### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| Filer Identificati<br>Number :            | on                     | 92000       | 98        |                       |          | Rep<br>File |      |        | CAND               | NDIDATE COMMITTEE LOBBYIST |                                   |       |            |                    |                |          |         |           |          |
|---|------------------------|-------------|-----------|-----------------------|----------|-------------|------|--------|--------------------|----------------------------|-----------------------------------|-------|------------|--------------------|----------------|----------|---------|-----------|----------|
| Name of Filing C                          | Committee,             | Candida     | ite or Lo | obbyist:              |          | TAR         | TAG  | LION   | E, CHRI            | STIN                       | E FF                              | RIEN  | DS TO      | ELECT              |                |          |         |           |          |
| Street Address: PO BOX 52153              |                        |             |           |                       |          |             |      |        |                    |                            |                                   |       |            |                    |                |          |         |           |          |
| City:                                     | PHILAI                 | DELPHIA     | ١         |                       |          |             |      |        | State:             | PA                         |                                   |       |            | Zip Co             | de: 19         | 115      |         |           |          |
| TYPE OF<br>REPORT                         | 6TH TUESD<br>PRE-PRIMA |             | 1.        |                       |          |             |      | 30 DA  |                    | POST                       | POST- 3. <b>X</b>                 |       |            | AMENDN<br>REPORT   | Yes            | N        | 0       | <b>/</b>  |          |
| (place X to<br>the right of               | 6TH TUESD<br>PRE-ELECT |             | 4.        | 2ND FRIDA<br>ELECTION | Y PRE    | - [         | 5.   | 30 DA  |                    | POST                       | Γ- (                              | 5.    |            | TERMINA<br>REPORT  |                | Yes      | N       | 0         | <b>\</b> |
| report type)                              | ANNUAL R               | REPORT      | 7.        | <b>Year</b> 2001      |          |             |      |        | NG METH<br>CHECK ( |                            |                                   |       |            | PAPER              |                | <b>\</b> | DISK    | ETTE      |          |
| Name of Office S                          | -<br>Sought by C       | Candidat    | e:        |                       |          |             |      |        | DATE (             | OF E                       | LEC                               | TIO   | N          | District<br>Number | Office<br>Code | Pa       | rty Cod | Code      |          |
| SENATOR IN T                              | JE CENEDA              | AI ACCE     | MRIV      |                       |          |             |      |        | МО                 | DA                         | Y                                 | YE    | AR         |                    | STS            | DE       | М       | 51        |          |
| SENATOR IN TI                             | IL GENERO              | AL A33L     | MDET      |                       |          |             |      |        | 1                  | 1                          | 6 2001 (SEE INSTRUCTIONS FOR CODE |       |            |                    |                | CODES    | )       |           |          |
| Summary of                                |                        | and         | МО        | DAY                   | YEAR     | 1           |      |        | МО                 | DA                         | Υ                                 | YE    | AR         | FC                 | R OFFI         | CE USE   | ONLY    | <b>'</b>  |          |
| Expenditures                              | irom:                  |             |           | 1 1                   |          | 1           | Т    | 0      |                    | 6                          | •                                 | 4     | 2001       |                    |                |          |         |           |          |
| A. Amount Bro                             | ught Forwa             | ard From    | Last R    | eport                 |          |             |      | \$     |                    |                            |                                   | 33,2  | 29.92      |                    |                |          |         |           |          |
| B. Total Moneta                           | ary Contrib            | utions A    | nd Rec    | eipts (Fron           | n Sche   | dule        | I)   | \$     |                    |                            |                                   | 7,0   | 00.00      |                    |                |          |         |           |          |
| C. Total Funds                            | Available (            | Sum Of      | Lines A   | and B)                |          |             |      | \$     |                    |                            |                                   | 40,2  | 29.92      |                    |                |          |         |           |          |
| D. Total Expend                           | ditures (Fr            | om Sche     | dule II   | [)                    |          |             |      | \$     |                    |                            |                                   | 12,2  | 52.25      |                    |                |          |         |           |          |
| E. Ending Cash                            | Balance (S             | Subtract    | Line D    | From Line             | C)       |             |      | \$     |                    |                            |                                   | 27,9  | 77.67      |                    |                |          |         |           |          |
