

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. X	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.	Year 2020	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	2		DEM	51
					11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		5	19	2020		6	22	2020			
A. Amount Brought Forward From Last Report					\$ 67,405.91						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 1,350.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 68,755.91						
D. Total Expenditures (From Schedule III)					\$ 3,299.02						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 65,456.89						
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 of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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>5/19/2020</u> To: <u>6/22/2020</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)	\$ 1,000.00
All Other Contributions (Part D)	\$ 350.00
TOTAL for the Reporting Period (3)	\$ 1,350.00

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.)	\$ 1,350.00
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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	
TARTAGLIONE, CHRISTINE FRIENDS TO ELECT	From: <u>5/19/2020</u>	To: <u>6/22/2020</u>

				DATE		AMOUNT	
Full Name of Contributing Committee Pennsylvania Optometric PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 218 North Street				5	22	2020	
City Harrisburg	State PA	Zip Code (Plus 4) 17101					
Full Name of Contributing Committee PECOPAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 2301 Market St S14-2				5	22	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 19103					

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

PAGE TOTAL	
\$	1,000.00

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>5/19/2020</u> To: <u>6/22/2020</u>
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				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
Deborah Beck							
Mailing Address 3820 Club Drive				5	22	2020	\$ 350.00
City Harrisburg	State PA	Zip Code (Plus 4) 17110					
Employer Name DASPOP				Occupation President			
Employer Mailing Address/Principal Place of Business 3820 Club Drive			City Harrisburg	State PA	Zip Code (Plus 4) 17110		

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

PAGE TOTAL
\$ 350.00

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:
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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		Reporting Period	
TARTAGLIONE, CHRISTINE FRIENDS TO ELECT		From: <u>5/19/2020</u> To: <u>6/22/2020</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 RECIEVED - 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:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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	\$ 0.00
Mailing Address							
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>5/19/2020</u> To: <u>6/22/2020</u>

DATE				AMOUNT		
To Whom Paid JOHN DANFORD			MO	DAY	YEAR	\$ 2,500.00
Mailing Address 5128 LIEPER ST			5	27	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19124	Description of Expenditure ELECTION DAY LOGISTICS			
To Whom Paid VISITATION BVM CHURCXH			MO	DAY	YEAR	\$ 250.00
Mailing Address 2625 B ST			5	27	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19125	Description of Expenditure DONATION			
To Whom Paid Brigid Dowling			MO	DAY	YEAR	\$ 200.00
Mailing Address 126 Haines Ave			6	15	2020	
City Elkins Park	State PA	Zip Code (Plus 4) 19027	Description of Expenditure JUNE CAMPAIGN EXPENSE WORK			
To Whom Paid STAPLES			MO	DAY	YEAR	\$ 59.88
Mailing Address 4203 UNION DEPOSIT RD			6	14	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17111	Description of Expenditure SUPPLIES			
To Whom Paid Kathy Benton			MO	DAY	YEAR	\$ 95.30
Mailing Address 1908 Columbia Ave			6	14	2020	
City Camp Hill	State PA	Zip Code (Plus 4) 17011	Description of Expenditure REIMBURSEMENT FOR STAPLES PAYMENT			

To Whom Paid PNC BANK			MO	DAY	YEAR	
Mailing Address PO BOX 609			5	31	2020	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15230	Description of Expenditure ACH AMERICAN EXPRESS CHARGE			

To Whom Paid PNC BANK			MO	DAY	YEAR	
Mailing Address PO BOX 609			5	31	2020	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15230	Description of Expenditure CORPORATE ACCT ANALYSIS CHARGE			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 3,299.02

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>5/19/2020</u> To: <u>6/22/2020</u>			
							Outstanding Balance of Debt
				DATE			
Name of Creditor UFCW LOCAL 18776				MO	DAY	YEAR	
Mailing Address 3031 A WALTON AVE STE 201				5	6	2014	\$ 30,000.00
City PLYMOUTH MEETING	State PA		Zip Code (Plus 4) 19462		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