

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: FRIENDS TO ELECT CHRISTINE TARTAGLIONE											
Street Address:											
City: PHILADELPHIA				State: PA		Zip Code: 19115					
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	No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2000	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
SENATOR IN THE GENERAL ASSEMBLY					MO	DAY	YEAR	STS	DEM	51	
					11	7	2000	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO		MO	DAY	YEAR	FOR OFFICE USE ONLY	
		1	1	1			11	27	2000		
A. Amount Brought Forward From Last Report					\$		20,426.15				
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		8,250.00				
C. Total Funds Available (Sum Of Lines A and B)					\$		28,676.15				
D. Total Expenditures (From Schedule III)					\$		2,318.20				
E. Ending Cash Balance (Subtract Line D From Line C)					\$		26,357.95				
F. Value Of In-Kind Contributions Received (From Schedule II)					\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)					\$		60,000.00				

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
FRIENDS TO ELECT CHRISTINE TARTAGLIONE	From: To: <u>11/27/2000</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)	\$ 450.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 450.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 6,300.00
All Other Contributions (Part D)	\$ 1,500.00
TOTAL for the Reporting Period (3)	\$ 7,800.00

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.)	\$ 8,250.00
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Full Name of Contributing Committee PA BAR PAC				MO	DAY	YEAR	\$ 250.00
Mailing Address				11	2	2000	
City HARRISBURG	State PA	Zip Code (Plus 4)					
Full Name of Contributing Committee GMP POL EDUCATION LEAGUE				MO	DAY	YEAR	\$ 200.00
Mailing Address				10	18	2000	
City MEDIA	State PA	Zip Code (Plus 4)					

PAGE TOTAL	
\$	450.00

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)					

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.

Name of Filing Committee or Candidate	Reporting Period
FRIENDS TO ELECT CHRISTINE TARTAGLIONE	From: To: <u>11/27/2000</u>

				DATE		AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 300.00
PA PHYSICAL THERAPY POL ACTION COMM				10	27	2000	
Mailing Address							
City GROVE CITY		State PA	Zip Code (Plus 4)				
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
CREDIT UNION PAC				10	26	2000	
Mailing Address							
City HARRISBURG		State PA	Zip Code (Plus 4)				
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
PLASTER LOCAL UNION 8				10	25	2000	
Mailing Address							
City PHILA		State PA	Zip Code (Plus 4)				
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
PARK PLACE ENTERPRIZE				10	27	2000	
Mailing Address							
City CHATHAME		State NJ	Zip Code (Plus 4)				
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
IBEW COPE				10	23	2000	
Mailing Address							
City WASHINGTON		State DC	Zip Code (Plus 4)				
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
PFT COMM TO SUPPORT EDUCATION				10	28	2000	
Mailing Address							
City PHILADELPHIA		State PA	Zip Code (Plus 4)				

Full Name of Contributing Committee INTERNATIONAL UNION OPERATING ENGINEERS			MO	DAY	YEAR	\$ 500.00
Mailing Address			11	2	2000	
City	State	Zip Code (Plus 4)				
Full Name of Contributing Committee COMCAST PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address			10	22	2000	
City	State	Zip Code (Plus 4)				
PHILADELPHIA	PA					
Full Name of Contributing Committee PAHCA PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address			10	23	2000	
City	State	Zip Code (Plus 4)				
HARRISBURG	PA					
Full Name of Contributing Committee PA INSURANCE PAC			MO	DAY	YEAR	\$ 1,000.00
Mailing Address			10	28	2000	
City	State	Zip Code (Plus 4)				
PHILADELPHIA	PA					
Full Name of Contributing Committee PA PAC			MO	DAY	YEAR	\$ 1,000.00
Mailing Address			10	22	2000	
City	State	Zip Code (Plus 4)				
HARRISBURG	PA					

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

PAGE TOTAL
\$ 6,300.00

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 FRIENDS TO ELECT CHRISTINE TARTAGLIONE	Reporting Period From: To: <u>11/27/2000</u>
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				DATE			AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 500.00	
MICHAEL KELLEHER				10	26	2000		
Mailing Address								
City	GIBBSTOWN	State	NJ	Zip Code (Plus 4)				
Employer Name				Occupation				
Employer Mailing Address/Principal Place of Business				City		State		Zip Code (Plus 4)