| F. Value Of In-                           | Kind Contr             | ibutions    | Receive   | ed (From S            | chedu    | le II       | )    | \$     |                    |                            |                                   |       | 0.00       |                    |                |          |         |           |          |
| G. Unpaid Debt                            | s And Obli             | gations     | (From S   | chedule I\            | /)       |             |      | \$     |                    |                            | (                                 | 60,0  | 00.00      |                    |                | ,        |         |           |          |
|   |                        |             |           |                       | AFF      | IDA         | \VI  | T SE   | CTION              |                            |                                   |       |            |                    |                |          |         |           |          |
| PART I - If this is                       |                        | •           | •         |                       |          |             |      |        |                    | •                          | •                                 |       |            |                    | e man leman    |          |         | !:_£      |          |
| I swear (or affirm)<br>correct and comple |                        | port, incit | iding the | attached sc           | nedules  | riiec       | ı on | рарег  | or by elec         | tronic                     | me                                | uium, | , are to t | ne best o          | r my knov      | wieage   | anu be  | iler , tr | ue       |
| Sworn to and subs                         | cribed befor<br>day of | e me this   |           | 20                    |          |             |      |        |                    |                            |                                   | S     | ignature   | of Perso           | n Submit       | ing Re   | port    |           |          |
|   |                        | Signatur    | e         |                       |          |             |      | -<br>- |                    |                            |                                   |       |            | Prin               | ted Name       |          |         |           |          |
| My Commission Ex                          | cpires                 |             |           |                       |          |             |      | _      |                    |                            |                                   |       |            | Ema                | il             |          |         |           |          |
|   | м                      | 10          | D#        | ΑΥ                    | YR       |             |      |        |                    |                            | Area                              | Cod   | е          | Daytin             | e Teleph       | one Nu   | ımber   |           |          |
| Part II- If this is                       | a report o             | f a cand    | idate's   | authorized            | Comn     | nitte       | e, C | andid  | ate shal           | l sign                     | hei                               | re.   |            |                    |                |          |         |           |          |
| I swear (or affirm)<br>No 320) as amende  |                        | best of m   | y knowle  | edge and bel          | ief this | polit       | ical | comm   | ittee has          | not vi                     | olate                             | ed an | y provis   | ions of th         | e act of J     | une 3,1  | 937 (P  | L. 133    | з,       |
| Sworn to and subsc                        |                        | me this     |           |                       |          |             |      |        |                    |                            |                                   |       | S          | ignature (         | of Candida     | ate      |         |           | -        |
|   | day of<br>— –          |             |           |                       |          |             |      | -      |                    | _                          |                                   |       |            | Printe             | d Name         |          |         |           | -        |
|   | Si                     | gnature     |           |                       |          |             |      | -      |                    |                            |                                   |       |            |                    |                |          |         |           | _        |
| My Commission Exp                         | ires                   |             |           |                       |          |             |      |        |                    |                            |                                   |       |            | Ema                | il             |          |         |           |          |
|   |                        | мо          | DA        | AY                    | YR       |             |      | -      |                    | Ar                         | ea C                              | ode   |            | D                  | aytime T       | elepho   | ne Num  | ber       | _        |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| , -  |                  |     |          |
|--|------------------|-----|----------|
| Name of Filing Committee or Candidate  | Reporting Period |     |          |
| TARTAGLIONE, CHRISTINE FRIENDS TO ELECT  | From:            | То: | 6/4/2001 |
| 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)   |                  | \$  | 250.00   |
| TOTAL for the Reporting  | Period (2)       | \$  | 500.00   |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)   |                  |     |          |
| Contributions Received From Political Committees (Part C)  |                  | \$  | 5,000.00 |
| All Other Contributions (Part D)   |                  | \$  | 1,500.00 |
| TOTAL for the Reporting  | Period (3)       | \$  | 6,500.00 |
| 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 |                  | \$  | 7,000.00 |

