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 9200	0098				port ed B		CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	late or L	obbyist:		FRIE	END:	s to	ELECT TI	NA TA	RTAG	LIONE						_
Street Address:	PO BOX 2856	56															
City:	PHILA							State:	PA			Zip Code: 19149					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	- [2.	30 DA PRIMA						AMENDMENT REPORT?		No	~	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	FRIDAY PRE- 5. 30 DAY POST- 6. ELECTION						TERMINATION Yes No REPORT?							
report type)	ANNUAL REPORT	7. X	Year 2016					FILING METHOD () CHECK ONE					PAPER DISKETTE				
Name of Office S	Sought by Candida	ite:	•					DATE O	OF ELECTION District Office Number Code					Par	ty Code	County Code	,
								МО							Couc		
								11		8	2016		(SEE IN	STRUCTI	ONS FOR C	ODES)	_
•	Receipts and	МО	DAY Y	/EAR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	s from:		11 29	20	016	Т	0	12		31	2016						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			13,7	753.22						
B. Total Moneta	ary Contributions	And Rec	eipts (From S	Sche	dule	eI)	\$			5	500.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 14,253.22																	
D. Total Expenditures (From Schedule III) \$ 5,401.18																	
E. Ending Cash	Balance (Subtrac	t Line D	From Line C))			\$			8,8	52.04						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edul	le II	[)	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$			30,0	00.00			,			
			,	AFF	IDA	٩VI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign he	ere. 1	[f thi	is is	a Can	didate re	eport, o	andi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sche	dules	filed	d on	paper o	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true	b,
Sworn to and subs	cribed before me thi day of	s	20							S	ignature	of Perso	n Submit	ting Rep	oort		
	Signatu	ıre					-					Prin	ted Nam	e			•
My Commission Ex	cpires						_					Ema	il				
	МО	D	AY	YR					Are	ea Cod	le	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a can	didate's	authorized C	omm	iitte	e, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of led.	my knowl	edge and belief	this	polit	tical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L.	1333,	١
Sworn to and subsc	ribed before me this day of		20								s	ignature o	of Candid	ate			
							-					Printe	d Name				۱
My Commission Exp	Signature						-					Ema	il				٠
	МО	D	AY	YR					Area	Code		D	aytime T	elephon	e Numb	er	1

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS TO ELECT TINA TARTAGLIONE	From:	11/29/20:	<u>16</u> To :	12/31/2016
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	(2)	\$	0.00	
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
			I	
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			\$	500.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu	-			•					
Name of Filing Committee or Candidate			Reporting Period							
			Fre	om:		То	:			
		1			DATE			AMOUNT		
Full Name of Contribut	ing Committee			МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4))							
	•	•	•		•	•		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)	1					

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 Period							
FRIENDS TO ELECT TINA TARTAGLIONE	From:	11/29/2016	То:	<u>12/31/2016</u>				

DATE AMOUNT

Full Name of Contributing Committee TENET HEALTHCARE CORP. PAC	МО	DAY	YEAR			
Mailing Address 1445 ROSS AVENUE SUITE 1400						\$ 500.00
City DALLAS	State TX	Zip Code (Plus 4) 75202	11	22	2016	

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

PAGE TOTAL \$ 500.00

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				Reporting Period						
			Fron	n:		То:				
				D	ATE		ı	AMOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	s 4)							
Employer Name				Occupat	tion					
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			l	PAGE TOTAL		
							\$	0.00		

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	eporting Period						
			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 Per	riod							
FRIENDS TO ELECT TINA TARTAGLIONE	From:	<u>11/29/2016</u> To:	<u>12/31/2016</u>						
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

