

# 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.X	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		
		6	23	2020		10	19	2020			
A. Amount Brought Forward From Last Report					\$ 65,456.89						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 24,450.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 89,906.89						
D. Total Expenditures (From Schedule III)					\$ 46,066.48						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 43,840.41						
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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
TARTAGLIONE, CHRISTINE FRIENDS TO ELECT	From: <u>6/23/2020</u> To: <u>10/19/2020</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 400.00
<b>All Other Contributions (Part B)</b>	\$ 250.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 650.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 1,300.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 1,300.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 22,500.00

<b>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.)</b>	\$ 24,450.00
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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.**

<b>Name of Filing Committee or Candidate</b>  TARTAGLIONE, CHRISTINE FRIENDS TO ELECT	<b>Reporting Period</b>  <b>From:</b> <u>6/23/2020</u> <b>To:</b> <u>10/19/2020</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"><b>DATE</b></td> <td style="width: 40%;"><b>AMOUNT</b></td> </tr> </table>		<b>DATE</b>	<b>AMOUNT</b>
<b>DATE</b>	<b>AMOUNT</b>		

<b>Full Name of Contributing Committee</b> LAWRENCE S REICHLIN			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> 501 CRAIG LANE			9	9	2020	
<b>City</b> VILLANOVA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19085				

<b>Full Name of Contributing Committee</b> GEORGE NEWMAN			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 50.00
<b>Mailing Address</b> 421 CHESTNUT ST			9	9	2020	
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19106				

<b>Full Name of Contributing Committee</b> ROBERT ISARD			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b> PO BOX 8917			9	8	2020	
<b>City</b> ELKINS PARK	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19027				

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

<b>PAGE TOTAL</b>
\$ 400.00

**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)**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
TARTAGLIONE, CHRISTINE FRIENDS TO ELECT	<b>From:</b> <u>6/23/2020</u> <b>To:</b> <u>10/19/2020</u>

DATE				AMOUNT
<b>Full Name of Contributor</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
A ESQUENAZI				
<b>Mailing Address</b> 1912 DELACEY PLACE				
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19102	9 8 2020	

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

<b>PAGE TOTAL</b>
\$ 250.00

**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	
	From:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

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

<b>PAGE TOTAL</b>
\$ 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.)**

<b>Name of Filing Committee or Candidate</b>  TARTAGLIONE, CHRISTINE FRIENDS TO ELECT	<b>Reporting Period</b>  <b>From:</b> <u>6/23/2020</u> <b>To:</b> <u>10/19/2020</u>
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				DATE			AMOUNT
<b>Full Name of Contributor</b> KEN LEVITAN				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> 1514 MELLON ST				9	14	2020	
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19130					
<b>Employer Name</b> EINSTEIN HEALTHCARE NETWORK				<b>Occupation</b> EXECUTIVE			
<b>Employer Mailing Address/Principal Place of Business</b> 5501 OLD YORK RD			<b>City</b> PHILADELPHIA		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19141	
<b>Full Name of Contributor</b> MERYL FREEDMAN				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> 1830 RITTENHOUSE SQ APT 5A				9	14	2020	
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19103					
<b>Employer Name</b> NOT EMPLOYEEED				<b>Occupation</b> NOT EMPLOYEEED			
<b>Employer Mailing Address/Principal Place of Business</b> 1830 RITTENHOUSE SQ APT 5A			<b>City</b> PHILADELPHIA		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19103	
<b>Full Name of Contributor</b> TERENCE MATALON				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 300.00
<b>Mailing Address</b> 1706 RITTENHOUSE SQ				9	9	2020	
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19103					
<b>Employer Name</b> EINSTEIN HEALTHCARE NETWORK				<b>Occupation</b> PHYSICIAN			
<b>Employer Mailing Address/Principal Place of Business</b> 5501 OLD YORK RD			<b>City</b> PHILADELPHIA		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19141	

