Campaign Finance Report

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

Filer Identificati Number :	on 9200	0098				eport		CANE	DIO	ATE		COMN	1ITTEE	√	LOB	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist		TA	ARTAG	LION	E, CHR	IST	INE F	RIEN	DS TO	ELECT					
Street Address: PO BOX 28566																		
City:	City: PHILADELPHIA							State:	ı	PA			Zip Cod	le: 19	149			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FR PRIMAR	RIDAY P RY	RE-	2.	30 DA PRIMA		PC	OST-	3.		AMENDM REPORT?		Yes	ľ	lo	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FR ELECTI	RIDAY F On	PRE-	5.	30 DA		PC	OST-	6. X		TERMINA REPORT?		Yes	١	lo	\
report type)										PAPER		\	DISK	ETTE				
Name of Office S	Sought by Candida	te:	-					DATE	OF	ELEC	CTIO	N	District Number	Office Code	Par	ty Cod	e Cou	
	,							МО	Ţ	DAY	YE	AR	2	Code	DEI	1	51	
								1	1		3	2020		(SEE IN	STRUCTI	ONS FO	R CODES	5)
	Receipts and	МО	DAY	YE	AR			МО	ļ	DAY	YE	AR	FO	R OFFI	E USE	ONL	1	
Expenditures	from:		10	20	202	<u>7</u> 0	0	1	1	2	23	2020						
A. Amount Bro	ught Forward Froi	m Last R	eport				\$				43,5	540.41						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 31,750.00																		
C. Total Funds	Available (Sum O	f Lines A	and B)				\$				75,2	290.41						
D. Total Expenditures (From Schedule III) \$ 36,579.10								79.16										
E. Ending Cash Balance (Subtract Line D From Line C)											38,7	11.25						
F. Value Of In-Kind Contributions Received (From Schedule II)						II)	\$					0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedul	e IV)			\$				30,0	00.00			•			
				Α	FFII	OAVI	ΓSE	CTION	1									
PART I - If this is	s a Committee rep	ort, trea	surer s	ign her	e. If t	this is	a Car	ndidate	rep	ort, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attache	d schedu	ıles fi	iled on _l	paper	or by ele	ctro	onic me	dium	, are to t	he best of	my knov	wledge	and be	lief , tr	rue
Sworn to and subs	cribed before me this day of	5	20						-		s	ignature	of Perso	Submit	ing Re	ort		_
	Signatu	ıre					-		-				Print	ted Name	•			-
My Commission Ex	cpires								-				Emai	I				
	мо	D	AY	,	ΥR					Are	a Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authori	zed Coi	nmit	tee, C	andid	ate sha	ll s	ign he	re.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowle	edge and	belief t	his po	olitical	comm	ittee has	no	t violat	ed an	y provisi	ions of the	act of J	une 3,1	937 (P	.L. 133	з,
Sworn to and subso	ribed before me this								•			Si	ignature o	f Candid	ate			- $ $
	day of		_ 20 				_		-				Printe	d Name				-
	Signature .						-		_				Emai	ı.				_
My Commission Exp	oires						_											_
	МО	D	AY		YR		•		-	Area (Code		Da	ytime T	elephor	ne Nun	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

· -									
Name of Filing Committee or Candidate	Reporting	g Period							
TARTAGLIONE, CHRISTINE FRIENDS TO ELECT	10/20/202	<u>:0</u> To:	11/23/2020						
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	31,750.00					

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						
		F	rom:		То	:				
		•		DATE			AMOUNT			
Full Name of Contributing Co	mmittee		мо	DAY	YEAR					
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)								

PAGE TOTAL
0.00

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

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:

DATE

11/23/2020

AMOUNT

Full Nam	ne of Contributor			МО	DAY	YEAR		
SHEILA	A BORNE FULLER					12/11		
Mailing A	Address 3532 BRISBAN ST						\$ 50.	.00
City	HARRISBURG	State	Zip Code (Plus 4)	10	21	2020		
		PA	17111					