Name of Filing Committee or Candidate			Reporting Period					
			From:			То:		
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL	
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		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:		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 Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL	
Summary Page, Section 3.									0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period					
FRIENDS TO ELECT TINA TARTAGLIONE			From <u>11/29/2016</u>			То:	12/31/2016	
			DATE				AMOUNT	
To Whom Paid BRIGID DOWLING			мо	DAY	YEAR			
Mailing Address 128 HAINES ST			10	27	2016	\$	200.00	
City ELKINS PARK	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	19026	CAMPAIGN FINANCE WORK					
To Whom Paid MAYFAIR HOLMESBURG PARADE COMMITTEE			МО	DAY	YEAR			
Mailing Address 3530 COTTMAN AVE			10	31	2016	\$	300.00	
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	Description of Expenditure				
	19149	FULL PARADE BANNER 40TH ANN MH THANKGIVING PARADE						
To Whom Paid PHILAPOSH			МО	DAY	YEAR			
Mailing Address 3001 WALNUT ST 5TH FL			10	31	2015	\$	130.00	
City PHILADELPHIA	State	Zip Code (Plus 4)	Description of Expenditure 2 SEATS 32ND ANNUAL AWARDS RECEPTION					
	PA	19104						
To Whom Paid PNC BANK		·	мо	DAY	YEAR			
Mailing Address PO BOX 609			11	1	2016	\$	23.67	
City PITTSBURGH	State	Zip Code (Plus 4)	Descrir	tion of Exp	enditure	<u> </u>		
TITTODONOIT	PA	15230	1	ILY SERVIO				
To Whom Paid 15TH POLICE DISTRICT			МО	DAY	YEAR			
Mailing Address PO BOX 19530			11	3	2016	\$	200.00	
City PHILADELPHIA	State	Zip Code (Plus 4)	Description of Expenditure					

19124

DONATION ANNUAL DINNERS FOR THE HOMELESS

						PAG	GE 12
To Whom Paid THE PHILADELPHIA PUBLIC RECORD			мо	DAY	YEAR		
Mailing Address 325 CHESTNUT ST STE 1110			11	3	2016	\$	175.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19106	Description of Expenditure 1/4 PG AD				
To Whom Paid THE SIMPLE WAY			МО	DAY	YEAR		
Mailing Address 3234 POTTER ST			11	3	2016	\$	100.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19134	Description of Expenditure DONATION ANNUAL THANKSGIVING RAFFLE				
To Whom Paid LARRY MENSCH			МО	DAY	YEAR		
Mailing Address 1233 PRATT ST			11	7	2016	\$	2,500.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19124	Description of Expenditure ELECTION DAY SUPPORT (NOT A CANDIDATE)				
To Whom Paid PNC BANK			МО	DAY	YEAR		
Mailing Address PO BOX 609			11	30	2016	\$	549.88
City PITTSBURGH	State PA	Zip Code (Plus 4) 15230	Description of Expenditure ACH PAYMENT AMERICAN EXPRESS				
To Whom Paid PNC BANK			мо	DAY	YEAR		
Mailing Address PO BOX 609			12	1	2016	\$	22.63
City PITTSBURGH	State PA	Zip Code (Plus 4) 15230	Description of Expenditure MONTHLY SERVICE FEE				
To Whom Paid BRIGID DOWLING			мо	DAY	YEAR		
Mailing Address 128 HAINES ST			12	2	2016	\$	200.00
City ELKINS PARK	State PA	Zip Code (Plus 4) 19026	Description of Expenditure CAMPAIGN FINANCE WORK				

To Whom Paid FRANKFORD CHARGERS			мо	DAY	YEAR		
Mailing Address 4800 DITMAN ST			12	4	2016	\$	500.00
City PHILA.	State PA	Zip Code (Plus 4) 19124	Description of Expenditure FRANKFORD CHARGERS CHEERLEADERS TO NATL				
To Whom Paid 26TH POLICE DISTRICT			мо	DAY	YEAR		
Mailing Address 615 E GIRARD AVE						\$	500.00
City PHILA.	State PA	Zip Code (Plus 4) 19125	Description of Expenditure ANNUAL HOLIDAY GIFT DRIVE				
Enter Crand Total of Evnenditure	on Pogo 1 P	anart Cayor Page Item D					PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				\$	5,401.18		

STATEMENT OF UNPAID DEBTS

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

	Reporting Period						
From:	11/29/2016 To :			12/31/2016			
•	DATE				Outstanding Balance of Debt		
Name of Creditor UFCW LOCAL 1776							
Mailing Address 3031 WALTON RD SUITE 310 BLDG A			2015	\$	30,000.00		
e (Plus 4)	Description of Debt						
	LOAN TO COMMITTEE						
	•				PAGE TOTAL		
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							
	e (Plus 4)	MO 5 e (Plus 4) Descrip	DATE MO DAY 5 6 P (Plus 4) Description of Del LOAN TO COMMIT	DATE MO DAY YEAR 5 6 2015 P (Plus 4) Description of Debt LOAN TO COMMITTEE	DATE MO DAY YEAR 5 6 2015 \$ P. (Plus 4) Description of Debt LOAN TO COMMITTEE		