

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.	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	TO	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
 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>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	
Mailing Address				\$ 0.00
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			MO	DAY	YEAR
SHEILA A BORNE FULLER					
Mailing Address					
3532 BRISBAN ST					
City	State	Zip Code (Plus 4)	10	21	2020
HARRISBURG	PA	17111			\$ 50.00

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

PAGE TOTAL
\$ 50.00

Full Name of Contributing Committee			MO	DAY	YEAR	\$	
THE AFFORDABLE EDUCATION PAC			11	5	2020		2,500.00
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.)

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 of Contributor				MO	DAY	YEAR	
KAREN AND MICHAEL YOUNG							
Mailing Address 2879 MIMOSA LANE				10	21	2020	\$ 500.00
City LANCASTER	State PA	Zip Code (Plus 4) 17601					
Employer Name TEMPLE HEALTH SYSTEMS				Occupation CEO			
Employer Mailing Address/Principal Place of Business 3401 N BROAD ST			City PHILADELPHIA		State PA	Zip Code (Plus 4) 19140	
Full Name of Contributor				MO	DAY	YEAR	
GERARD AND MARIANNE BLANEY							
Mailing Address 113 TATHAM RD				10	21	2020	\$ 500.00
City BENSALEM	State PA	Zip Code (Plus 4) 19020					
Employer Name EINSTEIN HEALTH NETWORKS				Occupation CFO			
Employer Mailing Address/Principal Place of Business 5501 OLD YORK RD			City PHILADELPHIA		State PA	Zip Code (Plus 4) 19141	
Full Name of Contributor				MO	DAY	YEAR	
MARC P HUROWDOWITZ							
Mailing Address 1606 CHESTNUT ST UNIT 2				10	21	2020	\$ 500.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103					
Employer Name TEMPLE HEALTH SYSTEMS				Occupation DOCTOR			
Employer Mailing Address/Principal Place of Business 7600 CENTRAL AVE			City PHILADELPHIA		State PA	Zip Code (Plus 4) 19111	

Full Name of Contributor RICHARD AND SUSAN FISHER				MO	DAY	YEAR	\$ 500.00
Mailing Address 106 HAMPTON LANE				10	21	2020	
City BLUE BELL	State PA	Zip Code (Plus 4) 19422					
Employer Name FOXCHASE CANCER CENTER				Occupation DOCTORS			
Employer Mailing Address/Principal Place of Business 333 COTTMAN AVE			City PHILADLEPHIA	State PA	Zip Code (Plus 4) 19111		

Full Name of Contributor MEREDITH AND HUGH LAVERY				MO	DAY	YEAR	\$ 500.00
Mailing Address 416 BERGEN ST				10	21	2020	
City LAURENCEVILLE	State NJ	Zip Code (Plus 4) 08648					
Employer Name MOUNT SINAI MEDICAL CENTER				Occupation DOCTOR			
Employer Mailing Address/Principal Place of Business 1468 MADISON AVE			City NEW YORK	State NY	Zip Code (Plus 4) 10029		

Full Name of Contributor KATHLEEN BARRON				MO	DAY	YEAR	\$ 500.00
Mailing Address 1615 SPRUCE ST				10	21	2020	
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 100 EAST LEHIGH AVE			City PHILADELPHIA	State PA	Zip Code (Plus 4) 19125		

Full Name of Contributor JOHN C EKARIUS				MO	DAY	YEAR	\$ 500.00
Mailing Address 605 LUZON AVE				10	21	2020	
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 4201 HENRY AVE			City PHILADELPHIA	State PA	Zip Code (Plus 4) 19144		

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						
Mailing Address 1803 SPRING GARDEN STREET			11	2	2020	\$ 10,000.00
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 TARTAGLIONE, CHRISTINE FRIENDS TO ELECT	Reporting Period 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: _____

			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		
Mailing Address				\$	0.00
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>10/20/2020</u> To: <u>11/23/2020</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
Senate Democratic Campaign Committee	10	23	2020	\$ 5,000.00
Mailing Address 1635 Market Street				
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 4105 PENN AVENUE	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 5510 MILL RD	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 1635 Market Street	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 1144 BRIDGE STREET	10	28	2020	\$ 2,500.00
City PHILADELPHIA				
State PA				
Zip Code (Plus 4) 19124				
Description of Expenditure ELECTION DAY EXPENSES				

To Whom Paid GEORGE SCOTT FOR PA 15			MO	DAY	YEAR	
Mailing Address PO BOX 1063			10	28	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure CAMPAIGN			
To Whom Paid CHELTENHAM PRINTING COMPANY			MO	DAY	YEAR	
Mailing Address 518 RYERS AVE BLDG 2 1ST FLR			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	
Mailing Address 209 HARDING AVE			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	
Mailing Address 1635 Market Street			11	4	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 19103	Description of Expenditure CAMPAIGN			
To Whom Paid Brigid Dowling			MO	DAY	YEAR	
Mailing Address 652 Roseland Ave			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	
Mailing Address 652 ROSELAND AVE			10	21	2020	
City JENKINTOWN	State PA	Zip Code (Plus 4) 19046	Description of Expenditure DONATION FOR ST HILARY OF POITIERS SCHOOL RACE FOR EDUCATION			

To Whom Paid PNC BANK			MO	DAY	YEAR	
Mailing Address 808 OLD YORK RD			11	10	2020	\$ 0.50
City JENKINTOWN	State PA	Zip Code (Plus 4) 19046	Description of Expenditure ACH ECOMMECE DISTRIBUTION			
To Whom Paid PNC BANK			MO	DAY	YEAR	
Mailing Address 808 OLD YORK RD			10	23	2020	\$ 26.26
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 TARTAGLIONE, CHRISTINE FRIENDS TO ELECT				Reporting Period 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	
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