PAGE TOTAL

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

\$ 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:	10/2	0/2020	То:	11/23/2020	
				DA	TE		AMOUNT	
Full Name of Contributing Committee TMAIC PAC				МО	DAY	YEAR	\$ 400.00	
Mailing Address 4999 LOUISE DRIVE	SUITE 304			10	28	2020		
City MECHANICSBURG	State PA	Zip Code 17055	e (Plus 4)		20	2020		
Full Name of Contributing Committee SHEETMETAL WORKERS UNION LOCAL	МО	DAY	YEAR	\$ 10,000.00				
Mailing Address 1301 S COLUMBUS E City PHILADELPHIA	State	Zip Code	e (Plus 4)	10	21	2020		
	PA	19147						
Full Name of Contributing Committee PROSEPCT MEDICAL HOLDING INC PAC		мо	DAY	YEAR	\$ 300.00			
Mailing Address 2350 KERNER BLVD				10	21	2020		
City SAN RAFAEL	State CA	Zip Code 94901	e (Plus 4)		21	2020		
Full Name of Contributing Committee HOSPITAL & HEALTHSYSTEM ASSOC OF	PA PAC(HAPAC)			мо	DAY	YEAR	\$ 3,000.00	
Mailing Address 30 NORTH THIRD ST	REET STE 600 PO BO	X 8600		10	21	2020		
City HARRISBURG	State PA	Zip Code 17101	e (Plus 4)					
Full Name of Contributing Committee ORTHO PAC (PA ORTHOPAEIC SOC)				МО	DAY	YEAR	\$ 2,000.00	
Mailing Address 415 MARKET ST, STE	210			11	5	2020	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
City HARRISBURG	State PA	Zip Code 17101	e (Plus 4)					
Full Name of Contributing Committee THE AFFORDABLE EDUCATION PAC					DAY	YEAR	\$ 2,500.00	
Mailing Address PO BOX 6349				14	-	2020	\$ 2,500.00	
City HARRISBURG	State PA	Zip Code 17112	e (Plus 4)	11	5	2020		

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 Re				Repo	orting Per	porting Period					
TARTAGLIONE, CHRISTINE FRIENDS TO	O ELECT			Fron	n:	10/20/2	<u>020</u> To	:	11/23/2020		
					DATE AMOUNT						
Full Name of Contributor					мо	DAY	YEAR	Ι.			
JOHN C EKARIUS					MO	DAT	TEAR	\$		500.00	
Mailing Address 605 LUZON AVE					10	21	2020				
City TAMPA	State	Zip	Code (Plus	4)	10	21	2020				
	FL	L 33606									
Employer Name THOMAS JEFFERSON UNIVERITY			Occupat	ion	EVP & C	HIEF C	F STAFF	:			
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Co	de (Plus	4)	
4201 HENRY AVE PHILADELPHIA				PA		19144	ļ				
Full Name of Contributor											
KATHLEEN BARRON					МО	DAY	YEAR	\$		500.00	
Mailing Address 1615 SPRUCE ST								1			
City PHILADELPHIA	State	Zir	Code (Plus	4)	10	21	2020				
THE RELITIES.	PA	•	•	-,							
PA 19103 Employer Name TEMPLE HEALTH SYSTEMS					Occupat	ion	EVECUT	IVE DI	RECTOR	TIIU	
Employer Mailing Address/Principal Plac			City		Оссирис	State	LXLCUI		de (Plus	_	
	e of business		PHILADEL	DLITA				19125	•	7)	
100 EAST LEHIGH AVE			PHILADEL	РПІА		PA		19125)		
Full Name of Contributor					мо	DAY	YEAR	_{\$}		500.00	
MEREDITH AND HUGH LAVERY								4		300.00	
Mailing Address 416 BERGEN ST					10	21	2020	1			
City LAURENCEVILLE	State	Zip	Code (Plus	4)							
	NJ I	08	648		I			I			
Employer Name MOUNT SINAI MEDICA	AL CENTER				Occupat	ion	DOCTOR	₹			
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Co	de (Plus	4)	
1468 MADISON AVE			NEW YOR	<		NY		10029)		
Full Name of Contributor					мо	DAY	VEAD				
RICHARD AND SUSAN FISHER					МО	DAY	YEAR	\$		500.00	
Mailing Address 106 HAMPTON LANE					10	21	2020				
City BLUE BELL	State	Zip	Code (Plus	4)	10	21	2020				
	PA	19	422								
Employer Name FOXCHASE CANCER C	ENTER				Occupation DOCTORS						
Employer Mailing Address/Principal Place of Business City				State	Zip Code (Plus 4)						
333 COTTMAN AVE			PHILADLE	PHIA		PA	19111				

