Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on	20220	C0940				port ed B		CAN	NDIDATE COMMITTEE LOBBYIST									
Name of Filing C	ommittee, C	andida	ite or Lo	bbyist:		CHF	RIST	INE T	ARTA	GLI	ONE								
Street Address:																			
City:									State	:				Zip Code	: 19	122			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDAY PRIMARY	PRE	-	2.	30 DA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTIO		4.	2ND FRIDAY ELECTION	FRIDAY PRE- 5.X 30 DAY ELECTION					Р	POST- 6.			TERMINAT REPORT?	ION	Yes	No		/
report type)	ANNUAL RE	PORT	7	Year 2022					CHECK					PAPER		√	DISKE	TTE	
Name of Office S	ought by Ca	ndidat	e:						DAT	0	F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
									МО		DAY	YEAI	₹	2	STS	DEN	1		
SENATOR IN TH	HE GENERAL	. ASSE	MBLY							11		8 2	022		(SEE INS	TRUCTI	ONS FOR O	ODES)	,
Summary of		nd	МО	DAY	YEAR				МО		DAY	YEAI	R	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			9 20	2	022	Т	0		10	2	24 2	2022						
A. Amount Bro	ught Forward	d From	Last R	eport				\$	-			(0.00						
B. Total Moneta	ary Contribut	tions A	nd Rec	eipts (From	Sche	dule	e I)	\$				(0.00						
C. Total Funds	Available (Sı	um Of	Lines A	and B)				\$				(0.00						
D. Total Expend	D. Total Expenditures (From Schedule III) \$ 0.00																		
E. Ending Cash	Balance (Su	btract	Line D	From Line C)			\$				C	0.00						
F. Value Of In-	Kind Contrib	utions	Receive	d (From Scl	hedu	le II	I)	\$				C	0.00						
G. Unpaid Debt	s And Obliga	itions ((From S	chedule IV)	1			\$				(0.00						
					AFF	ΊDΑ	AVI	T SE	CTIO	N									
PART I - If this is		-	•								•								
I swear (or affirm) correct and comple		rt, inclu	ıding the	attached scho	edules	file	d on	paper	or by el	lectr	onic m	edium, aı	re to t	he best of r	my know	/ledge	and belie	ef , tru	1e
Sworn to and subs	cribed before r day of	me this		20								Sigr	nature	of Person	Submitti	ing Rep	ort		-
	- <u>-</u>	Signatur	e					- -						Printe	d Name				-
My Commission Ex			-							•				Email					-
	мо		DA	Υ	YR						Are	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of a	a cand	idate's	authorized (Comn	nitte	ee, C	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		est of m	y knowle	dge and belie	f this	poli	itical	comm	ittee ha	as no	ot viola	ted any p	rovis	ions of the a	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		ie this											S	ignature of	Candida	te			-
	day of —— —							-						Printed	Name				-
	Sign	ature						-											_
My Commission Exp	ires													Email					
		10	D#	AY	YR	,		-			Area	Code		Day	time Te	lephon	e Numb	er	۱ ٔ

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
CHRISTINE TARTAGLIONE	From:	9/20/202	<u>2</u> To:	10/24/2022
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)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PAGE TOTAL

0.00

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 Candidat	Name of Filing Committee or Candidate			Reporting Period					
		F	rom:		То	:			
				DATE			AMOUNT		
Full Name of Contributing Committee			МО	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. \$

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.

Name of Filing Committ	tee or Candidate		Reporti	ng P	eriod			
			From:			To):	
		·			DATE			AMOUNT
Full Name of Contributor			М	0	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.

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	me of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				DA	TE		A	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR			0.00	
Mailing Address							- \$		0.00	
City	State	Zip Cod	e (Plus 4)							
								PAGE TOT	AL	
Enter Grand Total of Part C on School	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	(0.00	

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	lame of Filing Committee or Candidate				Reporting Period					
From						Т	То:			
				D/	ATE			AMOUNT		
Full Name of Contributor				МО	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Plus	s 4)							
Employer Name				Occupat	tion					
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip	Code (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			\$	PAGE TOTAL 0.00		
							7	0.00		

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		Report	ing Peri	od			
			From:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	4.			\$	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

Name of Filing Committee or Candidate	Reporting Perio	d	
CHRISTINE TARTAGLIONE	From:	<u>9/20/2022</u> To:	10/24/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate Ro				Reporting Period				
	Fr					То:			
		DATE		AMOUNT					
Full Name of Contributor			МО	DAY	YEAR				
Mailing Address						7 \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:	-	-	•	•	•				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detai			ailed Summary Page,			PAGE TOTAL		L	
Section 2.						\$		0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	orting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address				-					\$	0.00
City	State	;	Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate				Reporting Period				
			From			То:			
		AMOUNT							
To Whom Paid	мо	DAY	YEAR						
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
Enter Grand Total of Evnenditures	on Bago 1 Bonort C	Cover Page Item [PAGE TOTAL		
Lines Grand Total Of Expenditures C	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00		