#### **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 or Candidate   | Reporting Period |     |          |
|---|------------------|-----|----------|
| TARTAGLIONE, CHRISTINE FRIENDS TO ELECT | From:            | To: | 6/4/2001 |
|   | DATE             |     | AMOUNT   |

DATE AMOUNT

| Full Name of Contributing Committee PA. OPTEMETRIC, PA. | МО                 | DAY               | YEAR |    |      |           |
|---|--------------------|-------------------|------|----|------|-----------|
| Mailing Address P.O. BOX 3406                           |                    |                   |      |    |      | \$ 250.00 |
| City HARRISBURG   | <b>State</b><br>PA | Zip Code (Plus 4) | 4    | 20 | 2001 |           |

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

**PAGE TOTAL \$** 250.00

### 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.

(Exclude contributions from political committees reported in Part A)

| Name of Filing Committee or Candidate   | Reporting Period |     |                 |
|---|------------------|-----|-----------------|
| TARTAGLIONE, CHRISTINE FRIENDS TO ELECT | From:            | То: | <u>6/4/2001</u> |
|   | DATE             |     | AMOUNT          |

| <b>Full Name of Contributor</b> DR. NORMAN KUSHNER | МО    | DAY               | YEAR |    |      |                 |
|--|-------|-------------------|------|----|------|-----------------|
| Mailing Address 2673 ELBRIDGE STREET               |       |                   |      |    |      | <b>\$</b> 250.0 |
| City PHILA.  | State | Zip Code (Plus 4) | 4    | 22 | 2001 |                 |
|  | PA    | 19149             |      |    |      |                 |

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                                 | me of Filing Committee or Candidate Repor |          |            |    |     |      |                    |
|---|---|----------|------------|----|-----|------|--------------------|
| TARTAGLIONE, CHRISTINE FRIENDS TO                                     | ELECT                                     |          | From:      |    |     | То:  | 6/4/2001           |
|   |   | •        |            | DA | TE  |      | AMOUNT             |
| Full Name of Contributing Committee  COMMITTEE TO ELECT LYNNE ABRAHAI | м   |          |            | МО | DAY | YEAR |                    |
| Mailing Address 1421 ARCH STREET                                      |   |          |            |    |     |      | <b>\$</b> 500.00   |
| City PHILA.   | <b>State</b><br>PA                        | Zip Code | e (Plus 4) | 4  | 6   | 2001 |                    |
| <b>Full Name of Contributing Committee</b> PA. REALTORS PAC           |   |          |            | МО | DAY | YEAR |                    |
| Mailing Address 4501 CHAULSER HIL                                     | L RD.                                     | Zip Code | e (Plus 4) | 4  | 14  | 2001 | \$ 500.00          |
| <b>City</b> HARRISBURG  | РА  |          | (          |    |     |      |                    |
| <b>Full Name of Contributing Committee</b> PBWA PAC                   |   |          |            | мо | DAY | YEAR |                    |
| Mailing Address P.O. BOX 12023  |   |          |            |    |     |      | <b>\$</b> 500.00   |
| City HARRISBURG   | <b>State</b><br>PA                        | Zip Code | e (Plus 4) | 3  | 28  | 2001 |                    |
| Full Name of Contributing Committee TWA - COPE                        |   |          |            | МО | DAY | YEAR |                    |
| Mailing Address 501 3RD ST.   |   |          |            |    |     |      | <b>\$</b> 1,500.00 |
| City WASHINGTON   | State<br>DC                               | Zip Code | e (Plus 4) | 3  | 16  | 2001 |                    |
| Full Name of Contributing Committee  LOCAL 98 IBEW                    |   |          |            |    | DAY | YEAR |                    |
| Mailing Address 1719 SPRING GARDE                                     | EN ST.                                    |          |            |    |     |      | \$ 2,000.00        |
| City PHILA.   | <b>State</b><br>PA                        | Zip Code | e (Plus 4) | 3  | 22  | 2001 |                    |

