

# 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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2021	FILING METHOD ( ) CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE <input type="checkbox"/>			
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO	DAY	YEAR	DEM 51			
					11	2	2021	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		11	23	2021		12	31	2021			
A. Amount Brought Forward From Last Report					\$ 273,294.37						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 14,500.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 287,794.37						
D. Total Expenditures (From Schedule III)					\$ 12,108.42						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 275,685.95						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 0.00						

## 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>11/23/2021</u> To: <u>12/31/2021</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>	\$ 3,000.00
<b>All Other Contributions (Part D)</b>	\$ 11,500.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 14,500.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<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>	\$ 14,500.00
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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)

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.**

<b>Name of Filing Committee or Candidate</b>  TARTAGLIONE, CHRISTINE FRIENDS TO ELECT	<b>Reporting Period</b>  <b>From:</b> <u>11/23/2021</u> <b>To:</b> <u>12/31/2021</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee VERSANT STRATEGIES PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 300 N 2ND ST STE 1002				12	1	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					
Full Name of Contributing Committee APSCUF/CAP-PA				MO	DAY	YEAR	\$ 2,000.00
Mailing Address 319 N FRONT ST				12	1	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					
Full Name of Contributing Committee PA FRATERNAL ORDER OF POLICE POLITICAL ACTION COMMITTEE				MO	DAY	YEAR	\$ 500.00
Mailing Address PO BOX 898				12	1	2021	
City MECHANICBURG	State PA	Zip Code (Plus 4) 17055					

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

PAGE TOTAL
\$ 3,000.00

**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>11/23/2021</u> <b>To:</b> <u>12/31/2021</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
2999 GROUP							
<b>Mailing Address</b> 2999 STREET RD				12	1	2021	\$ 3,000.00
<b>City</b> BENSLEM	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19020					
<b>Employer Name</b> NONE				<b>Occupation</b> NONE			
<b>Employer Mailing Address/Principal Place of Business</b> NONE			<b>City</b> NONE		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19020	

Full Name of Contributor				MO	DAY	YEAR	
PSEA-PACE FOR STATE ELECTIONS							
<b>Mailing Address</b> 400 N THIRD ST				12	1	2021	\$ 5,000.00
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17105-1724					
<b>Employer Name</b> NA				<b>Occupation</b> NA			
<b>Employer Mailing Address/Principal Place of Business</b> NA			<b>City</b> NA		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17105	

Full Name of Contributor				MO	DAY	YEAR	
LAWPAC							
<b>Mailing Address</b> 212 N THIRD ST SUITE 101				12	1	2021	\$ 1,000.00
<b>City</b> HARRISBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101					
<b>Employer Name</b> NA				<b>Occupation</b> NA			
<b>Employer Mailing Address/Principal Place of Business</b> NA			<b>City</b> NA		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101	

<b>Full Name of Contributor</b> PAA-PAC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 2,500.00
<b>Mailing Address</b> 1925 N FRONT ST			12	1	2021	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17105				
<b>Employer Name</b> NA			<b>Occupation</b> NA			
<b>Employer Mailing Address/Principal Place of Business</b> NA		<b>City</b> NA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17105		

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

<b>PAGE TOTAL</b>
\$ 11,500.00

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	Reporting Period
	From: To:

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

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

PAGE TOTAL
\$ 0.00



## 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>11/23/2021</u> To: <u>12/31/2021</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 RECEIVED - 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:	
				DATE		AMOUNT	
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>11/23/2021</u> To: <u>12/31/2021</u>

