

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:											
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. X	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		
		10	20	2020		11	23	2020			
A. Amount Brought Forward From Last Report					\$ 43,540.41						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 31,750.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 75,290.41						
D. Total Expenditures (From Schedule III)					\$ 36,579.16						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 38,711.25						
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>10/20/2020</u> To: <u>11/23/2020</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)	\$ 50.00
TOTAL for the Reporting Period (2)	\$ 50.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 18,200.00
All Other Contributions (Part D)	\$ 3,500.00
TOTAL for the Reporting Period (3)	\$ 21,700.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 10,000.00

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.)	\$ 31,750.00
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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	\$ 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 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>10/20/2020</u> To: <u>11/23/2020</u>

DATE				AMOUNT
Full Name of Contributor				
SHEILA A BORNE FULLER				
Mailing Address				
City HARRISBURG	State PA	Zip Code (Plus 4) 17111	MO DAY YEAR	\$ 50.00
			10 21 2020	

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

PAGE TOTAL
\$ 50.00

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
TARTAGLIONE, CHRISTINE FRIENDS TO ELECT	From: <u>10/20/2020</u> To: <u>11/23/2020</u>

				DATE			AMOUNT
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 400.00
TMAIC PAC				10	28	2020	
Mailing Address							
City	MECHANICSBURG	State	PA	Zip Code (Plus 4)		17055	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 10,000.00
SHEETMETAL WORKERS UNION LOCAL 19				10	21	2020	
Mailing Address							
City	PHILADELPHIA	State	PA	Zip Code (Plus 4)		19147	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 300.00
PROSEPCT MEDICAL HOLDING INC PAC				10	21	2020	
Mailing Address							
City	SAN RAFAEL	State	CA	Zip Code (Plus 4)		94901	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 3,000.00
HOSPITAL & HEALTHSYSTEM ASSOC OF PA PAC(HAPAC)				10	21	2020	
Mailing Address							
City	HARRISBURG	State	PA	Zip Code (Plus 4)		17101	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 2,000.00
ORTHO PAC (PA ORTHOPAEIC SOC)				11	5	2020	
Mailing Address							
City	HARRISBURG	State	PA	Zip Code (Plus 4)		17101	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 2,500.00
THE AFFORDABLE EDUCATION PAC				11	5	2020	
Mailing Address							
City	HARRISBURG	State	PA	Zip Code (Plus 4)		17112	

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

PAGE TOTAL
\$ 18,200.00

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	Reporting Period
TARTAGLIONE, CHRISTINE FRIENDS TO ELECT	From: <u>10/20/2020</u> To: <u>11/23/2020</u>

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$500.00
JOHN C EKARIUS				10	21	2020	
Mailing Address							
City	TAMPA	State	FL	Zip Code (Plus 4)		33606	
Employer Name				THOMAS JEFFERSON UNIVERITY			
Occupation				EVP & CHIEF OF STAFF			
Employer Mailing Address/Principal Place of Business				City		State	Zip Code (Plus 4)
				PHILADELPHIA		PA	19144
Full Name of Contributor				MO	DAY	YEAR	\$500.00
KATHLEEN BARRON				10	21	2020	
Mailing Address							
City	PHILADELPHIA	State	PA	Zip Code (Plus 4)		19103	
Employer Name				TEMPLE HEALTH SYSTEMS			
Occupation				EXECUTIVE DIRECTOR TUH			
Employer Mailing Address/Principal Place of Business				City		State	Zip Code (Plus 4)
				PHILADELPHIA		PA	19125
Full Name of Contributor				MO	DAY	YEAR	\$500.00
MEREDITH AND HUGH LAVERY				10	21	2020	
Mailing Address							
City	LAURENCEVILLE	State	NJ	Zip Code (Plus 4)		08648	
Employer Name				MOUNT SINAI MEDICAL CENTER			
Occupation				DOCTOR			
Employer Mailing Address/Principal Place of Business				City		State	Zip Code (Plus 4)
				NEW YORK		NY	10029
Full Name of Contributor				MO	DAY	YEAR	\$500.00
RICHARD AND SUSAN FISHER				10	21	2020	
Mailing Address							
City	BLUE BELL	State	PA	Zip Code (Plus 4)		19422	
Employer Name				FOXCHASE CANCER CENTER			
Occupation				DOCTORS			
Employer Mailing Address/Principal Place of Business				City		State	Zip Code (Plus 4)
				PHILADLEPHIA		PA	19111

Full Name of Contributor MARC P HURODWITZ			MO 10	DAY 21	YEAR 2020	\$ 500.00
Mailing Address						
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103				
Employer Name TEMPLE HEALTH SYSTEMS			Occupation DOCTOR			
Employer Mailing Address/Principal Place of Business		City PHILADELPHIA	State PA		Zip Code (Plus 4) 19111	

Full Name of Contributor GERARD AND MARIANNE BLANEY			MO 10	DAY 21	YEAR 2020	\$ 500.00
Mailing Address						
City BENSALEM	State PA	Zip Code (Plus 4) 19020				
Employer Name EINSTEIN HEALTH NETWORKS			Occupation CFO			
Employer Mailing Address/Principal Place of Business		City PHILADELPHIA	State PA		Zip Code (Plus 4) 19141	