333 COTTMAN AVE

MARC P HURODWITZ Mailing Address 1606 CHESTNUT ST UNIT 2 City PHILADELPHIA State PA 19103 Employer Name TEMPLE HEALTH SYSTEMS City PHILADELPHIA PA 19103 Employer Mailing Address/Principal Place of Business 7600 CENTRAL AVE Full Name of Contributor GERARD AND MARIANNE BLANEY Mo DAY YEAR \$ 500.00 Employer Name EINSTEIN HEALTH NETWORKS City BENSALEM State Zip Code (Plus 4) 19020 Employer Name EINSTEIN HEALTH NETWORKS City State Zip Code (Plus 4) 19020 Employer Name EINSTEIN HEALTH NETWORKS City State Zip Code (Plus 4) 19020 Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4) 19020 Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4) 19141 Full Name of Contributor AAREN AND MICHAEL YOUNG Mo DAY YEAR \$ 500.00		Full Name of Contributor					DAY	YEAR	١.	F00.00				
City PHILADELPHIA State PA 19103 Employer Name TEMPLE HEALTH SYSTEMS Employer Mailing Address/Principal Place of Business 7600 CENTRAL AVE Full Name of Contributor GERARD AND MARIANNE BLANEY Mailing Address 113 TATHAM RD City BENSALEM State Zip Code (Plus 4) 19111 Full PA 19020 Employer Name EINSTEIN HEALTH NETWORKS Employer Mailing Address/Principal Place of Business City Bensalem CFO Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4) 19020 Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4) 19141 Full Name of Contributor KAREN AND MICHAEL YOUNG Mo DAY YEAR \$ 500.00	Mailin	P HURODWITZ				МО	DAI	ILAK	\$	500.00				
City PHILADELPHIA State PA 19103 Employer Name TEMPLE HEALTH SYSTEMS Occupation DOCTOR Employer Mailing Address/Principal Place of Business City State PHILADELPHIA PA 19111 Full Name of Contributor GERARD AND MARIANNE BLANEY Mo DAY YEAR \$ 500.00 Employer Name EINSTEIN HEALTH NETWORKS City BENSALEM State Zip Code (Plus 4) 19020 Employer Name EINSTEIN HEALTH NETWORKS City State Zip Code (Plus 4) 19020 Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4) 19141 Full Name of Contributor KAREN AND MICHAEL YOUNG Mo DAY YEAR \$ 500.00		g Address 1606 CHESTNUT ST	UNIT 2			10	21	2020	1					
Employer Name TEMPLE HEALTH SYSTEMS Employer Mailing Address/Principal Place of Business 7600 CENTRAL AVE PHILADELPHIA Full Name of Contributor GERARD AND MARIANNE BLANEY Mo DAY YEAR \$ 500.00 Total Day The part of Contributor GERARD AND MARIANNE BLANEY Mo DAY Mo DAY YEAR \$ 500.00 The part of Contributor GERARD AND MARIANNE BLANEY Mo DAY Full Name of Contributor City BENSALEM State PA 19020 Employer Name EINSTEIN HEALTH NETWORKS City State State City State Zip Code (Plus 4) 19020 Employer Mailing Address/Principal Place of Business Stoll OLD YORK RD Full Name of Contributor KAREN AND MICHAEL YOUNG Mo DAY YEAR \$ 500.00	City	PHILADELPHIA	State	Zip Code (Plus 4)		21	2020						
Employer Mailing Address/Principal Place of Business 7600 CENTRAL AVE PHILADELPHIA PA 19111 Full Name of Contributor GERARD AND MARIANNE BLANEY Mailing Address 113 TATHAM RD City BENSALEM State PA 19020 Employer Name EINSTEIN HEALTH NETWORKS Occupation State Tip Code (Plus 4) 19020 City State PA 19020 City State PA 19020 Employer Mailing Address/Principal Place of Business City State Tip Code (Plus 4) 19020 Employer Mailing Address/Principal Place of Business City PHILADELPHIA PA 19141 Full Name of Contributor KAREN AND MICHAEL YOUNG Mailing Address 2879 MIMOSA LANE	1		PA 19103						1					
Full Name of Contributor GERARD AND MARIANNE BLANEY Mo DAY VEAR \$ 500.00 Mailing Address 113 TATHAM RD City BENSALEM State PA 19020 Employer Name EINSTEIN HEALTH NETWORKS Occupation State City State PA 19020 City State PA 19020 Employer Mailing Address/Principal Place of Business Stol OLD YORK RD Full Name of Contributor KAREN AND MICHAEL YOUNG Mailing Address 2879 MIMOSA LANE	Emplo	yer Name TEMPLE HEALTH SYST	EMS			Occupation DOCTOR								
