa 19152 Office Supplies To Whom Paid PA 1915 Office Supplies To Whom Paid PA	ACME			140		ILAK		
To Whom Paid BJ's Mailing Address 2054 Red Lion Road State PA 2ip Code (Plus 4) Description of Expenditure PA 2ip Code (Plus	Mailing Address 8200 Roose	evelt Boulevard		10	28	2024	\$	25.71
Mo	City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
Mo		PA	19152	Office S	upplies			
Mailing Address 2054 Red Lion Road 10 29 2024 \$ 105.44 City Philadelphia State PA 19115 Description of Expenditure Office Supplies To Whom Paid Verizon MO DAY YEAR Mailing Address PO Box 16810 11 14 2024 \$ 184.05 City Newark State Zip Code (Plus 4) Description of Expenditure Internet and Email Services To Whom Paid Seata's Italian Bakery Mo DAY YEAR Gaeta's Italian Bakery Mailing Address 7616 Castor Avenue 11 23 2024 \$ 1,005.00 City Philadelphia State Zip Code (Plus 4) Description of Expenditure Internet and Email Services To Whom Paid Gaeta's Italian Bakery Mailing Address 7616 Castor Avenue 11 23 2024 \$ 1,005.00 City Philadelphia State Zip Code (Plus 4) Description of Expenditure Catering Expense Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	To Whom Paid			МО	DAY	YEAR		
City Philadelphia State PA State PA State PA State PA	BJ's						ļ .	
To Whom Paid Verizon Mailing Address PO Box 16810 City Newark State Zip Code (Plus 4) NJ 07101 To Whom Paid Gaeta's Italian Bakery Mailing Address 7616 Castor Avenue To Whom Paid Gaeta's Italian Bakery Mailing Address 7616 Castor Avenue State Zip Code (Plus 4) Description of Expenditure Internet and Email Services To Whom Paid Gaeta's Italian Bakery Mailing Address 7616 Castor Avenue State Zip Code (Plus 4) Description of Expenditure Catering Expense PAGE TOTAL PAGE TOTAL	Mailing Address 2054 Red Lion Road			10	29	2024	\$	105.44
To Whom Paid Verizon Mailing Address PO Box 16810 State Zip Code (Plus 4) Description of Expenditure NJ 07101 Internet and Email Services To Whom Paid Gaeta's Italian Bakery Mailing Address 7616 Castor Avenue State Zip Code (Plus 4) Description of Expenditure 11 23 2024 \$ 1,005.00 City Philadelphia State Zip Code (Plus 4) Description of Expenditure PA 19152 Catering Expense PAGE TOTAL PAGE TOTAL	City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
Mailing Address PO Box 16810 11 14 2024 \$ 184.05 City Newark State Zip Code (Plus 4) Description of Expenditure Internet and Email Services To Whom Paid Gaeta's Italian Bakery Mo DAY YEAR Mo DAY Mo DAY		PA	19115	Office S	upplies			
Mailing Address PO Box 16810 State Zip Code (Plus 4) Description of Expenditure NJ 07101 Internet and Email Services To Whom Paid Gaeta's Italian Bakery Mailing Address 7616 Castor Avenue State Zip Code (Plus 4) Description of Expenditure 11 23 2024 \$ 1,005.00 City Philadelphia State Zip Code (Plus 4) Description of Expenditure PA 19152 Catering Expense PAGE TOTAL PAGE TOTAL	To Whom Paid			MO	DAY	VEAD		
City Newark State NJ O7101 Internet and Email Services To Whom Paid Gaeta's Italian Bakery Mailing Address 7616 Castor Avenue State PA 11 2024 Description of Expenditure Internet and Email Services 11 23 2024 \$ 1,005.00 Philadelphia State PA 19152 Catering Expense PAGE TOTAL PAGE TOTAL	Verizon			140		ILAK		
To Whom Paid Gaeta's Italian Bakery Mailing Address 7616 Castor Avenue State Philadelphia State PAGE TOTAL PAGE TOTAL PAGE TOTAL	Mailing Address PO Box 168	310		11	14	2024	\$	184.05
To Whom Paid Gaeta's Italian Bakery Mailing Address 7616 Castor Avenue State Zip Code (Plus 4) Description of Expenditure PA 19152 PAGE TOTAL PAGE TOTAL	City Newark	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
Gaeta's Italian Bakery Mo DAY YEAR Mailing Address 7616 Castor Avenue 11 23 2024 \$ 1,005.00 City Philadelphia State PA 19152 Description of Expenditure PA 19152 Catering Expense PAGE TOTAL PAGE TOTAL		NJ	07101	Interne	t and Emai	il Service	S	
Gaeta's Italian Bakery Mailing Address 7616 Castor Avenue State Zip Code (Plus 4) Description of Expenditure PA 19152 PAGE TOTAL PAGE TOTAL	To Whom Paid			l MO	DAY	VEAD		
City Philadelphia State Zip Code (Plus 4) Description of Expenditure PA 19152 Catering Expense PAGE TOTAL Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	Gaeta's Italian Bakery			MO	DAT	ILAK		
PA 19152 Catering Expense PAGE TOTAL Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	Mailing Address 7616 Casto	r Avenue		11	23	2024	\$	1,005.00
PAGE TOTAL Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	City Philadelphia State Zip Code (Plus 4)			Descrip	tion of Exp	enditure		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.		PA	19152	Caterin	g Expense			
								PAGE TOTAL
	Enter Grand Total of Expend	ditures on Page 1, Re	port Cover Page, Item D).			\$	1,349.36