

# Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

<b>Filer Identification Number :</b> 9200098		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>			
<b>Name of Filing Committee, Candidate or Lobbyist:</b> TARTAGLIONE, CHRISTINE FRIENDS TO ELECT											
<b>Street Address:</b> PO BOX 28566											
<b>City:</b> PHILADELPHIA				<b>State:</b> PA		<b>Zip Code:</b> 19149					
<b>TYPE OF REPORT</b>  (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	<b>FILING METHOD ( ) CHECK ONE</b>			<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>			
<b>Name of Office Sought by Candidate:</b>					<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
					<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	2		DEM	51
					11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>		
		10	20	2020		11	23	2020			
<b>A. Amount Brought Forward From Last Report</b>					\$ 43,540.41						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>					\$ 31,750.00						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>					\$ 75,290.41						
<b>D. Total Expenditures (From Schedule III)</b>					\$ 36,579.16						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>					\$ 38,711.25						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>					\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>					\$ 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>10/20/2020</u> To: <u>11/23/2020</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>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 50.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 50.00

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

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

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

DATE				AMOUNT
<b>Full Name of Contributor</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
SHEILA A BORNE FULLER				
<b>Mailing Address</b> 3532 BRISBAN ST				\$ 50.00
<b>City</b> HARRISBURG	10	21	2020	
<b>State</b> PA				
<b>Zip Code (Plus 4)</b> 17111				

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

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

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

				DATE		AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 400.00
TMAIC PAC				10	28	2020	
Mailing Address 4999 LOUISE DRIVE SUITE 304							
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 1301 S COLUMBUS BLVD							
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 2350 KERNER BLVD							
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 30 NORTH THIRD STREET STE 600 PO BOX 8600							
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 2,000.00
ORTHO PAC (PA ORTHOPAECIC SOC)				11	5	2020	
Mailing Address 415 MARKET ST, STE 210							
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 PO BOX 6349							
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.)**

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

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$500.00
JOHN C EKARIUS				10	21	2020	
Mailing Address605 LUZON AVE		State	Zip Code (Plus 4)				
CityTAMPA		StateFL	Zip Code (Plus 4)33606				
Employer NameTHOMAS JEFFERSON UNIVERITY				OccupationEVP & CHIEF OF STAFF			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
4201 HENRY AVE			PHILADELPHIA		PA		19144
Full Name of Contributor				MO	DAY	YEAR	\$500.00
KATHLEEN BARRON				10	21	2020	
Mailing Address1615 SPRUCE ST		State	Zip Code (Plus 4)				
CityPHILADELPHIA		StatePA	Zip Code (Plus 4)19103				
Employer NameTEMPLE HEALTH SYSTEMS				OccupationEXECUTIVE DIRECTOR TUH			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
100 EAST LEHIGH AVE			PHILADELPHIA		PA		19125
Full Name of Contributor				MO	DAY	YEAR	\$500.00
MEREDITH AND HUGH LAVERY				10	21	2020	
Mailing Address416 BERGEN ST		State	Zip Code (Plus 4)				
CityLAURENCEVILLE		StateNJ	Zip Code (Plus 4)08648				
Employer NameMOUNT SINAI MEDICAL CENTER				OccupationDOCTOR			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
1468 MADISON AVE			NEW YORK		NY		10029
Full Name of Contributor				MO	DAY	YEAR	\$500.00
RICHARD AND SUSAN FISHER				10	21	2020	
Mailing Address106 HAMPTON LANE		State	Zip Code (Plus 4)				
CityBLUE BELL		StatePA	Zip Code (Plus 4)19422				
Employer NameFOXCHASE CANCER CENTER				OccupationDOCTORS			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
333 COTTMAN AVE			PHILADLEPHIA		PA		19111

<b>Full Name of Contributor</b> MARC P HURODWITZ				<b>MO</b> 10	<b>DAY</b> 21	<b>YEAR</b> 2020	<b>\$</b> 500.00
<b>Mailing Address</b> 1606 CHESTNUT ST UNIT 2							
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19103					
<b>Employer Name</b> TEMPLE HEALTH SYSTEMS				<b>Occupation</b> DOCTOR			
<b>Employer Mailing Address/Principal Place of Business</b> 7600 CENTRAL AVE			<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19111		

  

<b>Full Name of Contributor</b> GERARD AND MARIANNE BLANEY				<b>MO</b> 10	<b>DAY</b> 21	<b>YEAR</b> 2020	<b>\$</b> 500.00
<b>Mailing Address</b> 113 TATHAM RD							
<b>City</b> BENSALEM	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19020					
<b>Employer Name</b> EINSTEIN HEALTH NETWORKS				<b>Occupation</b> CFO			
<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> KAREN AND MICHAEL YOUNG				<b>MO</b> 10	<b>DAY</b> 21	<b>YEAR</b> 2020	<b>\$</b> 500.00
<b>Mailing Address</b> 2879 MIMOSA LANE							
<b>City</b> LANCASTER	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17601					
<b>Employer Name</b> TEMPLE HEALTH SYSTEMS				<b>Occupation</b> CEO			
<b>Employer Mailing Address/Principal Place of Business</b> 3401 N BROAD ST			<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19140		

