

Commonwealth of Pennsylvania

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

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

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

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.)	\$ 29.13
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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
	From: _____ To: _____

			DATE	AMOUNT
Full Name of Contributor				\$ 0.00
Mailing Address	MO	DAY	YEAR	
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	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 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	
Mailing Address				\$ 0.00
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.

PAGE TOTAL
\$ 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.

Name of Filing Committee or Candidate TARTAGLIONE, CHRISTINE FRIENDS TO ELECT	Reporting Period From: <u>11/24/2020</u> To: <u>12/31/2020</u>
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				DATE	AMOUNT		
Full Name	Mailing Address	City	State	MO	DAY	YEAR	
PNC BANK	PO BOX 609	PITTSBURGH	PA	12	30	2020	\$ 29.13
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

Name of Filing Committee or Candidate TARTAGLIONE, CHRISTINE FRIENDS TO ELECT	Reporting Period From: <u>11/24/2020</u> To: <u>12/31/2020</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: _____
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				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>11/24/2020</u> To: <u>12/31/2020</u>

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

To Whom Paid PHILADELPHIA WATER ICE			MO	DAY	YEAR	
Mailing Address 8354-58 STATE RD			12	8	2020	\$ 31.90
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19136	Description of Expenditure BLOCK PARTY DONATION			
To Whom Paid PHILADELPHIA FIGHT			MO	DAY	YEAR	
Mailing Address 5817 CHARLES ST			12	8	2020	\$ 1,000.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19135	Description of Expenditure DONATION HEALTH CLINIC			
To Whom Paid Brigid Dowling			MO	DAY	YEAR	
Mailing Address 652 ROSELAND AVENUE			12	10	2020	\$ 75.00
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	
Mailing Address 106 WEST MAIN ST			12	17	2020	\$ 500.00
City NORRISTOWN	State PA	Zip Code (Plus 4) 19401	Description of Expenditure DONATION			
To Whom Paid HOLOCAUST AWARENESS MUSEUM			MO	DAY	YEAR	
Mailing Address 8339 OLD YORK RD STE 203			12	17	2020	\$ 150.00
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	
Mailing Address 7534 CLARIDGE ST			12	17	2020	\$ 50.00
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				

To Whom Paid PNC BANK			MO	DAY	YEAR	\$ 304.43
Mailing Address PO BOX 609			12	10	2020	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15230	Description of Expenditure PRINTING CHECKS COST			
To Whom Paid PNC BANK			MO	DAY	YEAR	\$ 59.73
Mailing Address PO BOX 609			12	30	2020	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15230	Description of Expenditure CHECK PRINTING FEE			
To Whom Paid PNC BANK			MO	DAY	YEAR	\$ 893.55
Mailing Address PO BOX 609			12	17	2020	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15230	Description of Expenditure AMEX ACH PAYMENT			
To Whom Paid PNC BANK			MO	DAY	YEAR	\$ 24.82
Mailing Address PO BOX 609			12	31	2020	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15230	Description of Expenditure ACCOUNT ANALYSIS CHARGE			
To Whom Paid PNC BANK			MO	DAY	YEAR	\$ 29.23
Mailing Address PO BOX 609			11	30	2020	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15230	Description of Expenditure ACCOUNT ANALYSIS CHARGE			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 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**

Name of Filing Committee or Candidate TARTAGLIONE, CHRISTINE FRIENDS TO ELECT				Reporting Period From: <u>11/24/2020</u> To: <u>12/31/2020</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	