

# 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.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	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>			
		11	24	2020		12	31	2020				
<b>A. Amount Brought Forward From Last Report</b>						\$ 39,010.98						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 29.13						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 39,040.11						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 5,677.52						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 33,362.59						
<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>11/24/2020</u> To: <u>12/31/2020</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>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 0.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 29.13

<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>	\$ 29.13
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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)

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)						

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

PAGE TOTAL
\$ 0.00

## 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	
	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 C on Schedule I, Detailed Summary Page, Section 3.

<b>PAGE TOTAL</b>
\$ 0.00

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	
	From:	To:

			DATE	AMOUNT		
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)		

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

<b>PAGE TOTAL</b>
\$ 0.00

## 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>11/24/2020</u> <b>To:</b> <u>12/31/2020</u>
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				DATE		AMOUNT	
Full Name PNC BANK				MO	DAY	YEAR	\$ 29.13
Mailing Address PO BOX 609				12	30	2020	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15230					
Receipt Description REIMBURSEMENT OF CHECK REPRINT FEE							

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

PAGE TOTAL	
\$	29.13

## 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>11/24/2020</u> To: <u>12/31/2020</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:	
<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>11/24/2020</u> To: <u>12/31/2020</u>

DATE				AMOUNT		
To Whom Paid Brigid Dowling			MO	DAY	YEAR	\$ 200.00
Mailing Address 652 ROSELAND AVENUE			12	8	2020	
City JENKINTOWN	State PA	Zip Code (Plus 4) 19046	Description of Expenditure CAMPAIGN EXPENSE WORK			
To Whom Paid FLAME MAGAZINE			MO	DAY	YEAR	\$ 300.00
Mailing Address 415-427 N 5TH ST			12	8	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19123	Description of Expenditure 1/4 PAGE AD			
To Whom Paid WILLIAM CRAMP ELEMENTARY SCHOOL			MO	DAY	YEAR	\$ 100.00
Mailing Address 3449 N MASCHER ST			12	8	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19140	Description of Expenditure DONATION THANKSGIVING BASKET			
To Whom Paid NK CDC			MO	DAY	YEAR	\$ 100.00
Mailing Address 2771 RUTH ST			12	8	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19134	Description of Expenditure DONATION			
To Whom Paid FRIENDS OF VISITATION			MO	DAY	YEAR	\$ 250.00
Mailing Address 300 E LEHIGH AVE			12	21	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19125	Description of Expenditure DONATION			

To Whom Paid PHILADELPHIA WATER ICE			MO	DAY	YEAR	\$ 31.90
Mailing Address 8354-58 STATE RD			12	8	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19136	Description of Expenditure BLOCK PARTY DONATION			

To Whom Paid PHILADELPHIA FIGHT			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 5817 CHARLES ST			12	8	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19135	Description of Expenditure DONATION HEALTH CLINIC			

To Whom Paid Brigid Dowling			MO	DAY	YEAR	\$ 75.00
Mailing Address 652 ROSELAND AVENUE			12	10	2020	
City JENKINTOWN	State PA	Zip Code (Plus 4) 19046	Description of Expenditure GROUND SHIPPING, NOTARY, AND PRINTING			

To Whom Paid MIKE HAREL SCHOLARSHIP FUND			MO	DAY	YEAR	\$ 500.00
Mailing Address 106 WEST MAIN ST			12	17	2020	
City NORRISTOWN	State PA	Zip Code (Plus 4) 19401	Description of Expenditure DONATION			

To Whom Paid HOLOCAUST AWARENESS MUSEUM			MO	DAY	YEAR	\$ 150.00
Mailing Address 8339 OLD YORK RD STE 203			12	17	2020	
City ELKINS PARK	State PA	Zip Code (Plus 4) 19027	Description of Expenditure FULL PG AD			

To Whom Paid SCHMIDT PLAYGROUND DISTRICT 3 FUND			MO	DAY	YEAR	\$ 50.00
Mailing Address 7534 CLARIDGE ST			12	17	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19111	Description of Expenditure DONATION			

To Whom Paid OTTO AND DELLA ENGLERT SCHOLARSHIP FUND			MO	DAY	YEAR	\$ 1,000.00
Mailing Address PO BOX 827651			12	17	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19182	Description of Expenditure DONATION			

To Whom Paid FRIENDS OF EINSTEIN			MO	DAY	YEAR	\$ 200.00
Mailing Address 5501 OLD YORK RD			12	21	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19141	Description of Expenditure 68TH ANNUAL HARVEST BALL			

To Whom Paid Kathy Benton			MO	DAY	YEAR	\$ 116.98
Mailing Address 1908 Columbia Ave			12	20	2020	
City Camp Hill	State PA	Zip Code (Plus 4) 17011	Description of Expenditure STAPLES REIMBURSEMENT			

To Whom Paid Brigid Dowling			MO	DAY	YEAR	\$ 200.00
Mailing Address 652 ROSELAND AVENUE			12	30	2020	
City JENKINTOWN	State PA	Zip Code (Plus 4) 19046	Description of Expenditure CAMPAIGN EXPENSE WORK JAN.			

To Whom Paid US POSTAL SERVICE			MO	DAY	YEAR	\$ 62.75
Mailing Address 2801 LEVICK ST			12	30	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19149	Description of Expenditure STAMPS AND PRIORITY MAIL			

To Whom Paid PNC BANK			MO	DAY	YEAR	\$ 29.13
Mailing Address PO BOX 609			12	30	2020	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15230	Description of Expenditure ACH CHECK REORDER			

<b>To Whom Paid</b> PNC BANK			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO BOX 609			12	10	2020	
<b>City</b> PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15230	<b>Description of Expenditure</b> PRINTING CHECKS COST			

<b>To Whom Paid</b> PNC BANK			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO BOX 609			12	30	2020	
<b>City</b> PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15230	<b>Description of Expenditure</b> CHECK PRINTING FEE			

<b>To Whom Paid</b> PNC BANK			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO BOX 609			12	17	2020	
<b>City</b> PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15230	<b>Description of Expenditure</b> AMEX ACH PAYMENT			

<b>To Whom Paid</b> PNC BANK			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO BOX 609			12	31	2020	
<b>City</b> PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15230	<b>Description of Expenditure</b> ACCOUNT ANALYSIS CHARGE			

<b>To Whom Paid</b> PNC BANK			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO BOX 609			11	30	2020	
<b>City</b> PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15230	<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>
						\$ 5,677.52

**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>11/24/2020</u> <b>To:</b> <u>12/31/2020</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