

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. X	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2015	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	3	2015	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		6	9	2015	TO	9	14	2015		
A. Amount Brought Forward From Last Report				\$		13,671.28				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		750.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		14,421.28				
D. Total Expenditures (From Schedule III)				\$		4,602.70				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		9,818.58				
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>6/9/2015</u> To: <u>9/14/2015</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)	\$ 250.00
TOTAL for the Reporting Period (2)	\$ 250.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 500.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 500.00

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.)	\$ 750.00
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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 FRIENDS TO ELECT TINA TARTAGLIONE	Reporting Period From: <u>6/9/2015</u> To: <u>9/14/2015</u>
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				DATE	AMOUNT	
Full Name of Contributor SANDRA MULLER			MO	DAY	YEAR	\$ 250.00
Mailing Address 1443 REVELATION RD.			8	7	2015	
City MEADOWBROOK	State PA	Zip Code (Plus 4) 19046				

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

PAGE TOTAL
\$ 250.00

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 FRIENDS TO ELECT TINA TARTAGLIONE	Reporting Period From: <u>6/9/2015</u> To: <u>9/14/2015</u>
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	DATE			AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
LAWPAC				
Mailing Address 800 N THIRD ST.				\$ 500.00
City HARRISBURG	8	5	2015	
State PA				
Zip Code (Plus 4) 17102				

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

PAGE TOTAL
\$ 500.00

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	Reporting Period
	From: To:

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)	

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

PAGE TOTAL
\$ 0.00

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>6/9/2015</u> To: <u>9/14/2015</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	Reporting Period
FRIENDS TO ELECT TINA TARTAGLIONE	From <u>6/9/2015</u> To: <u>9/14/2015</u>

				DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR		
PHILADELPHIA WATER ICE	6	12	2015	\$	85.70
Mailing Address 8354 STATE RD					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19136	Description of Expenditure WATER ICE DONATIOS FOR BLK PARTIES		
To Whom Paid JH BROWN SCHOOL	6	12	2015	\$	25.00
Mailing Address 3600 STANWOOD ST					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19136	Description of Expenditure DONATION BLUE AND GOLD DAY		
To Whom Paid FESTIVAL DE SUENOS	6	12	2015	\$	100.00
Mailing Address 2830 N AMERICAN ST					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19133	Description of Expenditure 1 EVENT TICKET		
To Whom Paid AT&T MOBILITY	6	12	2015	\$	47.50
Mailing Address PO BOX 537104					
City ATLANTA	State GA	Zip Code (Plus 4) 30353	Description of Expenditure MONTHLY IPAD BILL		
To Whom Paid ASOCIACION PUERTORRIQUENO IN MARCHA	6	12	2015	\$	250.00
Mailing Address 4301 RISING SUN AVE					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19240	Description of Expenditure BOOTH/TENT/TABLE/CHAIR FOR EVENTOR EVEN		

To Whom Paid KENNEY 2015			MO	DAY	YEAR	
Mailing Address PO BOX 60065			6	20	2015	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19102	Description of Expenditure CONTRIBUTION			
To Whom Paid BRIGID DOWLING			MO	DAY	YEAR	
Mailing Address 126 HAINES AVE			7	6	2015	
City ELKINS PARK	State PA	Zip Code (Plus 4) 19027	Description of Expenditure CAMPAIGN EXPENSE WORK			
To Whom Paid BRIGID DOWLING			MO	DAY	YEAR	
Mailing Address 126 HAINES AVE			8	3	2015	
City ELKINS PARK	State PA	Zip Code (Plus 4) 19027	Description of Expenditure CAMPAIGN EXPENSE WORK			
To Whom Paid PEGGY GUCKIN			MO	DAY	YEAR	
Mailing Address 203 HARMONY COURT			6	12	2015	
City BENSALEM	State PA	Zip Code (Plus 4) 19020	Description of Expenditure CATHOLIC DAUGHTERS LOTTERY #550			
To Whom Paid 02ND DIST PDAC			MO	DAY	YEAR	
Mailing Address HARBISON AND LEVICK STS			7	6	2015	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19149	Description of Expenditure 11TH ANN BIKE RIDE AND COMMUNITY DAY			
To Whom Paid PHILADELPHIA WATER ICE			MO	DAY	YEAR	
Mailing Address 8354 STATE RD			7	6	2015	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19136	Description of Expenditure WATERICE DONATION FOR BLK PARTIES			

