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 920	0098			Report		CANDI	DATE		СОМ	4ITTEE	✓	LOBE	BYIST		
Name of Filing C	ommittee, Candi	date or L	obbyist:	T/	ARTAG	SLION	E, CHRIS	TINE F	RIEN	DS TO	ELECT					
Street Address:	PO BOX 285	66														
City:	PHILADELPH -	IA					State:	PA			Zip Cod	de: 19	9149			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PR PRIMARY	E-	2.	30 DA		POST-	3.		AMENDM REPORT		Yes	No		/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRELECTION	RE-	5.	30 DA		POST-	6.		TERMINA REPORT		/			
report type)	ANNUAL REPOR	7. X	Year 2022				NG METHO				PAPER	TTE				
Name of Office S	ought by Candid	ate:	•		-		DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
CENATOD IN T	HE GENERAL ASS	SEMBLY					МО	DAY	YE	AR	2	STS	DEN	1	51	
SENATOR IN TE	TE GENERAL ASS	DEMIDE					11		8	2022		(SEE IN	STRUCTIO	ONS FOR C	ODES)	1
	Receipts and	МО	DAY YEA	R			МО	DAY	YE	AR	FC	R OFFI	CE USE	ONLY		
Expenditures	irom:		11 29	202	<u>2</u> 2 T	0	12	:	31	2022						
A. Amount Bro	ught Forward Fro	m Last R	eport			\$			136,4	15.10						
B. Total Moneta	ary Contributions	And Rec	eipts (From Sch	edı	ule I)	\$				0.00						
C. Total Funds	Available (Sum C	f Lines A	and B)			\$			136,4	15.10						
D. Total Expend	ditures (From Sc	nedule II	I)			\$			13,6	06.84						
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)			\$			122,8	08.26						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sched	ule	II)	\$				0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)			\$				0.00			•			
			AF	FII	DAVI	T SE	CTION									
PART I - If this is	a Committee re	port, trea	surer sign here.	If	this is	a Car	ndidate re	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and comple	that this report, in ete.	cluding the	attached schedul	es fi	iled on	paper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ıe
Sworn to and subs	cribed before me th day of	is	20						S	ignature	of Perso	n Submit	ting Rep	ort		_
	Signat	ure				- -					Prin	ted Name	e			_
My Commission Ex	pires										Ema	il				-
	мо	D	AY YI	₹				Are	ea Cod	e	Daytim	ie Teleph	one Nu	mber		
Part II- If this is	a report of a car	didate's	authorized Com	mit	ttee, C	andid	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief thi	is po	olitical	comm	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L.	. 1333	3,
Sworn to and subsc		5								s	ignature o	of Candid	ate			-
	day of ————————————————————————————————————					-					Printe	ed Name				-
	Signature					_						:1				_
My Commission Exp	ires										Ema					
	мо	D	AY Y	R		-		Area	Code		D	aytime T	elephon	e Numbe	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filling Committee on Constitute				
Name of Filing Committee or Candidate	Reporting	g Period		
TARTAGLIONE, CHRISTINE FRIENDS TO ELECT	From:	11/29/202	<u>22</u> To:	12/31/2022
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

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 o	r Candidate	R	eporting	Period			
		F	rom:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Con	mmittee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL\$ 0.00

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.

(EXCI	lude contributions from	1 political commi	ittee	s re _l	portea	IN Part	A)	
Name of Filing Commit	ttee or Candidate		Repor	ting P	eriod			
			From:			To) :	
		•			DATE			AMOUNT
Full Name of Contributor			,	мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
	·							PAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. 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:			То:		
				DA	TE		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	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			Rep	orting Pe	riod			
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	PAGE TOTAL 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	'						<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 Per	iod	
TARTAGLIONE, CHRISTINE FRIENDS TO ELECT	From:	<u>11/29/2022</u> To:	12/31/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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			Reporting Period					
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				 		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:		•	•			•		
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting	Period		
TARTAGLIONE, CHRISTINE FRIENDS TO ELECT	From	11/29/2022	То:	12/31/2022

