### **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				port ed B		CAI	NDII	DATE		COMM	4ITTEE	<b>✓</b> [	LOB	BYIST		
Name of Filing C	ommitte	e, Candida	ate or L	obbyist:		FRI	END:	S TO	ELEC	T TI	NA TA	RTA	GLIONE						-
Street Address:	РО В	OX 28566	5																
City:	PHIL/	ADELPHI <i>A</i>	4						State	e:	PA			Zip Cod	<b>ie:</b> 19	149	_		
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRI PRIMARY	DAY PRE	-	2.	30 DA		Р	OST-	3.		AMENDM REPORT		Yes	No		<b>\</b>
(place X to the right of	6TH TUES		4.	2ND FRI ELECTIO	DAY PRI N	E-	5.	30 DA ELECT		Р	OST-	6.		TERMINA REPORT		Yes	No	•	<b>\</b>
report type)	ANNUAL	REPORT	7. <b>X</b>	Year 20	15				IG ME CHEC					PAPER		<b>\</b>	DISKE	TTE	
Name of Office S	- Sought by	Candidat	:e:						DAT	E O	F ELE	CTIC	N	District Number	Office Code	Pa	rty Code	Cour	
									МО		DAY	Y	EAR	2	STS	DE	М	51	
SENATOR IN TH	HE GENE	RAL ASSE	MBLY							11		3	2015		(SEE IN	STRUCTI	ONS FOR	CODES	)
Summary of		and	МО	DAY	YEAF	2			МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	from:			11	24 2	015	T	0		12	·	31	2015						
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$				17,	520.18	1					
B. Total Moneta	ary Contr	ibutions A	And Rec	eipts (Fr	om Sche	edule	e I)	\$				2,	000.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				19,	520.18						
D. Total Expend	ditures (F	rom Sche	dule II	I)				\$				1,	225.00						
E. Ending Cash	Balance	(Subtract	Line D	From Lir	ne C)			\$				18,2	295.18						
F. Value Of In-	Kind Con	tributions	Receiv	ed (From	Schedu	le II	I)	\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	chedule	IV)			\$				30,	00.00			•			
					AFF	-ID/	AVI	ΓSE	CTIC	N									
PART I - If this is		-	•	_							•								
I swear (or affirm) correct and comple		report, incl	uding the	attached	schedule	s file	d on p	paper	or by e	electr	onic m	ediun	ı, are to t	he best o	f my knov	vledge	and beli	ef , tr	ue.
Sworn to and subs	cribed befo	ore me this		20								:	Signature	of Perso	n Submitt	ing Re	port		_
	_	Signatur						-						Prin	ted Name				-
My Commission Ex	pires	Signatui	•							-				Ema	il				-
		мо	D	ΑY	YR			-		•	Are	ea Co	de	Daytim	e Teleph	one Nu	mber		_
Part II- If this is	a report	of a cand	lidate's	authoriz	ed Comr	nitte	ee, Ca	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and b	elief this	s poli	itical	comm	ittee h	as no	ot viola	ted aı	ny provis	ions of th	e act of Ju	ıne 3,1	937 (P.L	. 133	3,
Sworn to and subsc	ribed befo	re me this											s	ignature o	of Candida	ate			-
	day of —			_ 20				-						Duint-	d Name				_
		Signature						-						Printe	d Name				
My Commission Exp		J. 9.1.4.141 C								•				Ema	il				_
	_	мо	D	AY	YF	2					Area	Code		Da	aytime To	elepho	ne Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS TO ELECT TINA TARTAGLIONE	From:	11/24/20	<u>15</u> To:	12/31/2015
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)			\$	1,500.00
All Other Contributions (Part D)			\$	500.00
TOTAL for the Reporting	Period	(3)	\$	2,000.00
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			\$	2,000.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
	•	•				-		DAGE TOTAL