Full Name of Contributor GERARD AND MARIANNE BLANEY Mailing Address 113 TATHAM RD City BENSALEM State Zip Code (Plus 4) PA 19020 Employer Name EINSTEIN HEALTH NETWORKS Employer Mailing Address/Principal Place of Business 500.00 City State Zip Code (Plus 4) Full Name of Contributor KAREN AND MICHAEL YOUNG MO DAY YEAR \$ 500.00	Emplo	yer Mailing Address/Principal Plac	e of Business	City			State		Zip Code (P	lus 4)				
GERARD AND MARIANNE BLANEY Mailing Address 113 TATHAM RD City BENSALEM State Zip Code (Plus 4) PA 19020 Employer Name EINSTEIN HEALTH NETWORKS Employer Mailing Address/Principal Place of Business 500.00 City State Zip Code (Plus 4) Full Name of Contributor KAREN AND MICHAEL YOUNG MO DAY YEAR \$ 500.00 CFO Zip Code (Plus 4) 19141 Full Name of Contributor KAREN AND MICHAEL YOUNG Mo DAY YEAR \$ 500.00	7600 CENTRAL AVE PHILADELPHIA				PA		19111							
GERARD AND MARIANNE BLANEY Mailing Address 113 TATHAM RD City BENSALEM State Zip Code (Plus 4) PA 19020 Employer Name EINSTEIN HEALTH NETWORKS City State Zip Code (Plus 4) 5501 OLD YORK RD Full Name of Contributor KAREN AND MICHAEL YOUNG Mailing Address 2879 MIMOSA LANE	Full Na	ame of Contributor				мо	DAY	VEAD						
City BENSALEM State Zip Code (Plus 4) 10 21 2020 Employer Name EINSTEIN HEALTH NETWORKS Occupation CFO Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4) 5501 OLD YORK RD PHILADELPHIA PA 19141 Full Name of Contributor KAREN AND MICHAEL YOUNG MO DAY YEAR \$ 500.00	GERARD AND MARIANNE BLANEY				МО	DAI	ILAK	\$	500.00					
City BENSALEM State Zip Code (Plus 4) 19020	Mailin	g Address 113 TATHAM RD				10	21	2020	1					
Employer Name EINSTEIN HEALTH NETWORKS City 5501 OLD YORK RD City PHILADELPHIA Full Name of Contributor KAREN AND MICHAEL YOUNG Mo DAY State Zip Code (Plus 4) 19141 Full Name of Contributor KAREN AND MICHAEL YOUNG Mailing Address 2879 MIMOSA LANE	City	BENSALEM	State	Zip Code (Plus 4)	10	21	2020						
Employer Mailing Address/Principal Place of Business City 5501 OLD YORK RD PHILADELPHIA PA 19141 Full Name of Contributor KAREN AND MICHAEL YOUNG Mailing Address 2879 MIMOSA LANE			PA	19020				-						
5501 OLD YORK RD PHILADELPHIA PA 19141 Full Name of Contributor KAREN AND MICHAEL YOUNG Mailing Address 2879 MIMOSA LANE	Emplo	yer Name EINSTEIN HEALTH NE	TWORKS	Employer Name EINSTEIN HEALTH NETWORKS					Occupation CFO					
Full Name of Contributor KAREN AND MICHAEL YOUNG Mailing Address 2879 MIMOSA LANE \$ 500.00	Employer Mailing Address/Principal Place of Business City													
KAREN AND MICHAEL YOUNG Mailing Address 2879 MIMOSA LANE	Emplo	yer Mailing Address/Principal Plac	e of Business	City	·		State		Zip Code (P	lus 4)				
KAREN AND MICHAEL YOUNG Mailing Address 2879 MIMOSA LANE	-		e of Business		DELPHIA				•	lus 4)				
Mailing Address 2879 MIMOSA LANE	5501	OLD YORK RD	e of Business		DELPHIA	MO	PA	VEAD	19141					
	5501 (OLD YORK RD	e of Business		DELPHIA	мо	PA	YEAR	19141					
City LANCASTER State Zip Code (Plus 4)	5501 (Full Na	OLD YORK RD ame of Contributor AND MICHAEL YOUNG			DELPHIA		PA DAY		19141	ŕ				
PA 17601	Full Na KAREN Mailing	OLD YORK RD ame of Contributor N AND MICHAEL YOUNG g Address 2879 MIMOSA LANE		PHILA		MO	PA	YEAR 2020	19141					
Employer Name TEMPLE HEALTH SYSTEMS Occupation CEO	Full Na KAREN Mailing	OLD YORK RD ame of Contributor N AND MICHAEL YOUNG g Address 2879 MIMOSA LANE	State	PHILA Zip Code (PA DAY		19141	ŕ				
Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4)	Full Na KAREN Mailing	OLD YORK RD ame of Contributor N AND MICHAEL YOUNG g Address 2879 MIMOSA LANE LANCASTER	State PA	PHILA Zip Code (10	PA DAY 21	2020	19141	ŕ				
3401 N BROAD ST PHILADELPHIA PA 19140	Full Na KAREN Mailing City	OLD YORK RD ame of Contributor N AND MICHAEL YOUNG G Address 2879 MIMOSA LANE LANCASTER yer Name TEMPLE HEALTH SYST	State PA EMS	Zip Code (10	DAY 21	2020	\$	500.00				