Full Name of Contributor KAREN AND MICHAEL YOUNG			MO 10	DAY 21	YEAR 2020	\$ 500.00
Mailing Address						
City LANCASTER	State PA	Zip Code (Plus 4) 17601				
Employer Name TEMPLE HEALTH SYSTEMS			Occupation CEO			
Employer Mailing Address/Principal Place of Business		City PHILADELPHIA	State PA		Zip Code (Plus 4) 19140	

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

PAGE TOTAL
\$ 3,500.00

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 TARTAGLIONE, CHRISTINE FRIENDS TO ELECT	Reporting Period From: <u>10/20/2020</u> To: <u>11/23/2020</u>
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	
GREATER PA CARPENTERS PEC			11	2	2020	\$ 10,000.00
Mailing Address						
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19130				
Receipt Description CONTRIBUTION						

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

PAGE TOTAL
\$ 10,000.00

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>10/20/2020</u> To: <u>11/23/2020</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:
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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

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
TARTAGLIONE, CHRISTINE FRIENDS TO ELECT	From <u>10/20/2020</u> To: <u>11/23/2020</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
Senate Democratic Campaign Committee				
Mailing Address	10	23	2020	\$ 5,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19103	Description of Expenditure CAMPAIGN	
To Whom Paid	MO	DAY	YEAR	
FRIENDS OF PAM IOVINO				
Mailing Address	10	28	2020	\$ 5,000.00
City PITTSBURGH	State PA	Zip Code (Plus 4) 15224	Description of Expenditure CAMPAIGN	
To Whom Paid	MO	DAY	YEAR	
FRIENDS OF JULIE SLOMSKI				
Mailing Address	10	28	2020	\$ 5,000.00
City ERIE	State PA	Zip Code (Plus 4) 16509	Description of Expenditure CAMPAIGN	
To Whom Paid	MO	DAY	YEAR	
Senate Democratic Campaign Committee				
Mailing Address	10	28	2020	\$ 2,500.00
City Philadelphia	State PA	Zip Code (Plus 4) 19103	Description of Expenditure CAMPAIGN	
To Whom Paid	MO	DAY	YEAR	
JOHN DANFORD				
Mailing Address	10	28	2020	\$ 2,500.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19124	Description of Expenditure ELECTION DAY EXPENSES	
To Whom Paid	MO	DAY	YEAR	
GEORGE SCOTT FOR PA 15				
Mailing Address	10	28	2020	\$ 2,500.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure CAMPAIGN	

To Whom Paid CHELTENHAM PRINTING COMPANY			MO	DAY	YEAR	\$ 1,102.40
Mailing Address			11	3	2020	
City CHELTENHAM	State PA	Zip Code (Plus 4) 19012	Description of Expenditure ELECTION DAY MATERIALS			

To Whom Paid FRIENDS OF JOHN KANE			MO	DAY	YEAR	\$ 2,500.00
Mailing Address			10	29	2020	
City HAVERTOWN	State PA	Zip Code (Plus 4) 19083	Description of Expenditure CAMPAIGN			

To Whom Paid Senate Democratic Campaign Committee			MO	DAY	YEAR	\$ 10,000.00
Mailing Address			11	4	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 19103	Description of Expenditure CAMPAIGN			

To Whom Paid Brigid Dowling			MO	DAY	YEAR	\$ 200.00
Mailing Address			10	28	2020	
City Jenkintown	State PA	Zip Code (Plus 4) 19046-4161	Description of Expenditure NOVEMBER CAMPAIGN EXPENSE WORK			

To Whom Paid BRIGID DOWLING			MO	DAY	YEAR	\$ 250.00
Mailing Address			10	21	2020	
City JENKINTOWN	State PA	Zip Code (Plus 4) 19046	Description of Expenditure DONATION FOR ST HILARY OF POITIER SCHOOL RACE FOR EDUCATION			

To Whom Paid PNC BANK			MO	DAY	YEAR	\$ 0.50
Mailing Address			11	10	2020	
City JENKINTOWN	State PA	Zip Code (Plus 4) 19046	Description of Expenditure ACH ECOMMECE DISTRIBUTION			

To Whom Paid PNC BANK			MO	DAY	YEAR	\$ 26.26
Mailing Address			10	23	2020	
City JENKINTOWN	State PA	Zip Code (Plus 4) 19046	Description of Expenditure ACCOUNT ANALYSIS CHARGE			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 36,579.16

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	Reporting Period
TARTAGLIONE, CHRISTINE FRIENDS TO ELECT	From: <u>10/20/2020</u> To: <u>11/23/2020</u>

				DATE	Outstanding Balance of Debt			
Name of Creditor UFCW LOCAL 1776				MO	DAY	YEAR	\$ 30,000.00	
Mailing Address				5	6	2014		
City	PLYMOUTH MEETING	State	PA	Zip Code (Plus 4)	19462-0000			Description of Debt LOAN TO COMITTEE
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 30,000.00	