To Whom Paid PHILADELPHIA WATER ICE			MO	DAY	YEAR	
Mailing Address 8354 STATE RD			8	2	2015	\$ 58.80
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19136	Description of Expenditure WATER ICE DONATIONS FOR BLK PARTIES			
To Whom Paid DEMOCRATIC CAMPAIGN COMMITTEE OF PHILADELPHIA			MO	DAY	YEAR	
Mailing Address 219 SPRINGGARDEN ST			8	2	2015	\$ 70.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19123	Description of Expenditure 2 TICKETS BRADY BUNCH BEACH PARTY			
To Whom Paid SAINT ANNE REUNION COMMITTEE			MO	DAY	YEAR	
Mailing Address 2328 E LEHIGH AVE C/O NELLIE HOHESTEIN			8	2	2015	\$ 70.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19125	Description of Expenditure 2 TICKETS 13TH ANN ST ANNE SHORE THING			
To Whom Paid ASBESTOS WORKERS LOCAL 14 MESOTHELIOMA FUND			MO	DAY	YEAR	
Mailing Address 2014 HORNING RD C/O STEVE PETTIT			8	2	2015	\$ 200.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19116	Description of Expenditure FULL PAGE AD			
To Whom Paid FRIENDS OF LABOR			MO	DAY	YEAR	
Mailing Address 1310 WALLACE ST C/O CHERYL LEE			8	2	2015	\$ 800.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19123	Description of Expenditure 2 TICKETS 1/2 PAGE AD TRIBUTE DINNER			
To Whom Paid SAINT HUBERTS HIGH SCHOOL			MO	DAY	YEAR	
Mailing Address 7320 TORRESDALE AVE C/O LISA MC NESBY			8	2	2015	\$ 65.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19136	Description of Expenditure 1/4 PG AD ST HUBERTS CHEERLEADERS NATIONAL CHAMPIONSHIPS			

To Whom Paid AT&T MOBILITY			MO	DAY	YEAR	
Mailing Address PO BOX 537104			8	5	2015	
City ATLANTA	State GA	Zip Code (Plus 4) 30353	Description of Expenditure MONTHLY IPAD BILL			
To Whom Paid NEW GENERATION 1 PAC			MO	DAY	YEAR	
Mailing Address 1514 E PASSYUNK AVE			8	5	2015	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19147	Description of Expenditure CONTRIBUTION			
To Whom Paid RIEH'S FLORIST			MO	DAY	YEAR	
Mailing Address 1020 N 05TH ST			9	23	2015	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19123	Description of Expenditure FLORAL ARRAGEMENT DONATION			
To Whom Paid HERO THRILL SHOW INC			MO	DAY	YEAR	
Mailing Address 1658 FOULKROD ST C/O ENGINE 70			9	23	2015	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19124	Description of Expenditure 5 TICKETS 2015 HERO THRILL SHOW FUND DRIVE			
To Whom Paid UNITED STATES POST OFFICE			MO	DAY	YEAR	
Mailing Address LEVICK AND HARBISON BRANCH			8	26	2015	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19149	Description of Expenditure ANNUAL POST OFFICE BOX FEE			
To Whom Paid NEW GENERATION 1 PAC			MO	DAY	YEAR	
Mailing Address 1514 E PASSYUNK AVE			8	26	2015	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19147	Description of Expenditure CONTRIBUTION SUMMER BASH			

To Whom Paid AT&T MOBILITY			MO	DAY	YEAR	
Mailing Address PO BOX 537104			8	26	2015	\$ 47.50
City ATLANTA	State GA	Zip Code (Plus 4) 30353	Description of Expenditure MONTHLY IPAD BILL			
To Whom Paid PHILADELPHIA WATER ICE			MO	DAY	YEAR	
Mailing Address 8354 STATE RD			8	26	2015	\$ 88.70
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19136	Description of Expenditure WATER ICE DONATIONS FOR BLK PARTIES			
To Whom Paid PEGGY BROWNING FUND			MO	DAY	YEAR	
Mailing Address 1528 WLANUT ST SUITE 1904			8	26	2015	\$ 500.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19102	Description of Expenditure 1/2 PG AD 17TH ANNLAW STUDENTS WORKERS RIGHTS CONFERENCE			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 4,602.70

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>6/9/2015</u> To: <u>9/14/2015</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	2015
			\$ 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