				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
ZORAIDA CORDERO			MO		ILAK		
Mailing Address 2853 SHIIPLEY	RD		11	29	2022	\$	100.00
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	19152	AMAND	LA - DONA	TION		
To Whom Paid			мо	DAY	YEAR		
ZORAIDA CORDERO			1-10				
Mailing Address 2853 SHIIPLEY	RD		11	29	2022	\$	100.00
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	19152	DONAT	ION - END	OF THE	YEAR JAWN	N
To Whom Paid			мо	DAY	YEAR		
JUNIATA PARK CIVIC ASSOC			110		12/110		
Mailing Address 4124 L ST			11	29	2022	\$	10,000.00
City PHILADELPHIA State Zip Code (Plus 4				tion of Exp	enditure	•	
	PA	19124	HOLIDA	Y TREE LI	GHTING I	DONATION	<u> </u>
To Whom Paid			мо	DAY	YEAR		
Brigid Dowling			110		1 = 1		
Mailing Address 652 ROSELAND	AVENUE		11	29	2022	\$	250.00
City JENKINTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	19046	DECEM	BER CAMP	AIGN FIN	ANCE WOF	RK
To Whom Paid			мо	DAY	YEAR		
SISTER OF SAINT BASIL'S THE GR	EAT		110				
Mailing Address 710 FOX CHASE	E RD		12	16	2022	\$	250.00
City FOX CHASE MANOR	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19046	DONAT:	ION			
To Whom Paid			МО	DAY	YEAR		
SAINT MARKS CHURCH FRANKFOR	RD		1410		ILAN		
Mailing Address 4442 FRANKFO	RD AVE		12	16	2022	\$	100.00
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	ı	
	PA	19124	DONAT	ION - 6TH	ANN HOL	IDAY CAM	PAIGN
	I FM	13124	DONA1.	TOIN - OIL	AININ HUL	TOAT CAM	I AIGIN

To Whom Paid ASOCIACION DE PUERTORIQUENOS EN MARCHA		мо				
			DAY	YEAR		
Mailing Address 1900 N 09TH ST		12	16	2022	\$	150.00
City PHILADELPHIA State Zip Co	ode (Plus 4)	Description of Expenditure				
PA 19122	2	DONATION - 3 KINGS DAY			TOY DRIVE	
To Whom Paid SAINT VERNOICA'S CATHOLIC CHURCH		мо	DAY	YEAR		
Mailing Address 533 W TIOGA ST		12	16	2022	\$	100.00
City PHILADELPHIA State Zip Co	ode (Plus 4)	Descript	ion of Exp	enditure		
PA 19140	0	DONATION - CHRISTMAS		ELEBRATION	l	
To Whom Paid PNC BANK		мо	DAY	YEAR		
Mailing Address PO BOX 609		11	30	2022	\$	1,317.55
City PITTSBURGH State Zip Co	Zip Code (Plus 4) Description of Expenditure			enditure		
PA 15230	0	ACH AMERICAN EXPRESS CHARGE				
To Whom Paid PNC BANK		мо	DAY	YEAR		
Mailing Address PO BOX 609		11	30	2022	\$	45.35
City PITTSBURGH State Zip Code (Plus 4)		Description of Expenditure				
PA 15230	0	CORPORATE ACCT ANALYSIS CHARGE				
To Whom Paid PNC BANK		мо	DAY	YEAR		
Mailing Address PO BOX 609		12	12	2022	\$	1,162.86
City PITTSBURGH State Zip Co	ode (Plus 4)	Description of Expenditure				
PA 15230	0	ACH AM	ERICAN E	(PRESS C	CHARGE	
To Whom Paid PNC BANK		МО	DAY	YEAR		
Mailing Address PO BOX 609		12	30	2022	\$	31.08
City PITTSBURGH State Zip Co	ode (Plus 4)	Descript	ion of Exp	enditure		
PA 15230	0	CORPOR	RATE ACCT	ANALYS	IS CHARGE	
Enter Count Table of Francisch	T/ -				PAG	GE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover F	rage, Item D.				\$	13,606.84