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

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

<b>Name of Filing Committee or Candidate</b>  TARTAGLIONE, CHRISTINE FRIENDS TO ELECT	<b>Reporting Period</b>  <b>From:</b> <u>10/20/2020</u> <b>To:</b> <u>11/23/2020</u>
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				DATE			AMOUNT
Full Name				MO	DAY	YEAR	\$
GREATER PA CARPENTERS PEC							10,000.00
<b>Mailing Address</b> 1803 SPRING GARDEN STREET				11	2	2020	
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19130					
<b>Receipt Description</b> CONTRIBUTION							

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

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

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

				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

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

DATE				AMOUNT
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Senate Democratic Campaign Committee				
<b>Mailing Address</b> 1635 Market Street	10	23	2020	\$ 5,000.00
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19103	<b>Description of Expenditure</b> CAMPAIGN	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
FRIENDS OF PAM IOVINO				
<b>Mailing Address</b> 4105 PENN AVENUE	10	28	2020	\$ 5,000.00
<b>City</b> PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15224	<b>Description of Expenditure</b> CAMPAIGN	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
FRIENDS OF JULIE SLOMSKI				
<b>Mailing Address</b> 5510 MILL RD	10	28	2020	\$ 5,000.00
<b>City</b> ERIE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16509	<b>Description of Expenditure</b> CAMPAIGN	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
Senate Democratic Campaign Committee				
<b>Mailing Address</b> 1635 Market Street	10	28	2020	\$ 2,500.00
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19103	<b>Description of Expenditure</b> CAMPAIGN	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
JOHN DANFORD				
<b>Mailing Address</b> 1144 BRIDGE STREET	10	28	2020	\$ 2,500.00
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19124	<b>Description of Expenditure</b> ELECTION DAY EXPENSES	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
GEORGE SCOTT FOR PA 15				
<b>Mailing Address</b> PO BOX 1063	10	28	2020	\$ 2,500.00
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	<b>Description of Expenditure</b> CAMPAIGN	

<b>To Whom Paid</b> CHELTENHAM PRINTING COMPANY			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,102.40
<b>Mailing Address</b> 518 RYERS AVE BLDG 2 1ST FLR			11	3	2020	
<b>City</b> CHELTENHAM	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19012	<b>Description of Expenditure</b> ELECTION DAY MATERIALS			

  

<b>To Whom Paid</b> FRIENDS OF JOHN KANE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 2,500.00
<b>Mailing Address</b> 209 HARDING AVE			10	29	2020	
<b>City</b> HAVERTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19083	<b>Description of Expenditure</b> CAMPAIGN			

  

<b>To Whom Paid</b> Senate Democratic Campaign Committee			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 10,000.00
<b>Mailing Address</b> 1635 Market Street			11	4	2020	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19103	<b>Description of Expenditure</b> CAMPAIGN			

  

<b>To Whom Paid</b> Brigid Dowling			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 200.00
<b>Mailing Address</b> 652 Roseland Ave			10	28	2020	
<b>City</b> Jenkintown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19046-4161	<b>Description of Expenditure</b> NOVEMBER CAMPAIGN EXPENSE WORK			

  

<b>To Whom Paid</b> BRIGID DOWLING			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> 652 ROSELAND AVE			10	21	2020	
<b>City</b> JENKINTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19046	<b>Description of Expenditure</b> DONATION FOR ST HILARY OF POITIER SCHOOL RACE FOR EDUCATION			

  

<b>To Whom Paid</b> PNC BANK			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 0.50
<b>Mailing Address</b> 808 OLD YORK RD			11	10	2020	
<b>City</b> JENKINTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19046	<b>Description of Expenditure</b> ACH ECOMMECE DISTRIBUTION			

  

<b>To Whom Paid</b> PNC BANK			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 26.26
<b>Mailing Address</b> 808 OLD YORK RD			10	23	2020	
<b>City</b> JENKINTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19046	<b>Description of Expenditure</b> ACCOUNT ANALYSIS CHARGE			

  

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

<b>Name of Filing Committee or Candidate</b>  TARTAGLIONE, CHRISTINE FRIENDS TO ELECT	<b>Reporting Period</b>  <b>From:</b> <u>10/20/2020</u> <b>To:</b> <u>11/23/2020</u>
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				DATE	Outstanding Balance of Debt		
Name of Creditor				MO	DAY	YEAR	\$
UFCW LOCAL 1776							
Mailing Address							
3031-A WALTON RD STE 201				5	6	2014	\$ 30,000.00
City	State		Zip Code (Plus 4)	Description of Debt			
PLYMOUTH MEETING	PA		19462-0000	LOAN TO COMITTEE			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL
							\$ 30,000.00