

Commonwealth of Pennsylvania

Campaign Finance Report

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

Filer Identification Number : 9200098		Report Filed By :		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: FRIENDS TO ELECT TINA TARTAGLIONE										
Street Address: PO BOX 28566										
City: PHILADELPHIA			State: PA		Zip Code: 19149					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7. X	Year 2014	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
SENATOR IN THE GENERAL ASSEMBLY				MO	DAY	YEAR	2	STS	DEM	51
				11	4	2014	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		11	25	2014	TO	12	31	2014		
A. Amount Brought Forward From Last Report				\$		9,590.18				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		3,000.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		12,590.18				
D. Total Expenditures (From Schedule III)				\$		975.69				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		11,614.49				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		30,000.00				

AFFIDAVIT SECTION**PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.**

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20 _____

Signature

My Commission Expires _____

MO DAY YR

Signature of Person Submitting Report

Printed Name

Email

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this _____ day of _____ 20 _____

Signature

My Commission Expires _____

MO DAY YR

Signature of Candidate

Printed Name

Email

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS TO ELECT TINA TARTAGLIONE	From: <u>11/25/2014</u> To: <u>12/31/2014</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 Period (2)	\$ 0.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 2,000.00
All Other Contributions (Part D)	\$ 1,000.00
TOTAL for the Reporting Period (3)	\$ 3,000.00

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 enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 3,000.00
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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: To:
DATE AMOUNT	

Full Name of Contributing Committee	MO	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.
(Exclude contributions from political committees reported in Part A)**

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____

	DATE	AMOUNT
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Full Name of Contributor	MO	DAY	YEAR				
Mailing Address				\$ 0.00			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 5px;">City</td> <td style="width:20%; padding: 5px;">State</td> <td style="width:50%; padding: 5px;">Zip Code (Plus 4)</td> </tr> </table>	City	State	Zip Code (Plus 4)				
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 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 FRIENDS TO ELECT TINA TARTAGLIONE	Reporting Period From: <u>11/25/2014</u> To: <u>12/31/2014</u>
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				DATE	AMOUNT		
Full Name of Contributing Committee				MO	DAY	YEAR	
HEALTH PARTNERS OF PHILADELPHIA PAC							
Mailing Address 901 MARKET ST SUITE 500							\$ 2,000.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19107		12	12	2014	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 2,000.00

PART D
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 FRIENDS TO ELECT TINA TARTAGLIONE	Reporting Period From: <u>11/25/2014</u> To: <u>12/31/2014</u>
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				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
JOHN & LORRAINE BROWN				12	5	2014	\$ 1,000.00
Mailing Address 107 SPRINGHOUSE LANE							
City NEWTOWN SQUARE	State PA	Zip Code (Plus 4) 19073					
Employer Name TRIAD STRATEGIES				Occupation ASSOCIATE			
Employer Mailing Address/Principal Place of Business 116 PINE ST5TH FLOOR			City HARRISBURG	State PA	Zip Code (Plus 4) 17101		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 1,000.00

PART E
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	Reporting Period
	From: _____ To: _____

				DATE	AMOUNT
Full Name	MO	DAY	YEAR		
Mailing Address				\$	0.00
City	State	Zip Code (Plus 4)			
Receipt Description					

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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 FRIENDS TO ELECT TINA TARTAGLIONE	Reporting Period From: <u>11/25/2014</u> To: <u>12/31/2014</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)	\$ 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
	From: _____ To: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Description of Contribution:				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.				PAGE TOTAL \$ 0.00

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

Name of Filing Committee or Candidate	Reporting Period From: _____ To: _____
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description 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 Candidate FRIENDS TO ELECT TINA TARTAGLIONE	Reporting Period From <u>11/25/2014</u> To: <u>12/31/2014</u>
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			DATE	AMOUNT		
To Whom Paid AT&T MOBILITY			MO	DAY	YEAR	\$ 94.04
Mailing Address PO BOX 537104			11	27	2014	
City ATLANTA	State GA	Zip Code (Plus 4) 30353	Description of Expenditure IPAD MONTHLY FEE			
To Whom Paid BRIGID DOWLING			MO	DAY	YEAR	\$ 200.00
Mailing Address 126 HAINES AVE			12	23	2014	
City ELKINS PARK	State PA	Zip Code (Plus 4) 19027	Description of Expenditure CAMPAIGN FINANCE WORK			
To Whom Paid LOCAL 22 PHILADELPHIA FIREFIGHTERS			MO	DAY	YEAR	\$ 100.00
Mailing Address 415 N 05TH ST 2ND FLOOR			12	23	2014	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19123	Description of Expenditure MEMORIAL FUND DONATION			
To Whom Paid 63RD WARD DEMOCRATIC COMMITTEE			MO	DAY	YEAR	\$ 300.00
Mailing Address 1259 STANWOOD ST C/O BRIAN EDDIS			12	23	2014	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19111	Description of Expenditure DONATION HOLIDAY PARTY			
To Whom Paid PNC BANK			MO	DAY	YEAR	\$ 85.51
Mailing Address FRANKFORD AND KNORR STS			11	28	2014	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19149	Description of Expenditure SERVICE FEES			

To Whom Paid PNC BANK			MO	DAY	YEAR	\$ 173.02
Mailing Address FRANKFORD AND KNORR STS			12	29	2014	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19149	Description of Expenditure CHECK ORDER COSTS			
To Whom Paid PNC BANK			MO	DAY	YEAR	\$ 23.12
Mailing Address FRANKFORD AND KNORR STS			12	31	2014	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19149	Description of Expenditure ACCT MAINTENANCE FEES			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 975.69

SCHEDULE IV

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 FRIENDS TO ELECT TINA TARTAGLIONE			Reporting Period From: <u>11/25/2014</u> To: <u>12/31/2014</u>		
				DATE	Outstanding Balance of Debt
Name of Creditor UFCW LOCAL 1776			MO	DAY	YEAR
Mailing Address 3031 WALTON RD SUITE 310 BLDG A			5	16	2014
			\$ 30,000.00		
City PLYMOUTH MEETING	State PA	Zip Code (Plus 4) 19462	Description of Debt LOAN TO COMMITTEE		
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.					PAGE TOTAL \$ 30,000.00