DATE				AMOUNT		
To Whom Paid Senate Democratic Campaign Committee			MO	DAY	YEAR	\$ 5,000.00
Mailing Address 1635 Market Street			12	2	2021	
City Philadelphia	State PA	Zip Code (Plus 4) 19103	Description of Expenditure PARTY ASSESSMENT			
To Whom Paid RICHARD LOMBARDO			MO	DAY	YEAR	\$ 250.00
Mailing Address 5817 CHARLES ST			12	2	2021	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19135	Description of Expenditure DECEMBER PAY			
To Whom Paid Brigid Dowling-Smith			MO	DAY	YEAR	\$ 250.00
Mailing Address 126 Haines Ave			12	2	2021	
City Elkins Park	State PA	Zip Code (Plus 4) 19027	Description of Expenditure CAMPAIGN FINANCE WORK			
To Whom Paid IRONWORKERS LOCAL 401 SUPPLEMENTALWELFARE FUND			MO	DAY	YEAR	\$ 80.00
Mailing Address 11600 NORCOM RD			12	10	2021	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19154	Description of Expenditure 2 TICKETS CHRISTMAS BENEFIT NIGHT			
To Whom Paid RICHARD AND FRIENDS UNITED IN THE COMMUNITY			MO	DAY	YEAR	\$ 250.00
Mailing Address 1921 E VENANGO ST			12	10	2021	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19134	Description of Expenditure ANNUAL CHRISTMAS EVENT			

To Whom Paid PARTIES AND MORE			MO	DAY	YEAR	\$ 489.87
Mailing Address 1241 FORD RD			12	10	2021	
City BENSALEM	State PA	Zip Code (Plus 4) 19020	Description of Expenditure MAYFAIR EXPO TABLES AND CHAIRS			

To Whom Paid PARTIES AND MORE			MO	DAY	YEAR	\$ 489.87
Mailing Address 1241 FORD RD			12	10	2021	
City BENSALEM	State PA	Zip Code (Plus 4) 19020	Description of Expenditure LAWNCREST EXPO TABLES AND CHAIRS			

To Whom Paid PARTIES AND MORE			MO	DAY	YEAR	\$ 446.00
Mailing Address 1241 FORD RD			12	10	2021	
City BENSALEM	State PA	Zip Code (Plus 4) 19020	Description of Expenditure PAL CENTER EVENT TABLES AND CHAIRS			

To Whom Paid PNC BANK			MO	DAY	YEAR	\$ 24.12
Mailing Address PO BOX 609			11	30	2021	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15230	Description of Expenditure CORPORATE ACCT ANALYSIS CHARGE			

To Whom Paid ACT BLUE			MO	DAY	YEAR	\$ 48.75
Mailing Address PO BOX 441146			11	30	2021	
City SOMMERVILLE	State MA	Zip Code (Plus 4) 02144	Description of Expenditure NOVEMBER FEES			

To Whom Paid PNC BANK			MO	DAY	YEAR	\$ 88.87
Mailing Address PO BOX 609			11	30	2021	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15230	Description of Expenditure NOVEMBER ACH FUNDS DISTRIBUTION			

<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	2021	
<b>City</b> PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15230	<b>Description of Expenditure</b> NOVEMBER ACH PAYMENT AMEX			

<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	2021	
<b>City</b> PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15230	<b>Description of Expenditure</b> NOVEMBER ONLINE PAYMENT STAPLES			

<b>To Whom Paid</b> ACT BLUE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO BOX 441146			12	3	2021	
<b>City</b> SOMMERVILLE	<b>State</b> MA	<b>Zip Code (Plus 4)</b> 02144	<b>Description of Expenditure</b> DECEMBER ACT BLUE FEES			

<b>To Whom Paid</b> PNC BANK			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO BOX 609			12	9	2021	
<b>City</b> PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15230	<b>Description of Expenditure</b> ACH DEDUCTIONS ECOMMERCE			

<b>To Whom Paid</b> PNC BANK			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO BOX 609			12	13	2021	
<b>City</b> PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15230	<b>Description of Expenditure</b> ACH AMERICAN EXPRESS CHARGE			

<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	2021	
<b>City</b> PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15230	<b>Description of Expenditure</b> CORPORATE ACCT ANALYSIS CHARGE			

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 12,108.42