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

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 Filing Committee o	r Candidate		Reporting Period From: To:					
			l		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	<b>Period</b>				
FRIENDS TO ELECT TINA TARTAGLION	≣		From:	11/2	4/2015	То:	12/31/20	<u>15</u>
				DA	TE		AMOUNT	-
Full Name of Contributing Committee TENET PAC				МО	DAY	YEAR		
Mailing Address 1445 ROSS AVE SU	ITE 1400				20	2015	\$	1,000.00
City DALLAS	<b>State</b> TX	75202	e (Plus 4)	11	30	2015		
Full Name of Contributing Committee  LAWPAC				МО	DAY	YEAR		
Mailing Address 800 N THIRD ST.							\$	500.00
City HARRISBURG	State PA	<b>Zip Code</b> 17102	e (Plus 4)	12	14	2015		
	-	-						

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

**PAGE TOTAL \$** 1,500.00

#### **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			Rep	orting Pe	riod			
FRIENDS TO ELECT TINA TARTAGLION	NE .		Fror	n:	11/24/2	<u>015</u> <b>To</b>	): <u>12/</u>	31/2015
				D	ATE		AMOUI	NT
Full Name of Contributor KEVIN AND JANET OBRIEN				МО	DAY	YEAR		
Mailing 530 BROOKVIEW LN				12	14	2015	<b>\$</b>	500.00
City HAVERTOWN	State	Zip Code (Plu	s 4)	12	14	2015		
	PA	19083						
Employer Name CHARLES JACQUIN E	T CIE INC			Occupat	tion	/ICE PRI	ESIDENT	
Employer Mailing Address/Principal Plac Business	ce of	City			State		Zip Code (Pl	us 4)
2633 TRENTON ST		PHILADE	LPHIA		PA		19125	
Enter Grand Total of Part C on Sche	edule I, Detailed Su	ımmary Page	Section	on 3.			PAGE	TOTAL
	•	, ,				,	<b>¢</b>	E00.00

PAGE TOTAL
\$ 500.00

## 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 Can	didate		Report	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name		-		мо	DAY	YEAR		-
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description								
Enter Grand Total of Part E on S	Schedule I Detailer	d Summary Page	Section	4		[	P	PAGE TOTAL
zne. Grana rotar or r art z on o	renedure 1/ Detaned	· Summary rage,	Section	•			\$	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	riod	
FRIENDS TO ELECT TINA TARTAGLIONE	From:	11/24/2015 <b>To</b> :	<u>12/31/2015</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	)R	
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 Candid	ate		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	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									<b>\$</b>	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				<b>PAGE TOTAL</b> 0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reportir	ng Period			
FRIENDS TO ELECT TINA TAI	RTAGLIONE		From	11/24	<u>4/2015</u>	То:	12/31/2015
				DATE			AMOUNT
<b>To Whom Paid</b> MAYFAIR HOLMESBURG PARA	ADE COMMITTEE		МО	DAY	YEAR		
Mailing Address 3530 COT	TMAN AVE C/O LISA GRE	со	12	2	2015	\$	350.00
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19149	<b>Descrip</b> FULL B	I Otion of Exp ANNER	l penditure	<u> </u>	
To Whom Paid STAPLES			МО	DAY	YEAR		
Mailing Address ROOSEVE	LT BLVD AND COTTMAN A	AVE	11	30	2015	\$	75.00
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19149	<b>Descrip</b> STATIC	otion of Exp	penditure	<b>a</b>	
<b>To Whom Paid</b> BRIGID DOWLING			МО	DAY	YEAR		
Mailing Address 126 HAINI	ES AVE		12	2	2015	\$	200.00
City ELKINS PARK	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19027	1 .	otion of Exp			
To Whom Paid 15TH POLICE DISTRICT PDAC			мо	DAY	YEAR		
Mailing Address 2831 LEVI	CK ST PETE SPECOS		12	11	2015	\$	500.00
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19149		tion of Exp			
<b>To Whom Paid</b> 07TH DISTRICT PDAC			мо	DAY	YEAR		
Mailing Address 9845 BUS	TLETON AVE		12	11	2015	\$	100.00
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191152694					PRECIATION
Enter Grand Total of Exper	nditures on Page 1, Rep	port Cover Page, Item I	•			\$	PAGE TOTAL 1,225.00

## STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

<u>2015</u>			
nding e of Debt			
30,000.00			
E TOTAL			
30,000.00			