

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		
	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 2023	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	DEM 51			
					11	7	2023	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		12	8	2023		12	31	2023			
A. Amount Brought Forward From Last Report					\$ 180,294.00						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 11,250.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 191,544.00						
D. Total Expenditures (From Schedule III)					\$ 458.54						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 191,085.46						
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

Name of Filing Committee or Candidate	Reporting Period
TARTAGLIONE, CHRISTINE FRIENDS TO ELECT	From: <u>12/8/2023</u> To: <u>12/31/2023</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)	\$ 250.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 250.00

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

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item 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.**

Name of Filing Committee or Candidate TARTAGLIONE, CHRISTINE FRIENDS TO ELECT	Reporting Period From: <u>12/8/2023</u> To: <u>12/31/2023</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">DATE</td> <td style="width: 40%; border: none;">AMOUNT</td> </tr> </table>		DATE	AMOUNT
DATE	AMOUNT		

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

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

PAGE TOTAL
\$ 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.

Name of Filing Committee or Candidate TARTAGLIONE, CHRISTINE FRIENDS TO ELECT	Reporting Period From: <u>12/8/2023</u> To: <u>12/31/2023</u>
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				DATE	AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR
IBEW LOCAL UNION 743				12	18	2023
Mailing Address 20 MORGAN DR						
City READING	State PA	Zip Code (Plus 4) 19608				
						\$ 500.00
Full Name of Contributing Committee				MO	DAY	YEAR
PGG STATE				12	18	2023
Mailing Address 2 N 09TH ST						
City ALLENTOWN	State PA	Zip Code (Plus 4) 18101				
						\$ 1,000.00
Full Name of Contributing Committee				MO	DAY	YEAR
ADVANASIX INC POLITICAL ACTION COMMITTEE				12	18	2023
Mailing Address 300 KIMBALL DR						
City PARSIPPAANY	State NJ	Zip Code (Plus 4) 07054				
						\$ 1,000.00
Full Name of Contributing Committee				MO	DAY	YEAR
THE AFFORDABLE EDUCATION PAC				12	18	2023
Mailing Address PO BOX 532						
City CONSHOHOCKEN	State PA	Zip Code (Plus 4) 19428				
						\$ 2,500.00
Full Name of Contributing Committee				MO	DAY	YEAR
INDEPENDENCE PAC				12	18	2023
Mailing Address 413 S BROAD ST						
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19147				
						\$ 2,000.00

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.)**

Name of Filing Committee or Candidate TARTAGLIONE, CHRISTINE FRIENDS TO ELECT	Reporting Period From: <u>12/8/2023</u> To: <u>12/31/2023</u>
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				DATE	AMOUNT		
Full Name of Contributor DEBORAH BECK				MO	DAY	YEAR	\$ 500.00
Mailing Address 3820 Club Drive				12	18	2023	
City Harrisburg	State PA	Zip Code (Plus 4) 17110					
Employer Name DRUG AND ALCOHOL PROVIDERS ASSOC				Occupation PRESIDENT			
Employer Mailing Address/Principal Place of Business INFO REQUESTED			City Harrisburg	State PA	Zip Code (Plus 4) 17110		
Full Name of Contributor JOHN AND CARA FRY				MO	DAY	YEAR	\$ 500.00
Mailing Address 201 CHESWOLD LANE				12	18	2023	
City HAVERFORD	State PA	Zip Code (Plus 4) 19041					
Employer Name INFO REQUESTED				Occupation INFO REQUESTED			
Employer Mailing Address/Principal Place of Business INFO REQUESTED			City INFO REQUESTED	State PA	Zip Code (Plus 4) 19041		
Full Name of Contributor JOHN AND HEIDI COOPER				MO	DAY	YEAR	\$ 2,500.00
Mailing Address 1727 W 27TH ST				12	18	2023	
City MIAMI BEACH F	State FL	Zip Code (Plus 4) 33140					
Employer Name INFO REQUESTED				Occupation INFO REQUESTED			
Employer Mailing Address/Principal Place of Business 2633 TRENTON ST			City MIAMI BEACH F	State FL	Zip Code (Plus 4) 33140		
Full Name of Contributor B ARKLES				MO	DAY	YEAR	\$ 500.00
Mailing Address 226 E DAI HALLOW RD				12	18	2023	
City PIPERSVILLE	State PA	Zip Code (Plus 4) 18947					
Employer Name INFO REQUESTED				Occupation EDUCATOR			
Employer Mailing Address/Principal Place of Business 226 E DAIH HALLOW RD			City PIPERSVILLE	State PA	Zip Code (Plus 4) 18947		

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

PAGE TOTAL
\$ 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:
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			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

Name of Filing Committee or Candidate		Reporting Period	
TARTAGLIONE, CHRISTINE FRIENDS TO ELECT		From: <u>12/8/2023</u> To: <u>12/31/2023</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 RECIEVED - 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:
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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.						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:

				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

Name of Filing Committee or Candidate	Reporting Period
TARTAGLIONE, CHRISTINE FRIENDS TO ELECT	From <u>12/8/2023</u> To: <u>12/31/2023</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
APM				
Mailing Address 4301 RISING SUN AVE	12	17	2023	\$ 100.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19140	Description of Expenditure KINGS DAY DONATION	
To Whom Paid	MO	DAY	YEAR	
IRONWORKER LOCAL 401				
Mailing Address 11600 NORCOM RD	12	13	2023	\$ 80.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19154	Description of Expenditure WELFARE FUND DONATION	
To Whom Paid	MO	DAY	YEAR	
MCILVAIN PLAYGROUND				
Mailing Address BRIDGE AND SAUL ST	12	13	2023	\$ 100.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19124	Description of Expenditure DONATION	
To Whom Paid	MO	DAY	YEAR	
AMEX				
Mailing Address PO BOX 96001	12	11	2023	\$ 154.36
City LOS ANGELES	State CA	Zip Code (Plus 4) 90096	Description of Expenditure ACH AMERICAN EXPRESS CHARGE	
To Whom Paid	MO	DAY	YEAR	
PNC BANK				
Mailing Address PO BOX 609	12	29	2023	\$ 24.18
City PITTSBURGH	State PA	Zip Code (Plus 4) 15230	Description of Expenditure CORPORATE ACCT ANALYSIS CHARGE	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL
				\$ 458.54