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

PAGE TOTAL

\$ 5,000.00

## 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               |                            | Reporting Period |                |            |       |      |                        |  |  |
|---|----------------------------|------------------|----------------|------------|-------|------|------------------------|--|--|
| TARTAGLIONE, CHRISTINE FRIENDS T                    | O ELECT                    |                  | Fror           | n:         |       | То   | : <u>6/4/2001</u>      |  |  |
|   |                            |                  |                | D/         | ATE   |      | AMOUNT                 |  |  |
| Full Name of Contributor ELEANOR DEZZI              |                            |                  |                | мо         | DAY   | YEAR |                        |  |  |
| Mailing 8660 BELFRY DR.                             |                            |                  |                |            |       |      | <b>\$</b> 500.00       |  |  |
| City PHILA.   | State Zip Code (Plus 4) PA |                  |                |            | 25    | 2001 |                        |  |  |
| Employer Name                                       |                            |                  |                | Occupation |       |      |                        |  |  |
| Employer Mailing Address/Principal Plac<br>Business | e of                       | City             |                |            | State |      | Zip Code (Plus 4)      |  |  |
| Full Name of Contributor DAVID GORDON               |                            |                  |                | МО         | DAY   | YEAR |                        |  |  |
| Mailing 1882 AUTUMN LEAF L                          | ANE                        |                  |                |            |       |      | <b>\$</b> 1,000.00     |  |  |
| City HUNTINGTON VALLEY                              | <b>State</b><br>PA         | Zip Code (Plus   | <b>34)</b> 4 2 |            |       | 2001 |                        |  |  |
| Employer Name                                       |                            |                  |                | Occupat    | tion  |      |                        |  |  |
| Employer Mailing Address/Principal Plac<br>Business | e of                       | City             |                |            | State |      | Zip Code (Plus 4)      |  |  |
| Enter Grand Total of Part C on Sche                 | dule I, Detailed S         | ummary Page,     | Section        | on 3.      |       | \$   | PAGE TOTAL<br>1,500.00 |  |  |

# 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 Co | Name of Filing Committee or Candidate |                  |         |    | Reporting Period |      |    |          |  |  |  |
|--------------------------------|---------------------------------------|------------------|---------|----|------------------|------|----|----------|--|--|--|
|                                |                                       |                  | From:   |    |                  | То:  |    |          |  |  |  |
|                                |                                       |                  |         | D  | ATE              |      | AN | 10UNT    |  |  |  |
| Full Name                      |                                       |                  |         | МО | DAY              | YEAR |    |          |  |  |  |
| Mailing Address                |                                       |                  |         |    |                  |      | \$ | 0.00     |  |  |  |
| City                           | State                                 | Zip Code (       | Plus 4) |    |                  |      |    |          |  |  |  |
| Receipt Description            | ·                                     | •                |         |    |                  |      |    |          |  |  |  |
| Enter Grand Total of Part E or | Schedule T Detaile                    | d Summary Page   | Section | 4  |                  |      | PA | GE TOTAL |  |  |  |
| Lines Grana Total of Fair 2 of | r benedule 1/ betanet                 | z Sammary r age, | Section | •• |                  |      | \$ | 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:            | То: | <u>6/4/2001</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTOR   |     |                 |
| 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:              |                       |          | То:              |      |           |            |  |  |
|                                       |                    |                       |          | DATE             |      |           | AMOUNT     |  |  |
| Full Name of Contributor              |                    |                       | МО       | DAY              | YEAR |           |            |  |  |
| Mailing Address                       |                    |                       |          |                  |      | <b>\$</b> | 0.00       |  |  |
| City                                  | State              | Zip Code (Plus 4)     |          |                  |      |           |            |  |  |
| Description of Contribution:          |                    |                       |          |                  |      |           |            |  |  |
| Enter Grand Total of Part F on S      | chedule II, In-Kir | nd Contributions Deta | iled Sun | nmary Pag        | je,  |           | PAGE TOTAL |  |  |
| Section 2.                            |                    |                       |          |                  |      | \$        | 0.00       |  |  |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate                          |             |         |            |         | Re     | porting l  | Period    |       |        |                        |
|--|-------------|---------|------------|---------|--------|------------|-----------|-------|--------|------------------------|
|  |             |         |            |         | Fro    | om:        |           | To:   |        |                        |
|  |             |         |            |         | •      |            | DATE      |       |        | AMOUNT                 |
| Full Name of Contributor                                       |             |         |            |         |        | МО         | DAY       | YEAR  |        |                        |
| Mailing Address  |             |         |            |         |        |            |           |       | \$     | 0.00                   |
| City   | State       |         | Zip Code(I | Plus 4) |        |            |           |       |        |                        |
| Employer of Contributor  |             |         |            |         |        | Occupation |           |       |        |                        |
| Employer Mailing Address/Principal Plac<br>Business            | ce of       | City    |            | State   |        | Zip<br>4)  | Code(Plus | Descr | iption | of Contribution        |
| Enter Grand Total of Part G on Sch<br>Summary Page, Section 3. | edule II, I | in-Kind | Contributi | ons De  | etaile | ed         |           |       |        | <b>PAGE TOTAL</b> 0.00 |

### SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Cand                                | idate                   |                                      | Reportir   | ng Period                           |                     |    |                    |  |  |
|---|-------------------------|--------------------------------------|--|-------------------------------------|---------------------|----|--------------------|--|--|
| TARTAGLIONE, CHRISTINE FRIENDS TO ELECT                         |                         |                                      | From   |                                     | To:                 |    | <u>6/4/2001</u>    |  |  |
|   |                         |                                      |  | DATE                                |                     |    | AMOUNT             |  |  |
| To Whom Paid SANDY VITO   |                         |                                      |  | DAY                                 | YEAR                |    |                    |  |  |
| Mailing Address   |                         |                                      |  | 3                                   | 2001                | \$ | 117.66             |  |  |
| City  | State Zip Code (Plus 4) |                                      |  |                                     | oenditure<br>T      |    |                    |  |  |
| <b>To Whom Paid</b><br>NYB                                      |                         |                                      | МО   | DAY                                 | YEAR                |    |                    |  |  |
| Mailing Address   |                         |                                      |  | 3                                   | 2001                | \$ | 25.00              |  |  |
| City State Zip Code (Plus 4)                                    |                         |                                      |  | Description of Expenditure DONATION |                     |    |                    |  |  |
| <b>To Whom Paid</b><br>NEWS GLEANER                             |                         |                                      | МО   | DAY                                 | YEAR                |    |                    |  |  |
| Mailing Address   |                         |                                      |  |                                     |                     |    |                    |  |  |
| Mailing Address   |                         |                                      | 4  | 3                                   | 2001                | \$ | 250.00             |  |  |
| Mailing Address City  | State                   | Zip Code (Plus 4)                    |  | 3<br>otion of Exp                   |                     |    | 250.00             |  |  |
|   | State                   | Zip Code (Plus 4)                    | Descrip  |                                     |                     |    | 250.00             |  |  |
| City  To Whom Paid  | State                   | Zip Code (Plus 4)                    | <b>Descrip</b> AD                                  | otion of Exp                        | penditure           |    | 250.00<br>8,293.75 |  |  |
| To Whom Paid AMERICAN EXPRESS                                   | State                   | Zip Code (Plus 4)  Zip Code (Plus 4) | Descrip<br>AD  MO                                  | DAY  3  Ption of Exp                | YEAR 2001           | \$ |                    |  |  |
| To Whom Paid AMERICAN EXPRESS Mailing Address                   |                         |                                      | Descrip AD  MO  4  Descrip                         | DAY  3  Ption of Exp                | YEAR 2001           | \$ |                    |  |  |
| To Whom Paid AMERICAN EXPRESS Mailing Address City To Whom Paid |                         |                                      | MO  4  Description  AD  MO  4  Description  EXPENS | DAY  3 stion of Exp                 | YEAR 2001 Denditure | \$ |                    |  |  |

