

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 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.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7. X	Year 2019	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
				MO	DAY	YEAR	DEM 51			
				11	5	2019	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		11	26	2019	TO	12	31	2019		
A. Amount Brought Forward From Last Report				\$		95,922.82				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		3,500.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		99,422.82				
D. Total Expenditures (From Schedule III)				\$		8,948.13				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		90,474.69				
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
TARTAGLIONE, CHRISTINE FRIENDS TO ELECT	From: <u>11/26/2019</u> To: <u>12/31/2019</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)	\$ 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)	\$ 3,000.00
All Other Contributions (Part D)	\$ 500.00
TOTAL for the Reporting Period (3)	\$ 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.)	\$ 3,500.00
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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
	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	Reporting Period
	From: To:

			DATE	AMOUNT		
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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 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 TARTAGLIONE, CHRISTINE FRIENDS TO ELECT	Reporting Period From: <u>11/26/2019</u> To: <u>12/31/2019</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
KEVIN AND JANET OBRIEN					
Mailing Address 530 BROOKVIEW LN				\$	500.00
City HAVERTOWN State PA Zip Code (Plus 4) 19083	12	11	2019		
Employer Name JAQUINS LIQOURS	Occupation OWNER				
Employer Mailing Address/Principal Place of Business 2633 TRENTON AVE	City PHILADELPHIA		State PA	Zip Code (Plus 4) 19125	

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

PAGE TOTAL
\$ 500.00

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 TARTAGLIONE, CHRISTINE FRIENDS TO ELECT	Reporting Period From: <u>11/26/2019</u> To: <u>12/31/2019</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:

				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
TARTAGLIONE, CHRISTINE FRIENDS TO ELECT	From <u>11/26/2019</u> To: <u>12/31/2019</u>

				DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR		
THE PHILADELPHIA PROTESTANT HOME	12	11	2019	\$	250.00
Mailing Address 6401 MARTINS MILL RD					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19111	Description of Expenditure DONATION		
To Whom Paid PHILADELPHIA PUBLIC RECORD	12	31	2019	\$	275.00
Mailing Address 21 SOUTH 11TH ST STE 205					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19107	Description of Expenditure 1/4 PG AD ANN HOLIDAY ISSUES		
To Whom Paid JUNIATA NEWS	12	31	2019	\$	135.00
Mailing Address PO BOX 15336					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19111	Description of Expenditure HOLIDAY GREETING AD		
To Whom Paid Congreso de Latinos Unidos	11	27	2019	\$	700.00
Mailing Address 216 W Somerset St					
City Phialdelphia	State PA	Zip Code (Plus 4) 19133	Description of Expenditure 2 TICKETS TO ANNUAL GALA		
To Whom Paid PNC BANK	11	30	2019	\$	2,938.08
Mailing Address PO BOX 609					
City PITTSBURGH	State PA	Zip Code (Plus 4) 15230	Description of Expenditure ACH DEDUCTIONS - AMERICAN EXPRESS		

To Whom Paid PNC BANK			MO	DAY	YEAR	
Mailing Address PO BOX 609			11	30	2019	\$ 64.18
City PITTSBURGH	State PA	Zip Code (Plus 4) 15230	Description of Expenditure ACH DEDUCTIONS ACT BLUE			
To Whom Paid PNC BANK			MO	DAY	YEAR	
Mailing Address PO BOX 609			11	30	2019	\$ 36.41
City PITTSBURGH	State PA	Zip Code (Plus 4) 15230	Description of Expenditure PNC BANK OTHER DEDUCTIONS			
To Whom Paid PNC BANK			MO	DAY	YEAR	
Mailing Address PO BOX 609			12	31	2019	\$ 1,710.62
City PITTSBURGH	State PA	Zip Code (Plus 4) 15230	Description of Expenditure ACH DEDUCTIONS AMERICAN EXPRESS			
To Whom Paid PNC BANK			MO	DAY	YEAR	
Mailing Address PO BOX 609			12	31	2019	\$ 0.50
City PITTSBURGH	State PA	Zip Code (Plus 4) 15230	Description of Expenditure ACH FUND DISTRIBUTION CHARGE			
To Whom Paid PNC BANK			MO	DAY	YEAR	
Mailing Address PO BOX 609			12	31	2019	\$ 27.54
City PITTSBURGH	State PA	Zip Code (Plus 4) 15230	Description of Expenditure PNC BANK ANALYSIS CHARGES			
To Whom Paid BNAI ZION FOUNDATION			MO	DAY	YEAR	
Mailing Address 1430 BROADWAY SUITE 1804			12	11	2019	\$ 250.00
City NEW YORK	State NY	Zip Code (Plus 4) 10018	Description of Expenditure 1/4 PAGE AD BENEFIT FOR CHILDREN AND YOUTH			