Full Name of Contributor				MO	DAY	YEAR	\$ 500.00
BAYARD STORIE				10	24	2000	
Mailing Address							
City	PHILADELPHIA	State	PA	Zip Code (Plus 4)			
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business				City		State	Zip Code (Plus 4)

Full Name of Contributor			MO	DAY	YEAR	\$ 500.00
LESLIE A MILLER						
Mailing Address						
City	BRYN MAWR	State	PA	Zip Code (Plus 4)	19040	
Employer Name				Occupation		
Employer Mailing Address/Principal Place of Business			City		State	Zip Code (Plus 4)

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

PAGE TOTAL	
\$	1,500.00

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:
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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	
FRIENDS TO ELECT CHRISTINE TARTAGLIONE		From:	To: <u>11/27/2000</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
FRIENDS TO ELECT CHRISTINE TARTAGLIONE	From To: <u>11/27/2000</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
FRIENDS TO ELECT MARNIE AUMENT LOUGHREY				
Mailing Address	10	27	2000	\$ 500.00
City PHILA	State PA	Zip Code (Plus 4)	Description of Expenditure	
			CONTRIBUTION	
To Whom Paid	MO	DAY	YEAR	
37TH WARD DEM				
Mailing Address	10	27	2000	\$ 48.00
City PHILA	State PA	Zip Code (Plus 4)	Description of Expenditure	
			DONATION	
To Whom Paid	MO	DAY	YEAR	
SACRED HEART SPIRTUAL SOCIETY				
Mailing Address	10	27	2000	\$ 5.00
City PHILA	State PA	Zip Code (Plus 4)	Description of Expenditure	
			DONATION	
To Whom Paid	MO	DAY	YEAR	
SHANNONS FRUIT BASKET				
Mailing Address	10	27	2000	\$ 50.00
City PHILA	State PA	Zip Code (Plus 4)	Description of Expenditure	
			FRUIT BASKET	
To Whom Paid	MO	DAY	YEAR	
MOE'S DELI				
Mailing Address	10	31	2000	\$ 165.85
City PHILA	State PA	Zip Code (Plus 4)	Description of Expenditure	
			DONATION	
To Whom Paid	MO	DAY	YEAR	
7TH PDAC				
Mailing Address	10	31	2000	\$ 30.00
City PHILA	State PA	Zip Code (Plus 4)	Description of Expenditure	
			DONATION	

To Whom Paid TEN PENNIES FLORIST			MO	DAY	YEAR	\$ 107.00
Mailing Address			10	31	2000	
City PHILA	State PA	Zip Code (Plus 4)	Description of Expenditure FLOWERS			

To Whom Paid CELLULAR ONE			MO	DAY	YEAR	\$ 125.00
Mailing Address			10	31	2000	
City PHILA	State PA	Zip Code (Plus 4)	Description of Expenditure PHONE BILLS			

To Whom Paid THANKSGIVING DAY PARADE ASSOC			MO	DAY	YEAR	\$ 175.00
Mailing Address			11	9	2000	
City	State	Zip Code (Plus 4)	Description of Expenditure DONATION			

To Whom Paid TEN PENNIES FLORIST			MO	DAY	YEAR	\$ 112.35
Mailing Address			11	9	2000	
City	State	Zip Code (Plus 4)	Description of Expenditure FLOWERS			

To Whom Paid DEM SENATE CAMP COMM			MO	DAY	YEAR	\$ 1,000.00
Mailing Address			11	15	2000	
City	State	Zip Code (Plus 4)	Description of Expenditure CONTRIBUTION			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 2,318.20

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate	Reporting Period
FRIENDS TO ELECT CHRISTINE TARTAGLIONE	From: To: <u>11/27/2000</u>

			DATE		Outstanding Balance of Debt	
Name of Creditor BORSKI FOR CONGRESS			MO	DAY	YEAR	\$ 10,000.00
Mailing Address			6	25	1994	
City	PHILADELPHIA	State	Zip Code (Plus 4)		Description of Debt	
		PA			LOAN	
Name of Creditor PA STATE DEM CAMP COMM			MO	DAY	YEAR	\$ 50,000.00
Mailing Address			6	27	1994	
City	HARRISBURG	State	Zip Code (Plus 4)		Description of Debt	
		PA			LOAN	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL
						\$ 60,000.00