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	92000	098				Repor Filed E		CA	NDII	DATE		COMN	ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee,	Candida	ate or Lo	obbyist	t:	F	RIEND	S TO	ELEC	T TI	NA TA	RTA	GLIONE		·				
Street Address:	РО ВС	X 28566	5																
City:	PHILA	DELPHIA	١						State	e:	PA			Zip Code: 19149					
TYPE OF REPORT	6TH TUESE PRE-PRIMA		1.	2ND FI PRIMA		PRE-	2.	30 DA		Р	OST-	3.		AMENDM REPORT?		Yes	N	0	√
(place X to the right of	6TH TUESE PRE-ELECT		4.	2ND FI		PRE-	5.	30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	N	0	\
report type)	ANNUAL F	REPORT	7. X	Year 2	2014				NG ME		_			PAPER		\checkmark	DISK	ETTE	
Name of Office S	ought by (Candidat	e:	-			-		DAT	ΕO	F ELE	CTIC	ON	District Number	Office Code	Par	ty Code	Code	
SENATOR IN TH	HE GENER	ΔΙ ΔSSF	MBLY						МО		DAY	Y	EAR	2	STS	DEI	1	51	
SERVITOR IN TI	TE GENTER	AL AUGE	DE1							11		4	2014		(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of Expenditures		and	МО	DAY	Y	YEAR			МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY		
	irom:		1	11	25	20	14 T	0		12	:	31	2014						
A. Amount Bro	ught Forwa	ard From	ı Last R	eport				\$					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)							\$				9	975.69							
E. Ending Cash	Balance (Subtract	Line D	From L	ine C)		\$				11,6	514.49						
F. Value Of In-	Kind Contr	ibutions	Receive	ed (Fro	om Sc	hedule	e II)	\$					0.00						
G. Unpaid Debt	s And Obli	gations	(From S	Schedu	le IV)			\$				30,	00.00		,				
						AFFI	DAVI	T SE	CTI	NC									
PART I - If this is		-	-		_								_						
I swear (or affirm) correct and comple		port, inclu	uding the	attach	ed sch	edules 1	filed on	paper	or by	electr	onic m	ediun	ı, are to t	he best o	f my knov	vledge	and be	ief , tr	ue
Sworn to and subs	cribed befor day of	e me this		20						,		:	Signature	of Perso	n Submitt	ing Re _l	oort		_
		Signatur	e					_						Prin	ted Name				_
My Commission Ex	opires							_		•				Ema	il				
	М	10	D/	AY		YR					Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report o	of a cand	idate's	author	ized (Commi	ittee, C	andid	ate s	halls	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and	d belie	f this p	oolitical	comm	ittee h	nas no	ot viola	ted a	ny provisi	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subsc	ribed before day of	me this		20									Si	ignature o	of Candida	ite			_
								_						Printe	d Name				-
My Commission Exp		gnature						-						Ema	il				-
	_							_											_
		МО	D	AY		YR					Area	Code		Da	aytime Te	elephor	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period							
FRIENDS TO ELECT TINA TARTAGLIONE	From:	11/25/201	<u>.4</u> To:	12/31/2014				
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	3,000.00				

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
		From: To:				:		
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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

PAGE TOTAL \$0.00

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 Filling Committee of Candidate					Reporting Period From: To:				
					DATE			AMOUNT	
Full Name of Contributor				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 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 P			
FRIENDS TO ELECT TINA TARTAGLIONE	From:	11/25/2014	То:	12/31/2014

DATE AMOUNT

Full Name of Contributing Committee HEALTH PARTNERS OF PHILADELPHIA	МО	DAY	YEAR			
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

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	e of Filing Committee or Candidate					Reporting Period						
FRIENDS TO ELECT TINA TARTAGLION	IE			Fror	m:	11/25/2	<u>014</u> To: <u>1</u>		12/31/2014			
					D.A	ATE		АМ	TNUC			
Full Name of Contributor JOHN & DRRAINE BROWN					мо	DAY	YEAR					
Mailing 107 SPRINGHOUSE L	ANE				12	5	2014	\$	1,000.00			
City NEWTOWN SQUARE	State PA		p Code (Plus	5 4)	12	5	2014					
Employer Name TRIAD STRATEGIES					Occupat	ion A	SSOCI	ATE				
Employer Mailing Address/Principal Plac Business	e of		City			State		Zip Code	(Plus 4)			
116 PINE ST5TH FLOOR			HARRISE	BURG		PA		17101				
Enter Grand Total of Part C on Sche	dule I, Detai	led Sumn	nary Page,	Section	on 3.			PA	GE TOTAL			
	·		, ,					\$	1,000.00			

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	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
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. Detaile	d Summary Page	Section	4			PAG	E TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 Pe	eriod							
FRIENDS TO ELECT TINA TARTAGLIONE	From:	11/25/2014 To :	12/31/2014						
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

ull Name of Contributor				Reporting Period					
all Name of Contributor ailing Address State Zip Code (Plus 4)				From: To:					
				DATE			AMOUNT		
Full Name of Contributor			МО	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	ле 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	e				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period				
FRIENDS TO ELECT TINA TARTAGLION	IE		From	11/2	5/2014	То:	12/31/2014	
				DATE AM				
To Whom Paid AT&T MOBILITY			МО	DAY	YEAR			
Mailing Address PO BOX 537104			11	27	2014	\$	94.04	
City ATLANTA State Zip Code (Plus 4) GA 30353				otion of Exp				
To Whom Paid BRIGID DOWLING				DAY	YEAR			
Mailing Address 126 HAINES AVE				23	2014	\$	200.00	
City ELKINS PARK	State PA	Zip Code (Plus 4) 19027	Description of Expenditure CAMPAIGN FINANCE WORK					
To Whom Paid LOCAL 22 PHILADELPHIA FIREFIGHTER	RS		МО	DAY	YEAR			
Mailing Address 415 N 05TH ST 2ND) FLOOR		12	23	2014	\$	100.00	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19123		otion of Exp				
To Whom Paid 63RD WARD DEMOCRATIC COMMITTEE	Ē		МО	DAY	YEAR			
Mailing Address 1259 STANWOOD ST C/O BRIAN EDDIS			12	23	2014	\$	300.00	
City PHILADELPHIA State PA 19111				otion of Exp				
Fo Whom Paid PNC BANK				DAY	YEAR			

Zip Code (Plus 4)

19149

Mailing Address

PHILADELPHIA

City

FRANKFORD AND KNORR STS

State

PΑ

85.51

28

Description of Expenditure

SERVICE FEES

2014

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

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			Reporting Period						
FRIENDS TO ELECT TINA TARTAGLIONE			From:	<u>11/25/2014</u> To:				12/31/2014	
					DATE			Outstanding Balance of Debt	
Name of Creditor UFCW LOCAL 1776					DAY	YEAR			
Mailing Address 3031 WALTON RD SUITE 310 BLDG A					16	2014	¹ \$	30,000.00	
City PLYMOUTH MEETING	State PA	Zip Code (Pl 19462	us 4)	Descrip LOAN T					
Enter Grand Total of Unpaid Deb	\$	PAGE TOTAL 30,000.00							