

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: TARTAGLIONE, CHRISTINE, FRIENDS TO ELECT										
Street Address: PO BOX 52153										
City: PHILADELPHIA			State: PA		Zip Code: 19115					
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 2002	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	STS	DEM	51	
				11	5	2002	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO		FOR OFFICE USE ONLY			
		1	1	1	12 31 2002					
A. Amount Brought Forward From Last Report				\$		21,243.72				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		500.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		21,743.72				
D. Total Expenditures (From Schedule III)				\$		3,146.32				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		18,597.40				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		50,000.00				

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	
TARTAGLIONE, CHRISTINE, FRIENDS TO ELECT	From:	To: <u>12/31/2002</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor		
	TOTAL for the Reporting Period	(1) \$ 50.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)		
Contributions Received From Political Committees (Part A)		\$ 450.00
All Other Contributions (Part B)		\$ 0.00
	TOTAL for the Reporting Period	(2) \$ 450.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)		\$ 500.00
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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	
TARTAGLIONE, CHRISTINE, FRIENDS TO ELECT	From:	To: <u>12/31/2002</u>
DATE		AMOUNT

Full Name of Contributing Committee	MO	DAY	YEAR	\$ 250.00
PAIFA POLITICAL ACTION COMMITTEE				
Mailing Address 800 CORPORATE CIR SUITE 201				
City HARRISBURG	11	26	2002	
State PA				
Zip Code (Plus 4) 17110				

Full Name of Contributing Committee	MO	DAY	YEAR	\$ 200.00
FEDERATION OF DEMOCRATIC WOMEN PAC OF PA				
Mailing Address INFO REQUESTED				
City	11	26	2002	
State PA				
Zip Code (Plus 4)				

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

PAGE TOTAL
\$ 450.00

**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
--	-------------	---------------

Full Name of Contributor	MO	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 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: 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 C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

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
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

To Whom Paid STAR PUBLISHERS			MO	DAY	YEAR	
Mailing Address			12	10	2002	
City PHILADELPHIA	State PA	Zip Code (Plus 4)	Description of Expenditure ADS			
To Whom Paid CHRISTINE TARTAGLIONE			MO	DAY	YEAR	
Mailing Address LARDNER ST			12	10	2002	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19149	Description of Expenditure REIMBURSEMENT			
To Whom Paid CHRISTINE TARTAGLIONE			MO	DAY	YEAR	
Mailing Address LARDNER ST			12	10	2002	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19149	Description of Expenditure REIMBURSEMENT			
To Whom Paid TEN PENNIES FLORIST			MO	DAY	YEAR	
Mailing Address BROAD ST			12	10	2002	
City PHILADELPHIA	State PA	Zip Code (Plus 4)	Description of Expenditure FLOWERS			
To Whom Paid SCOTTS FLORIST			MO	DAY	YEAR	
Mailing Address CHELTENHAM AND FRANKFORD AVE			12	13	2002	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19149	Description of Expenditure FLOWERS			
To Whom Paid VERIZON			MO	DAY	YEAR	
Mailing Address			12	13	2002	
City PHILADELPHIA	State PA	Zip Code (Plus 4)	Description of Expenditure PHONES			

To Whom Paid WISSINOMING HISTORICAL SOCIETY			MO	DAY	YEAR	\$	150.00
Mailing Address			12	13	2002		
City PHILADELPHIA	State PA	Zip Code (Plus 4)	Description of Expenditure DONATION				
To Whom Paid FIELD OF DREAMS			MO	DAY	YEAR	\$	100.00
Mailing Address			12	17	2002		
City PHILADELPHIA	State PA	Zip Code (Plus 4)	Description of Expenditure DONATION				
To Whom Paid 15TH P.D.A.C			MO	DAY	YEAR	\$	100.00
Mailing Address LEVICK AND HARBISON AVE			12	18	2002		
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19149	Description of Expenditure DONATION				
To Whom Paid 25TH P.D.A.C			MO	DAY	YEAR	\$	100.00
Mailing Address			12	18	2002		
City PHILADELPHIA	State PA	Zip Code (Plus 4)	Description of Expenditure DONATION				
To Whom Paid CHRISTY MC CALL RECOVERY BENEFIT			MO	DAY	YEAR	\$	100.00
Mailing Address			12	18	2002		
City PHILADELPHIA	State PA	Zip Code (Plus 4)	Description of Expenditure DONATION				
To Whom Paid CRUZ RECREATION CENTER			MO	DAY	YEAR	\$	100.00
Mailing Address			12	18	2002		
City PHILADELPHIA	State PA	Zip Code (Plus 4)	Description of Expenditure DONATION				

To Whom Paid NEWS GLEANER			MO	DAY	YEAR	
Mailing Address			12	18	2002	
City PHILADELPHIA	State PA	Zip Code (Plus 4)	Description of Expenditure ADS			
To Whom Paid SPORTSPLEX			MO	DAY	YEAR	
Mailing Address			12	18	2002	
City PHILADELPHIA	State PA	Zip Code (Plus 4)	Description of Expenditure DONATION			
To Whom Paid THE BARBARA WOODENS PURNELL SCHOLARSHIP FUND			MO	DAY	YEAR	
Mailing Address			12	18	2002	
City PHILADELPHIA	State PA	Zip Code (Plus 4)	Description of Expenditure DONATION			
To Whom Paid VERIZON			MO	DAY	YEAR	
Mailing Address			12	18	2002	
City PHILADELPHIA	State PA	Zip Code (Plus 4)	Description of Expenditure PHONES			
To Whom Paid VERIZON			MO	DAY	YEAR	
Mailing Address			12	19	2002	
City PHILADELPHIA	State PA	Zip Code (Plus 4)	Description of Expenditure PHONES			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 3,146.32

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 TARTAGLIONE, CHRISTINE, FRIENDS TO ELECT			Reporting Period From: To: <u>12/31/2002</u>			
			DATE			Outstanding Balance of Debt
Name of Creditor PA STATE DEMOCRATIC COMMITTEE			MO	DAY	YEAR	\$ 50,000.00
Mailing Address			6	27	1994	
City HARRISBURGH	State PA	Zip Code (Plus 4)	Description of Debt LOAN			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL \$ 50,000.00