

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	TO	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
 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>6/23/2020</u> To: <u>10/19/2020</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)	\$ 400.00
All Other Contributions (Part B)	\$ 250.00
TOTAL for the Reporting Period (2)	\$ 650.00

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

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

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.)	\$ 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.**

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

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

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

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

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

PAGE TOTAL
\$ 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)**

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

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

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

PAGE TOTAL
\$ 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	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

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

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

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

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

PAGE TOTAL
\$ 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

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

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
PHILA FIREFIGHTERS AND PARAMEDICS LOCAL 22	6	25	2020	\$ 500.00
Mailing Address 415-427 N 5TH ST				
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19123	Description of Expenditure BURN FOUNDATION GOLF OUTING	
To Whom Paid Brigid Dowling-Smith	7	2	2020	\$ 200.00
Mailing Address 126 Haines Ave				
City Elkins Park	State PA	Zip Code (Plus 4) 19027	Description of Expenditure CAMPAIGN EXPENSE WORK	
To Whom Paid TEMPLE UNIVERSITY HOSPITAL	7	2	2020	\$ 500.00
Mailing Address PO BOX 827561				
City Philadelphia	State PA	Zip Code (Plus 4) 19182	Description of Expenditure DONATION	
To Whom Paid PAM IOVINO FOR STATE SENATE	7	2	2020	\$ 5,000.00
Mailing Address PO BOX 14532				
City PITTSBURGH	State PA	Zip Code (Plus 4) 15234	Description of Expenditure CONTRIBUTION	
To Whom Paid Brigid Dowling-Smith	8	4	2020	\$ 200.00
Mailing Address 126 Haines Ave				
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	
Mailing Address 455 29TH ST			8	4	2020	
City MCKEEWSPORT	State PA	Zip Code (Plus 4) 15132	Description of Expenditure CONTRIBUTION			
To Whom Paid FAMILY AND FRIENDS OF JANET DIAZ			MO	DAY	YEAR	
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	
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	
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	
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	
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	
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	
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 COMMITTEE			MO	DAY	YEAR	
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	
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	
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 COMMITTEE			MO	DAY	YEAR	
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	
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	
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	
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	
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	
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	
Mailing Address PO BOX 609			9	10	2020	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15230	Description of Expenditure ACH DEDUCTIONS ECOMMERCE			

To Whom Paid PNC BANK			MO	DAY	YEAR	
Mailing Address PO BOX 609			9	11	2020	\$ 600.00
City PITTSBURGH	State PA	Zip Code (Plus 4) 15230	Description of Expenditure ACH DEDUCTIONS ECOMMERCE			
To Whom Paid PNC BANK			MO	DAY	YEAR	
Mailing Address PO BOX 609			9	16	2020	\$ 1,000.00
City PITTSBURGH	State PA	Zip Code (Plus 4) 15230	Description of Expenditure ACH DEDUCTIONS ECOMMERCE			
To Whom Paid PNC BANK			MO	DAY	YEAR	
Mailing Address PO BOX 609			9	30	2020	\$ 24.34
City PITTSBURGH	State PA	Zip Code (Plus 4) 15230	Description of Expenditure ACCOUNT ANALYSIS CHARGE			
To Whom Paid ACT BLUE			MO	DAY	YEAR	
Mailing Address PO BOX 441146			10	1	2020	\$ 29.25
City SOMMERVILLE	State MA	Zip Code (Plus 4) 02144	Description of Expenditure ACCOUNT FEE			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 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**

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