To Whom Paid WOMEN'S LAW PROJECT			MO	DAY	YEAR	
Mailing Address 125 SOUTH 9TH ST			11	28	2019	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19107	Description of Expenditure DONATION			
To Whom Paid LLOYD C WILSON AUXILLARY POST 224			MO	DAY	YEAR	
Mailing Address 2006 ORTHODOX ST			11	28	2019	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19124	Description of Expenditure DONATION THANKSGIVING DINNER			
To Whom Paid 26TH POLICE DISTRICT			MO	DAY	YEAR	
Mailing Address 615 E GIRARD AVE			11	28	2019	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19125	Description of Expenditure DONATION ANNUAL CHILDRENS CHRISTMAS PARTY			
To Whom Paid OXFORD CIRCLE ATHLETIC ASSOCIATION			MO	DAY	YEAR	
Mailing Address 5051 SUMMERDALE AVE			11	28	2019	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19124	Description of Expenditure DONATION CHAMPIONSHIP GAMES			
To Whom Paid Frankford Chargers Sports & Mentor Assoc.			MO	DAY	YEAR	
Mailing Address 4800 Ditman St			11	28	2019	
City Philadelphia	State PA	Zip Code (Plus 4) 19124	Description of Expenditure DONATION NATL CHEER COMPETITION			
To Whom Paid 15TH POLICE DISTRICT			MO	DAY	YEAR	
Mailing Address PO BOX 19530			11	28	2019	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19124	Description of Expenditure DONATION CHILDREN'S CHRISTMAS PARTY			

To Whom Paid LOCAL 401 SUPPLEMENTAL WELFARE FUND			MO	DAY	YEAR	
Mailing Address 11600 NORCOM RD			11	28	2019	\$ 300.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19154	Description of Expenditure TABLE SPONSOR CHRISTMAS BENEFIT			
To Whom Paid THERESA LYNCH			MO	DAY	YEAR	
Mailing Address 726 MILLWOOD RD			12	11	2019	\$ 64.80
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19115	Description of Expenditure REIMBURSEMENT FOR CHRISTMAS ELF HATS FOR HOLIDAY PARTY			
To Whom Paid Brigid Dowling			MO	DAY	YEAR	
Mailing Address 126 Haines Ave			12	31	2019	\$ 296.00
City Elkins Park	State PA	Zip Code (Plus 4) 19027	Description of Expenditure JAN CAMPAIGN FINANCE WORK AND OVERNIGHT MAIL REIMBURSEMENT			
To Whom Paid MONIQUE NICHOLSON			MO	DAY	YEAR	
Mailing Address 1212 BRIDGE ST			11	27	2019	\$ 250.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19149	Description of Expenditure DONATION			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 8,948.13

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: <u>11/26/2019</u> To: <u>12/31/2019</u>			
				DATE			Outstanding Balance of Debt
Name of Creditor UFCW LOCAL 1776				MO	DAY	YEAR	
Mailing Address 3031-A WALTON RD STE 201				5	6	2014	\$ 30,000.00
City PLYMOUTH MEETING	State PA	Zip Code (Plus 4) 19462-0000	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