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

PAGE TOTAL
\$ 3,500.00

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

			D	ATE		AMO	DUNT
Full Name			МО	DAY	VEAD		10.000.00
GREATER PA CARPENTERS PEC			МО	DAY	YEAR	\$	10,000.00
Mailing Address 1803 SPRING GARDE	N STREET		11	2	2020		
City PHILADELPHIA	State	Zip Code (Plus 4)			2020		
	PA	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 Peri	od							
TARTAGLIONE, CHRISTINE FRIENDS TO ELECT	From:	<u>10/20/2020</u> To:	11/23/2020						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)								
TOTAL for the Reporting Pe	eriod (2)	\$	0.00						
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)									
TOTAL for the Reporting Pe	eriod (3)	\$	0.00						
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00						

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Ca	Reporting Period						
	From:			То:			
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						 	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•	!	!			•	
Enter Grand Total of Dart E	on Schodulo II. In Vi	nd Contributions Dotai	ilad Sum	mary Ba	ao [DACE TOTAL
Enter Grand Total of Part F Section 2.	on Schedule II, In-Ki	na contributions Detai	ileu Sun	шагу Ра	ge,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			Re	Reporting Period						
				Fro	m:	To:	То:			
						DATE			AMOUN	IT
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor Occupation										
Employer Mailing Address/Principal Place of Business						p Code(Plus 4)	Descr	ipti	ion of Contribu	ution
Enter Grand Total of Part G on Sch	edule II. In-K	ind (Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.					-					0.00

SCHEDULE III STATEMENT OF EXPENDITURES

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

To Whom Paid Senate Democratic Campaign Committee Mailing Address 1635 Market Street City Philadelphia State Zip Code (Plus 4) PA 19103 To Whom Paid FRIENDS OF PAM IOVINO Mailing Address 4105 PENN AVENUE City PITTSBURGH State Zip Code (Plus 4)	MO 10 Descript	DAY 28	YEAR 2020	\$	5,000.00 5,000.00			
Senate Democratic Campaign Committee Mailing Address 1635 Market Street City Philadelphia State Zip Code (Plus 4) PA 19103 To Whom Paid FRIENDS OF PAM IOVINO Mailing Address 4105 PENN AVENUE	10 Descript CAMPAI MO 10 Descript	23 tion of Exp GN DAY	2020 enditure YEAR 2020					
Mailing Address 1635 Market Street City Philadelphia State PA 19103 To Whom Paid FRIENDS OF PAM IOVINO Mailing Address 4105 PENN AVENUE	10 Descript CAMPAI MO 10 Descript	23 tion of Exp GN DAY	enditure YEAR 2020					
City Philadelphia State Zip Code (Plus 4) PA 19103 To Whom Paid FRIENDS OF PAM IOVINO Mailing Address 4105 PENN AVENUE	Descript CAMPAI MO 10 Descript	DAY	enditure YEAR 2020					
PA 19103 To Whom Paid FRIENDS OF PAM IOVINO Mailing Address 4105 PENN AVENUE	MO 10 Descript	DAY 28	YEAR 2020	\$	5,000.00			
To Whom Paid FRIENDS OF PAM IOVINO Mailing Address 4105 PENN AVENUE	MO 10 Descript	DAY 28	2020	\$	5,000.00			
FRIENDS OF PAM IOVINO Mailing Address 4105 PENN AVENUE	10 Descript	28	2020	\$	5,000.00			
Mailing Address 4105 PENN AVENUE	10 Descript	28	2020	\$	5,000.00			
<u> </u>	Descript			\$	5,000.00			
City PITTSBURGH State Zip Code (Plus 4)		tion of Exp	enditure					
	CAMPAI			Description of Expenditure				
PA 15224		CAMPAIGN						
To Whom Paid	мо	DAY	YEAR					
FRIENDS OF JULIE SLOMSKI			7 = 7 \					
Mailing Address 5510 MILL RD	10	28	2020	\$	5,000.00			
City ERIE State Zip Code (Plus 4)	Description of Expenditure							
PA 16509	CAMPAIGN							
To Whom Paid	мо	DAY	YEAR					
Senate Democratic Campaign Committee	1-10		1 Z / LIK					
Mailing Address 1635 Market Street	10	28	2020	\$	2,500.00			
City Philadelphia State Zip Code (Plus 4)	Description of Expenditure							
PA 19103	CAMPAIGN							
To Whom Paid	мо	DAY	YEAR					
JOHN DANFORD			7 = 7 \					
Mailing Address 1144 BRIDGE STREET	10	28	2020	\$	2,500.00			
City PHILADELPHIA State Zip Code (Plus 4)	Descript	tion of Exp	enditure					
PA 19124	ELECTION DAY EXPENSES							
To Whom Paid	мо	DAY	YEAR					
GEORGE SCOTT FOR PA 15								
Mailing Address PO BOX 1063	10	28	2020	\$	2,500.00			
City HARRISBURG State Zip Code (Plus 4)	Description of Expenditure							
PA 17108	CAMPAIGN							
				\$	2,500.00			

