Campaign Finance Report

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

	iler Identification 9200098							DIDAT	E	СОМ	MITTEE	✓	LOB	BYIST		
	Committee, Candid	ate or L	obbyist:		Filed FRIEN	-	ELECT	TINA ⁻	 TART/	AGLIONE						
Street Address:																
City:	PHILA						State:	PA			Zip Co	de: 19	149			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D PRIM	DAY 1ARY	POST	POST- 3.			1ENT ?	Yes	N	D	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	≣- 5.	30 D ELEC	DAY CTION	POST	- 6.		TERMIN REPORT		Yes	N	D	\checkmark
report type)	ANNUAL REPORT	7. X	Year 2016				ING METI				PAPER		\checkmark	DISK	ETTE	
Name of Office	L Sought by Candida	te:					DATE	OF EI	ECTI	ION	District Number	Office Code	Par	ty Code	Coun Code	
							мо	DA	Y	YEAR		•			•	
							1	1	8	2016		(SEE INS	STRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR	Ł		мо	DA	Y	YEAR	FC	OR OFFIC	E USE	ONLY		
Expenditure	s from:		11 29	2	016	ТО	1	2	31	2016						
A. Amount Brought Forward From Last Report							\$		13	8,753.22						
B. Total Monetary Contributions And Receipts (From Schedule I)							\$			500.00						
C. Total Funds Available (Sum Of Lines A and B)						5	\$		14	l,253.22						
D. Total Expenditures (From Schedule III)						9	\$		5	,401.18						
E. Ending Cash	n Balance (Subtrac	t Line D	From Line	C)			\$		8	,852.04						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)		\$			0.00						
G. Unpaid Deb	ts And Obligations	(From	Schedule IV	()		9	\$		30	,000.00		,				
				AFF	IDAV	IT SI	ECTION	l								
	s a Committee rep															
correct and comp) that this report, inc lete.	luaing th	e attached sc	nedule	s filed of	ı papeı	r or by ele	ctronic	meaiu	m, are to	the best o	от ту кпоч	viedge	and bei	ief , tru	Je'
Sworn to and sub	scribed before me this day of	5	20							Signatur	e of Perso	n Submitt	ing Rep	oort		-
	Signatu	re				_					Prin	ited Name				-
My Commission E	xpires					_		_			Ema	nil				_
	мо	D	AY	YR					Area C	ode	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comn	nittee,	Candi	date sha	ll sign	here.	1						
I swear (or affirm No 320) as amend) that to the best of r ed.	ny knowl	edge and beli	ef this	politica	l comr	nittee has	not vie	olated	any provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 1333	ι,
Sworn to and subs	cribed before me this day of		20							S	ignature	of Candida	ite			-
											Printe	ed Name				-
My Commission Ex	Signature My Commission Expires							Email					-			
	мо	D	AY	YR	1	_		Ar	ea Cod	e	D	aytime Te	elephor	e Numl	per	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FRIENDS TO ELECT TINA TARTAGLIONE From: <u>11/29/2016</u> **To:** 12/31/2016 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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)** 500.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 500.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 500.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Candidat	Name of Filing Committee or Candidate				ng Period				
			From	n:	То:				
		·			DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	•)						
								PAGE TOTAL	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	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										
				om: To:):			
					DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address	_	_					\$	0.00		
City	State	Zip Code (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	0.00		

PAGE 5

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	Name of Filing Committee or Candidate			Reporting	g Period							
FRIEN	FRIENDS TO ELECT TINA TARTAGLIONE			From:	<u>11/2</u>	<u>9/2016</u>	То:	<u>12</u>	2/31/2016			
					DA	TE		A	AMOUNT			
Full N	III Name of Contributing Committee					DAY	YEAR					
TENE	TENET HEALTHCARE CORP. PAC							\$	500.00			
Mailir	ng Address				11	22	2016					
City	DALLAS	State	Zip Cod	e (Plus 4)			2010					
		тх	75202									
									PAGE TOTAL			
Enter	inter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.						\$	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.)

lame of Filing Committee or Candidate				porting Period						
			Froi	n:	: To:					
				D	ATE		АМ	AMOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Pl	ıs 4)							
Employer Name				Occupation						
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE 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			Report	rting Period					
			From:	то:					
				D	ATE			AMOUNT	r
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.						\$		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 Perio	d	
FRIENDS TO ELECT TINA TARTAGLIONE	From:	<u>11/29/2016</u> то:	<u>12/31/2016</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	ſF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate			Reporting Period					
			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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	le,	F	PAGE TOTAL		
						\$	0.00		