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

PAGE TOTAL	
\$	1,300.00

## 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.**

<b>Name of Filing Committee or Candidate</b>  TARTAGLIONE, CHRISTINE FRIENDS TO ELECT	<b>Reporting Period</b>  <b>From:</b> <u>6/23/2020</u> <b>To:</b> <u>10/19/2020</u>
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				DATE	AMOUNT		
Full Name MIDATLANTIC LABORS POLITICAL LEAGUE				MO	DAY	YEAR	\$ 10,000.00
Mailing Address 665 N BROAD ST 5TH FLOOR				8	27	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19123-0000					
Receipt Description CONTRIBUTION							
Full Name IUPAT DC 21 PAF				MO	DAY	YEAR	\$ 10,000.00
Mailing Address 2980 Southampton Rd				9	2	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 19154					
Receipt Description CONTRIBUTION							
Full Name UFCW INTERNATIONAL UNION AFL-CIO CLC				MO	DAY	YEAR	\$ 2,500.00
Mailing Address 1775 K ST				9	12	2020	
City WASHINGTON	State DC	Zip Code (Plus 4) 20006					
Receipt Description CONTRIBUTION							

**Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.**

<b>PAGE TOTAL</b>
\$ 22,500.00



## 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
TARTAGLIONE, CHRISTINE FRIENDS TO ELECT		From: <u>6/23/2020</u> To: <u>10/19/2020</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
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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.						<b>PAGE TOTAL</b>  \$ 0.00

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
TARTAGLIONE, CHRISTINE FRIENDS TO ELECT	From <u>6/23/2020</u> To: <u>10/19/2020</u>

DATE				AMOUNT		
To Whom Paid PHILA FIREFIGHTERS AND PARAMEDICS LOCAL 22			MO	DAY	YEAR	\$ 500.00
Mailing Address 415-427 N 5TH ST			6	25	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19123	Description of Expenditure BURN FOUNDATION GOLF OUTING			
To Whom Paid Brigid Dowling-Smith			MO	DAY	YEAR	\$ 200.00
Mailing Address 126 Haines Ave			7	2	2020	
City Elkins Park	State PA	Zip Code (Plus 4) 19027	Description of Expenditure CAMPAIGN EXPENSE WORK			
To Whom Paid TEMPLE UNIVERSITY HOSPITAL			MO	DAY	YEAR	\$ 500.00
Mailing Address PO BOX 827561			7	2	2020	
City Phialdelphia	State PA	Zip Code (Plus 4) 19182	Description of Expenditure DONATION			
To Whom Paid PAM IOVINO FOR STATE SENATE			MO	DAY	YEAR	\$ 5,000.00
Mailing Address PO BOX 14532			7	2	2020	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15234	Description of Expenditure CONTRIBUTION			
To Whom Paid Brigid Dowling-Smith			MO	DAY	YEAR	\$ 200.00
Mailing Address 126 Haines Ave			8	4	2020	
City Elkins Park	State PA	Zip Code (Plus 4) 19027	Description of Expenditure CAMPAIGN EXPENSE WORK			

To Whom Paid COMMITTEE TO ELECT JIM BREWSTER			MO	DAY	YEAR	\$ 5,000.00
Mailing Address 455 29TH ST			8	4	2020	
City MCKEEWSPO	State PA	Zip Code (Plus 4) 15132	Description of Expenditure CONTRIBUTION			

To Whom Paid FAMILY AND FRIENDS OF JANET DIAZ			MO	DAY	YEAR	\$ 2,500.00
Mailing Address 1653 LITIZ PIKE			8	4	2020	
City LANCASTER	State PA	Zip Code (Plus 4) 17601	Description of Expenditure CONTRIBUTION			

To Whom Paid US POSTAL SERVICE			MO	DAY	YEAR	\$ 118.00
Mailing Address 2801 LEVICK ST			8	23	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19149	Description of Expenditure PO BOX ANNUAL FEE			

To Whom Paid PA STATE BUILDING AND CONSTRUCTION TRADES COUNCIL			MO	DAY	YEAR	\$ 800.00
Mailing Address 904 N SECONDS ST			8	23	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17102	Description of Expenditure 1/3 PAGE AD			

To Whom Paid FRIENDS OF SHANNA DANIELSON			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 170 MANEL CIRCLE			8	23	2020	
City DILLSBURG	State PA	Zip Code (Plus 4) 17019	Description of Expenditure CONTRIBUTION			

To Whom Paid FRIENDS OF JULIE SLOMSKI			MO	DAY	YEAR	\$ 2,500.00
Mailing Address 5510 MILL RD			8	23	2020	
City ERIE	State PA	Zip Code (Plus 4) 16509	Description of Expenditure CONTRIBUTION			

To Whom Paid GEORGE SCOTT FOR PA 15			MO	DAY	YEAR	\$ 2,500.00
Mailing Address PO BOX 1063			8	23	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure CONTRIBUTION			

