### **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			Rep File			CAN	IDII	DATE		СОМ	4ITTEE	<b>✓</b>	LOBE	SYIST		
Name of Filing C	ommittee	, Candida	ate or Lo	obbyist:		John	ı Sa	batina	a		•								
Street Address:																			
City:									State	:				Zip Code:					
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	- 2	2. <b>X</b>	30 DA PRIMA		Р	OST-	3.		AMENDM REPORT?		Yes	No		<b>\</b>
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA ELECTION	Y PRE	- 5	5.	30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	No		<b>√</b>
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2011						THOD PAPER V					<b>/</b>	DISKE	TTE		
Name of Office S	ought by	Candidat	:e:	-					DATE	E 0	F ELE	District Office Party Code					Coun		
									МО		DAY	YE	AR	11020.	10000	DEM	1	51	•
										11		8	2011	2011 (SEE INSTRUCTIONS FOR CO					
Summary of		and	МО	DAY	YEAR				МО		DAY	YE	AR	FO	R OFFIC	CE USE	ONLY		
Expenditures	from:			1 1	2	011	Т	0		5		2	2011						
A. Amount Bro	ught Forw	ard From	ı Last R	eport				\$					0.00						
B. Total Moneta	ary Contri	butions A	Ind Rec	eipts (From	Sche	dule	I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																			
D. Total Expenditures (From Schedule III) \$ 0.00																			
E. Ending Cash Balance (Subtract Line D From Line C)											0.00								
F. Value Of In-	Kind Cont	ributions	Receive	ed (From S	chedu	le II	)	\$					0.00						
G. Unpaid Debt	s And Obl	igations	(From S	Schedule IV	)			\$					0.00						
					AFF	IDA	١VI	T SE	CTIO	N									
PART I - If this is	a Commi	ittee repo	ort, trea	surer sign	here. I	[f thi	is is	a Car	ndidate	e re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple		eport, inclu	uding the	attached sc	nedules	filed	l on	paper	or by el	lectr	onic me	edium	, are to t	the best of	f my knov	wledge a	and beli	ef , tr	ue.
Sworn to and subs	cribed befo day of	re me this		20								s	ignature	of Perso	n Submitt	ting Rep	ort		_
		Signatur	re					-						Prin	ted Name	<u> </u>			_
My Commission Ex	pires									-				Emai	il				-
	ī	мо	DA	ΑY	YR						Are	ea Cod	e	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	e, C	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	politi	ical	comm	ittee ha	as no	ot violat	ted an	y provisi	ions of the	e act of J	une 3,19	937 (P.L	. 1333	3,
Sworn to and subsc	ribed befor day of	e me this		20									Si	ignature o	of Candida	ate			-
								-						Printe	d Name				-
My Commission Exp		ignature						-		-				Ema	iI				-
,																			_
		МО	DA	AY	YR						Area	Code		Da	ytime T	elephon	e Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Period							
John Sabatina	From:	1/1/201	<u>1</u> To:	<u>5/2/2011</u>				
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	\$	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				Period			
		F	rom:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			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.

PAGE TOTAL
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.

Name of Filing Committee or Candidate Reporting Period							
		Fr	rom:		Т	<b>)</b> :	
		,		DATE			AMOUNT
Full Name of Contribut	or		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
							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 Cai	Reporting Period							
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		0.00
Mailing Address							<b>-</b>   \$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	on Schedule I, Detaile	d Summary 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					Reporting Period					
Fro					om: To:					
				D	ATE			AMOUNT		
				мо	DAY	YEAR	\$	0.00		
Mailing Address										
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				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 Commence Dance C	` <b>!</b>	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 Period								
John Sabatina	From:	<u>1/1/2011</u> <b>To:</b>	5/2/2011						
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 Candi	Reporting Period						
	From:		To:	То:			
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>7</b> \$	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					porting	Period			
Fr					m:	То:			
DATE								AMOUNT	
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	er Mailing Address/Principal Place of Business City State Zip Code(Plus 4) Descr					Descri	ption	of Contribution	
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
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)	) Description of Expenditure				
Enter Grand Total of Expenditures of	on Dago 1 Bonort C	over Page Item F					PAGE TOTAL
Lines Grand Total of Expenditures (	ni rage 1, keport C	over rage, Item L	<b>,</b> .			\$	0.00