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

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				Reporting Period				
			Fro	m:	То:				
					DATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$ 0.00		
City	State	Zip Code(Plus 4)							
Employer of Contributor		•		Occupa	ation				
Employer Mailing Address/Principal Plac	e of Business (City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution		
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kind	l Contributions D	etaile	ed			PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name	e of Filing Committee or Candidate			Reporti	ng Period			
FRIE	NDS TO ELECT TINA TARTAGLION	E		From	<u>11/29</u>	<u>9/2016</u>	То:	<u>12/31/2016</u>
					DATE			AMOUNT
To W	nom Paid			мо	DAY	YEAR		
BRIGI	ID DOWLING			_				
Mailin	ng Address			10	27	2016	\$	200.00
City	ELKINS PARK	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	19026	CAMPAI	IGN FINAN	CE WOR	< <u> </u>	
-	10m Paid AIR HOLMESBURG PARADE COMM	ITTEE		мо	DAY	YEAR		
Mailin	ng Address			10	31	2016	\$	300.00
City	PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		РА	19149		ARADE BAN GIVING PA		H ANN N	1H
-	o Whom Paid HILAPOSH			мо	DAY	YEAR		
	Mailing Address			10	31	2015	\$	130.00
					_			
City	PHILADELPHIA	State PA	Zip Code (Plus 4) 19104					ECEDTION
	nom Paid		19104	Z SLAT	2 SEATS 32ND ANNUAL AWARDS RECEPTION			
PNC E				мо	DAY	YEAR		
	ng Address			11	1	2016	\$	23.67
City	PITTSBURGH	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure		
		PA	15230	MONTH	LY SERVIC	E FEE		
To Wr	nom Paid			мо	DAY	YEAR		
15TH	POLICE DISTRICT			МО		ILAK		
Mailin	ıg Address			11	3	2016	\$	200.00
City	PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	I	
PA 19124			DONAT	ION ANNU	AL DINNE	RS FOR	THE HOMELESS	
To W	nom Paid			мо	DAY	YEAR		
THE P	PHILADELPHIA PUBLIC RECORD							
Mailin	Mailing Address		11	3	2016	\$	175.00	
City	PHILADELPHIA	State	Zip Code (Plus 4)	Plus 4) Description of Expenditure				
		РА	19106	1/4 PG AD				

								AGL IZ	
To W	om Paid			мо	DAY	YEAR			
THE S	IMPLE WAY			ino in		12/11			
Mailin	g Address			11	3	2016	\$	100.00	
City	PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	19134	DONAT	ION ANNU	AL THANK	KSGIVING	RAFFLE	
To Wh	iom Paid			мо	DAY	YEAR			
LARR	/ MENSCH								
Mailin	g Address			11	7	2016	\$	2,500.00	
City	PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	19124	ELECTIO	ON DAY SU	IPPORT (NOT A CA	NDIDATE)	
To Wł	om Paid			мо	DAY	YEAR			
PNC E	BANK			140		TEAK			
Mailin	g Address			11	30	2016	\$	549.88	
City	PITTSBURGH	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	15230	АСН РА	YMENT AM	ERICAN I	EXPRESS		
To W	iom Paid			мо	DAY	YEAR			
PNC E	BANK			MO		TEAK			
Mailing Address				12	1	2016	\$	22.63	
City PITTSBURGH State Zip Code (Plus 4)					tion of Exp	enditure			
		PA	15230	MONTHLY SERVICE FEE					
To Wł	om Paid			мо	DAY	YEAR			
BRIGI	D DOWLING			140		TEAK			
Mailin	g Address			12	2	2016	\$	200.00	
City	ELKINS PARK	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1		
		PA	19026	CAMPAI	GN FINAN	CE WORK	<		
To W	iom Paid			мо	DAY	YEAR			
FRAN	KFORD CHARGERS			МО					
Mailin	g Address			12	4	2016	\$	500.00	
City	PHILA.	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1		
		PA	19124	FRANKF	ORD CHAP	RGERS CH	HEERLEAD	DERS TO NATLS	
To Wr	iom Paid			мо	DAY	YEAR			
26TH	POLICE DISTRICT			MO		TEAK			
Mailing Address						\$	500.00		
City	PHILA.	State	Zip Code (Plus 4)	Descrip	L tion of Exp	enditure	I		
		PA	19125	ANNUA	L HOLIDAY	GIFT DR	RIVE		
_								PAGE TOTAL	
Enter	Grand Total of Expendi	itures on Page 1, Re	eport Cover Page, Item D).			\$	5,401.18	
								-	

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 Filir	lame of Filing Committee or Candidate				Reportin	rting Period					
FRIENDS TO	FRIENDS TO ELECT TINA TARTAGLIONE				From:	<u>11</u>	<u>11/29/2016</u> To: <u>12/31/201</u>				
							DATE			standing ance of Debt	
Name of Creditor UFCW LOCAL 1776						мо	DAY	YEAR			
Mailing Add	ress					5	6	2015	\$	30,000.00	
City PLYN	10UTH MEETING	State		Zip Code (P	lus 4)	Description of Debt					
		PA		19462		LOAN TO	о сомміт	TEE			
										PAGE TOTAL	
Enter Gr	Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							\$	30,000.00		