To Whom Paid				мо	DAY	YEAR			
CHELTENHAM PRINTING COMPANY									
Mailing Address	518 RYERS AVE BLD	OG 2 1ST FLR		11	11 3 2020			1,102.40	
City CHELTENHAM State Zip Code (Plus 4)			Descript	ion of Exp	enditure				
PA 19012				ELECTIO	ON DAY MA	ATERIALS			
To Whom Paid				мо	DAY	YEAR			
FRIENDS OF JOH	IN KANE								
Mailing Address	209 HARDING AVE			10	29	2020	\$	2,500.00	
City HAVERTO	OWN	State	Zip Code (Plus 4)	Descript	ion of Exp	enditure			
		PA	19083	CAMPAI	GN				
To Whom Paid				мо	DAY	YEAR			
	tic Campaign Committe							10,000,00	
Mailing Address	1635 Market Street			11	4	2020	\$	10,000.00	
City Philadelp	hia	State	Zip Code (Plus 4)	Description of Expenditure					
		PA	19103	CAMPAI	GN				
To Whom Paid				мо	DAY	YEAR			
Brigid Dowling									
Mailing Address	652 Roseland Ave			10	28	2020	\$	200.00	
City Jenkintown State Zip Code (Plus 4)			Description of Expenditure						
		PA	19046-4161	NOVEME	BER CAMP	AIGN EXP	ENSE W	/ORK	
To Whom Paid				мо	DAY	YEAR			
BRIGID DOWLING							252.00		
Mailing Address	652 ROSELAND AVE			10	21	2020	\$	250.00	
City JENKINT	NWC	State	Zip Code (Plus 4)	Descript	ion of Exp	enditure			
		PA	19046	DONATION FOR ST HILARY OF POITIERS SCHOOL RACE FOR EDUCATION					
To Whom Paid				МО	DAY	YEAR			
PNC BANK				MO	DAI	ILAK			
Mailing Address	808 OLD YORK RD			11	10	2020	\$	0.50	
City JENKINT	NWC	State	Zip Code (Plus 4)	Descript	ion of Exp	enditure			
PA 19046				ACH EC	OMMECE D	ISTRIBU	TION		
To Whom Paid				мо	DAY	YEAR			
PNC BANK				1-10	J	12/110			
Mailing Address	808 OLD YORK RD			10	23	2020	\$	26.26	
City JENKINT	OWN	State	Zip Code (Plus 4)	Descript	ion of Exp	enditure			
PA 19046				ACCOUNT ANALYSIS CHARGE					
Entor Cus - 4 T-	stal of Evnonditures	on Dogo 1 Domant C	Towar Bass Thomas			ĺ		PAGE TOTAL	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							\$	36,579.16	

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