

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: PO BOX 52153											
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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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 FRIENDS TO ELECT CHRISTINE TARTAGLIONE	Reporting Period From: To: <u>11/27/2000</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 PA BAR PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 100 SOUTH STREET P O BOX 186			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 608 E BALTIMORE PIKE			10	18	2000	
City MEDIA	State PA	Zip Code (Plus 4)				

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

PAGE TOTAL
\$ 450.00

<div>PART B</div> <div>ALL OTHER CONTRIBUTIONS</div> <div>\$50.01 TO \$250.00</div> <div>Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part A)</div>						
Name of Filing Committee or Candidate				Reporting Period		
				From:		To:
				DATE		AMOUNT
Full Name of Contributor				MO	DAY	YEAR
Mailing Address						
City	State	Zip Code (Plus 4)				
						\$ 0.00
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.						<div>PAGE TOTAL</div> <div>\$ 0.00</div>

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 FRIENDS TO ELECT CHRISTINE TARTAGLIONE	Reporting Period From: _____ To: <u>11/27/2000</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee PA PHYSICAL THERAPY POL ACTION COMM				MO	DAY	YEAR	\$ 300.00
Mailing Address 201 B ERIE STREET				10	27	2000	
City GROVE CITY	State PA	Zip Code (Plus 4)					
Full Name of Contributing Committee CREDIT UNION PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 4309 N FRONT STREET				10	26	2000	
City HARRISBURG	State PA	Zip Code (Plus 4)					
Full Name of Contributing Committee PLASTER LOCAL UNION 8				MO	DAY	YEAR	\$ 500.00
Mailing Address 2535 ORTHODOX STREET				10	25	2000	
City PHILA	State PA	Zip Code (Plus 4)					
Full Name of Contributing Committee PARK PLACE ENTERPRIZE				MO	DAY	YEAR	\$ 500.00
Mailing Address 26 MAIN STREET				10	27	2000	
City CHATHAME	State NJ	Zip Code (Plus 4)					
Full Name of Contributing Committee IBEW COPE				MO	DAY	YEAR	\$ 500.00
Mailing Address 1125 15TH STREET				10	23	2000	
City WASHINGTON	State DC	Zip Code (Plus 4)					

Full Name of Contributing Committee PFT COMM TO SUPPORT EDUCATION			MO	DAY	YEAR	\$ 500.00
Mailing Address 1816 CHESTNUT STREET			10	28	2000	
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 1500 MARKET STREET			10	22	2000	
City PHILADELPHIA	State PA	Zip Code (Plus 4)				
Full Name of Contributing Committee PAHCA PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address P 315 N 2ND STREET			10	23	2000	
City HARRISBURG	State PA	Zip Code (Plus 4)				
Full Name of Contributing Committee PA INSURANCE PAC			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 1600 MARKET STREET			10	28	2000	
City PHILADELPHIA	State PA	Zip Code (Plus 4)				
Full Name of Contributing Committee PA PAC			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 400 N 3RD STREET			10	22	2000	
City HARRISBURG	State PA	Zip Code (Plus 4)				

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

				DATE			AMOUNT	
Full Name of Contributor				MO	DAY	YEAR		
LESLIE A MILLER								
Mailing Address							\$	
1111 BARBARY RD								
City		State	Zip Code (Plus 4)					
BRYN MAWR		PA	19040					
Employer Name				Occupation				
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)	

Full Name of Contributor BAYARD STORIE				MO	DAY	YEAR	\$ 500.00
Mailing Address 1919 BRANDYWINE STREET				10	24	2000	
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 MICHAEL KELLEHER				MO	DAY	YEAR	\$ 500.00
Mailing Address 527 SHERIDAN DR				10	26	2000	
City GIBBSTOWN	State NJ	Zip Code (Plus 4)					
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:

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

To Whom Paid 7TH PDAC			MO	DAY	YEAR	
Mailing Address			10	31	2000	
City PHILA	State PA	Zip Code (Plus 4)	Description of Expenditure DONATION			
To Whom Paid TEN PENNIES FLORIST			MO	DAY	YEAR	
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	
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	
Mailing Address			11	9	2000	
City	State	Zip Code (Plus 4)	Description of Expenditure DONATION			
To Whom Paid TEN PENNIES FLORIST			MO	DAY	YEAR	
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	
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