

# 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 2024		<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>
SENATOR IN THE GENERAL ASSEMBLY						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	2	STS	DEM	51
						11	5	2024	(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>			
		12	7	2023		12	31	2023				
<b>A. Amount Brought Forward From Last Report</b>						\$		136,318.41				
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$		11,250.00				
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$		147,568.41				
<b>D. Total Expenditures (From Schedule III)</b>						\$		458.54				
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$		147,109.87				
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$		0.00				
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$		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>12/7/2023</u> To: <u>12/31/2023</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>	\$ 250.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 250.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 7,000.00
<b>All Other Contributions (Part D)</b>	\$ 4,000.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 11,000.00

<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>	\$ 11,250.00
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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.**

<b>Name of Filing Committee or Candidate</b>  TARTAGLIONE, CHRISTINE FRIENDS TO ELECT	<b>Reporting Period</b>  <b>From:</b> <u>12/7/2023</u> <b>To:</b> <u>12/31/2023</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"><b>DATE</b></td> <td style="width: 40%; border: none;"><b>AMOUNT</b></td> </tr> </table>		<b>DATE</b>	<b>AMOUNT</b>
<b>DATE</b>	<b>AMOUNT</b>		

<b>Full Name of Contributing Committee</b> BOILERMAKERS LOCAL NO 13			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> 2300 NEW FALLS RD			12	18	2023	
<b>City</b> NEWPORTVILLE	<b>State</b>  PA	<b>Zip Code (Plus 4)</b>  19056				

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

<b>PAGE TOTAL</b>
\$ 250.00



## 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>12/7/2023</u> <b>To:</b> <u>12/31/2023</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee IBEW LOCAL UNION 743				MO	DAY	YEAR	\$ 500.00
Mailing Address 20 MORGAN DR				12	18	2023	
City READING	State PA	Zip Code (Plus 4) 19608					
Full Name of Contributing Committee PGG STATE				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 2 N 09TH ST				12	18	2023	
City ALLENTOWN	State PA	Zip Code (Plus 4) 18101					
Full Name of Contributing Committee ADVANSIX INC POLITICAL ACTION COMMITTEE				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 300 KIMBALL DR				12	18	2023	
City PARSIPPAANY	State NJ	Zip Code (Plus 4) 07054					
Full Name of Contributing Committee THE AFFORDABLE EDUCATION PAC				MO	DAY	YEAR	\$ 2,500.00
Mailing Address PO BOX 532				12	18	2023	
City CONSHOHOCKEN	State PA	Zip Code (Plus 4) 19428					
Full Name of Contributing Committee INDEPENDENCE PAC				MO	DAY	YEAR	\$ 2,000.00
Mailing Address 413 S BROAD ST				12	18	2023	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19147					

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

**PAGE TOTAL**

\$ 7,000.00

**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>12/7/2023</u> <b>To:</b> <u>12/31/2023</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
JOHN AND CARA FRY				12	18	2023	\$ 500.00
<b>Mailing Address</b> 201 CHESWOLD LANE							
<b>City</b> HAVERFORD	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19041					
<b>Employer Name</b> INFO REQUESTED				<b>Occupation</b> INFO REQUESTED			
<b>Employer Mailing Address/Principal Place of Business</b> INFO REQUESTED			<b>City</b> INFO REQUESTED		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19041	
JOHN AND HEIDI COOPER				12	18	2023	\$ 2,500.00
<b>Mailing Address</b> 1727 W 27TH ST							
<b>City</b> MIAMI BEACH F	<b>State</b> FL	<b>Zip Code (Plus 4)</b> 33140					
<b>Employer Name</b> INFO REQUESTED				<b>Occupation</b> INFO REQUESTED			
<b>Employer Mailing Address/Principal Place of Business</b> 2633 TRENTON ST			<b>City</b> MIAMI BEACH F		<b>State</b> FL	<b>Zip Code (Plus 4)</b> 33140	
B ARKLES				12	18	2023	\$ 500.00
<b>Mailing Address</b> 226 E DAI HALLOW RD							
<b>City</b> PIPERSVILLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18947					
<b>Employer Name</b> INFO REQUESTED				<b>Occupation</b> EDUCATOR			
<b>Employer Mailing Address/Principal Place of Business</b> 226 E DAIH HALLOW RD			<b>City</b> PIPERSVILLE		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18947	

<b>Full Name of Contributor</b> DEBORAH BECK			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> 3820 Club Drive			12	18	2023	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17110				
<b>Employer Name</b> DRUG AND ALCOHOL PROVIDERS ASSOC			<b>Occupation</b> PRESIDENT			
<b>Employer Mailing Address/Principal Place of Business</b> INFO REQUESTED		<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17110		

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

<b>PAGE TOTAL</b>
\$ 4,000.00



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				
Mailing Address				
City				
State				
Zip Code (Plus 4)				
Receipt Description				

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

<b>PAGE TOTAL</b>
\$ 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>12/7/2023</u> To: <u>12/31/2023</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>12/7/2023</u> To: <u>12/31/2023</u>

DATE				AMOUNT
<b>To Whom Paid</b> APM	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 4301 RISING SUN AVE	12	17	2023	\$ 100.00
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19140	<b>Description of Expenditure</b> KINGS DAY DONATION	
<b>To Whom Paid</b> IRONWORKER LOCAL 401	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 11600 NORCOM RD	12	13	2023	\$ 80.00
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19154	<b>Description of Expenditure</b> WELFARE FUND DONATION	
<b>To Whom Paid</b> MCILVAIN PLAYGROUND	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> BRIDGE AND SAUL ST	12	13	2023	\$ 100.00
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19124	<b>Description of Expenditure</b> DONATION	
<b>To Whom Paid</b> PNC BANK	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO BOX 609	12	11	2023	\$ 154.36
<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	29	2023	\$ 24.18
<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> \$ 458.54

