

# 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		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**

<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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<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>	\$ 50.00
SHEILA A BORNE FULLER				
<b>Mailing Address</b> 3532 BRISBAN ST				
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17111	10 21 2020	

**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 TMAIC PAC				MO	DAY	YEAR	\$ 400.00
Mailing Address 4999 LOUISE DRIVE SUITE 304				10	28	2020	
City MECHANICSBURG	State PA	Zip Code (Plus 4) 17055					
Full Name of Contributing Committee SHEETMETAL WORKERS UNION LOCAL 19				MO	DAY	YEAR	\$ 10,000.00
Mailing Address 1301 S COLUMBUS BLVD				10	21	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19147					
Full Name of Contributing Committee PROSEPCT MEDICAL HOLDING INC PAC				MO	DAY	YEAR	\$ 300.00
Mailing Address 2350 KERNER BLVD				10	21	2020	
City SAN RAFAEL	State CA	Zip Code (Plus 4) 94901					
Full Name of Contributing Committee HOSPITAL & HEALTHSYSTEM ASSOC OF PA PAC(HAPAC)				MO	DAY	YEAR	\$ 3,000.00
Mailing Address 30 NORTH THIRD STREET STE 600 PO BOX 8600				10	21	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					
Full Name of Contributing Committee ORTHO PAC (PA ORTHOPAEIC SOC)				MO	DAY	YEAR	\$ 2,000.00
Mailing Address 415 MARKET ST, STE 210				11	5	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 2,500.00
THE AFFORDABLE EDUCATION PAC						
Mailing Address PO BOX 6349			11	5	2020	
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>  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 of Contributor				MO	DAY	YEAR	
KAREN AND MICHAEL YOUNG							
<b>Mailing Address</b> 2879 MIMOSA LANE							\$ 500.00
<b>City</b> LANCASTER	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17601		10	21	2020	
<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	
GERARD AND MARIANNE BLANEY							
<b>Mailing Address</b> 113 TATHAM RD							\$ 500.00
<b>City</b> BENSALEM	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19020		10	21	2020	
<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	
MARC P HUROWITZ							
<b>Mailing Address</b> 1606 CHESTNUT ST UNIT 2							\$ 500.00
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19103		10	21	2020	
<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> RICHARD AND SUSAN FISHER				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> 106 HAMPTON LANE				10	21	2020	
<b>City</b> BLUE BELL	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19422					
<b>Employer Name</b> FOXCHASE CANCER CENTER				<b>Occupation</b> DOCTORS			
<b>Employer Mailing Address/Principal Place of Business</b> 333 COTTMAN AVE			<b>City</b> PHILADLEPHIA		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19111	

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

<b>Full Name of Contributor</b> KATHLEEN BARRON				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> 1615 SPRUCE ST				10	21	2020	
<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> EXECUTIVE DIRECTOR TUH			
<b>Employer Mailing Address/Principal Place of Business</b> 100 EAST LEHIGH AVE			<b>City</b> PHILADELPHIA		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19125	

<b>Full Name of Contributor</b> JOHN C EKARIUS				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> 605 LUZON AVE				10	21	2020	
<b>City</b> TAMPA	<b>State</b> FL	<b>Zip Code (Plus 4)</b> 33606					
<b>Employer Name</b> THOMAS JEFFERSON UNIVERITY				<b>Occupation</b> EVP & CHIEF OF STAFF			
<b>Employer Mailing Address/Principal Place of Business</b> 4201 HENRY AVE			<b>City</b> PHILADELPHIA		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 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.**

<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							
<b>Mailing Address</b> 1803 SPRING GARDEN STREET				11	2	2020	\$ 10,000.00
<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:	To:

				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

**SCHEDULE II**  
**PART G**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OVER \$250.00**

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
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	

To Whom Paid GEORGE SCOTT FOR PA 15			MO	DAY	YEAR	\$ 2,500.00
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	\$ 1,102.40
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	\$ 2,500.00
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	\$ 10,000.00
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	\$ 200.00
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	\$ 250.00
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			

<b>To Whom Paid</b> PNC BANK			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<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>	
<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>				<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>			
							<b>Outstanding Balance of Debt</b>
				<b>DATE</b>			
<b>Name of Creditor</b>				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
UFCW LOCAL 1776				5	6	2014	
<b>Mailing Address</b>							
3031-A WALTON RD STE 201							\$     30,000.00
<b>City</b>		<b>State</b>		<b>Zip Code (Plus 4)</b>		<b>Description of Debt</b>	
PLYMOUTH MEETING		PA		19462-0000		LOAN TO COMITTEE	
<b>Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.</b>							<b>PAGE TOTAL</b>
							\$     30,000.00