To Whom Paid Brigid Dowling-Smith			MO	DAY	YEAR	\$ 200.00
Mailing Address 126 Haines Ave			8	23	2020	
City Elkins Park	State PA	Zip Code (Plus 4) 19027	Description of Expenditure CAMPAIGN EXPENSE WORK			

To Whom Paid DEMOCRATIC STATE CAMPAIGN COMITTEE			MO	DAY	YEAR	\$ 2,500.00
Mailing Address PO BOX 59358			9	16	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19102	Description of Expenditure CONTRIBUTION			

To Whom Paid FAMILY AND FRIENDS OF JANET DIAZ			MO	DAY	YEAR	\$ 2,500.00
Mailing Address 1653 LITIZ PIKE			9	16	2020	
City LANCASTER	State PA	Zip Code (Plus 4) 17601	Description of Expenditure CONTRIBUTION			

To Whom Paid Brigid Dowling-Smith			MO	DAY	YEAR	\$ 200.00
Mailing Address 126 Haines Ave			10	19	2020	
City Elkins Park	State PA	Zip Code (Plus 4) 19027	Description of Expenditure CAMPAIGN EXPENSE WORK			

To Whom Paid DEMOCRATIC STATE CAMPAIGN COMITTEE			MO	DAY	YEAR	\$ 17,000.00
Mailing Address PO BOX 59358			10	19	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19102	Description of Expenditure CONTRIBUTION			

To Whom Paid FRIENDS OF MIKE DOYLE			MO	DAY	YEAR	\$ 500.00
Mailing Address 12619 DUNKSFERRY RD			10	19	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19154	Description of Expenditure CONTRIBUTION			

To Whom Paid PNC BANK			MO	DAY	YEAR	\$ 24.96
Mailing Address PO BOX 609			6	30	2020	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15230	Description of Expenditure ACCOUNT ANALYSIS CHARGE			

To Whom Paid PNC BANK			MO	DAY	YEAR	\$ 272.09
Mailing Address PO BOX 609			7	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	\$ 24.04
Mailing Address PO BOX 609			7	31	2020	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15230	Description of Expenditure ACCOUNT ANALYSIS CHARGE			

To Whom Paid PNC BANK			MO	DAY	YEAR	\$ 23.80
Mailing Address PO BOX 609			8	31	2020	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15230	Description of Expenditure ACCOUNT ANALYSIS CHARGE			

To Whom Paid PNC BANK			MO	DAY	YEAR	\$ 350.00
Mailing Address PO BOX 609			9	10	2020	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15230	Description of Expenditure ACH DEDUCTIONS ECOMMERCE			

<b>To Whom Paid</b> PNC BANK			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO BOX 609			9	11	2020	
<b>City</b> PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15230	<b>Description of Expenditure</b> ACH DEDUCTIONS ECOMMERCE			

<b>To Whom Paid</b> PNC BANK			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO BOX 609			9	16	2020	
<b>City</b> PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15230	<b>Description of Expenditure</b> ACH DEDUCTIONS ECOMMERCE			

<b>To Whom Paid</b> PNC BANK			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO BOX 609			9	30	2020	
<b>City</b> PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15230	<b>Description of Expenditure</b> ACCOUNT ANALYSIS CHARGE			

<b>To Whom Paid</b> ACT BLUE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO BOX 441146			10	1	2020	
<b>City</b> SOMMERVILLE	<b>State</b> MA	<b>Zip Code (Plus 4)</b> 02144	<b>Description of Expenditure</b> ACCOUNT FEE			

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 46,066.48



**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**

<b>Name of Filing Committee or Candidate</b>				<b>Reporting Period</b>			
TARTAGLIONE, CHRISTINE FRIENDS TO ELECT				<b>From:</b> <u>6/23/2020</u> <b>To:</b> <u>10/19/2020</u>			
							<b>Outstanding Balance of Debt</b>
				<b>DATE</b>			
<b>Name of Creditor</b>				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
UFCW LOCAL 1776				5	6	2014	
<b>Mailing Address</b>							
3031-A WALTON RD STE 201							\$ 30,000.00
<b>City</b>		<b>State</b>		<b>Zip Code (Plus 4)</b>		<b>Description of Debt</b>	
PLYMOUTH MEETING		PA		19462-0000		LOAN TO COMITTEE	
<b>Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.</b>							<b>PAGE TOTAL</b>
							\$ 30,000.00