DONATION

|   |                              |                                      |   |   |                             |    | PAGE |                |  |  |  |
|---|------------------------------|--------------------------------------|---|---|-----------------------------|----|------|----------------|--|--|--|
| To Whom Paid SENATE DEM. CAMP. COMM   | мо                           | DAY                                  | YEAR                                    |   |                             |    |      |                |  |  |  |
| Mailing Address   |                              |                                      | 4                                       | 6   | 2001                        | \$ |      | 1,000.00       |  |  |  |
| City State Zip Code (Plus 4)  |                              |                                      |   | otion of Exp                                | penditure                   |    |      |                |  |  |  |
| To Whom Paid TEN PENNIES  |                              |                                      |   | DAY   | YEAR                        |    |      |                |  |  |  |
| Mailing Address   |                              |                                      |   | 6   | 2001                        | \$ |      | 233.41         |  |  |  |
| City State Zip Code (Plus 4)  |                              |                                      |   | Description of Expenditure FLOWERS          |                             |    |      |                |  |  |  |
| To Whom Paid<br>NIA PAC   | мо                           | DAY                                  | YEAR                                    |   |                             |    |      |                |  |  |  |
| Mailing Address   |                              |                                      |   | 12  | 2001                        | \$ |      | 125.00         |  |  |  |
| City  | City State Zip Code (Plus 4) |                                      |   |   | Description of Expenditure  |    |      |                |  |  |  |
|   |                              |                                      |   |   |                             |    |      |                |  |  |  |
| To Whom Paid FRANKFORD CHARGERS   |                              |                                      | МО                                      | DAY   | YEAR                        |    |      |                |  |  |  |
|   |                              |                                      | мо 4                                    | <b>DAY</b> 12                               | <b>YEAR</b> 2001            | \$ |      | 50.00          |  |  |  |
| FRANKFORD CHARGERS  | State                        | Zip Code (Plus 4)                    | 4                                       | 12  | 2001                        |    |      | 50.00          |  |  |  |
| FRANKFORD CHARGERS  Mailing Address   | State                        | Zip Code (Plus 4)                    | 4 Descrip                               | 12  | 2001                        |    |      | 50.00          |  |  |  |
| FRANKFORD CHARGERS  Mailing Address  City  To Whom Paid   | State                        | Zip Code (Plus 4)                    | 4  Descrip  DONAT                       | 12  Ition of Exp                            | 2001<br>penditure           |    |      | 50.00<br>71.23 |  |  |  |
| FRANKFORD CHARGERS  Mailing Address  City  To Whom Paid AT & T                                      | State                        | Zip Code (Plus 4)  Zip Code (Plus 4) | 4  Descrip  DONAT  MO                   | 12  Ition of Exp ION  DAY  12               | 2001  Penditure  YEAR  2001 | \$ |      |                |  |  |  |
| FRANKFORD CHARGERS  Mailing Address  City  To Whom Paid AT & T  Mailing Address                     |                              |                                      | 4  Descrip DONAT  MO  4  Descrip        | 12  Ition of Exp ION  DAY  12               | 2001  Penditure  YEAR  2001 | \$ |      |                |  |  |  |
| FRANKFORD CHARGERS  Mailing Address  City  To Whom Paid AT & T  Mailing Address  City  To Whom Paid |                              |                                      | 4  Descrip DONAT  MO  4  Descrip PHONE: | 12  Ition of Exp ION  DAY  12  Ition of Exp | 2001  YEAR  2001  penditure | \$ |      |                |  |  |  |

|   |                              |                   |             |                                     |                                     | PA        | GE 14  |  |  |  |
|---|------------------------------|-------------------|-------------|-------------------------------------|-------------------------------------|-----------|--------|--|--|--|
| To Whom Paid<br>VERIZON                 | МО                           | DAY               | YEAR        |                                     |                                     |           |        |  |  |  |
| Mailing Address                         |                              |                   | 4           | 18                                  | 2001                                | \$        | 62.10  |  |  |  |
| City State Zip Code (Plus 4)            |                              |                   |             | otion of Exp                        | penditure                           |           |        |  |  |  |
| To Whom Paid<br>COLUMBUS LODGE FORUM 14 | МО                           | DAY               | YEAR        |                                     |                                     |           |        |  |  |  |
| Mailing Address                         |                              |                   |             | 20                                  | 2001                                | \$        | 115.00 |  |  |  |
| City State Zip Code (Plus 4)            |                              |                   |             | otion of Exp                        | penditure                           |           |        |  |  |  |
| <b>To Whom Paid</b><br>25TH WARD DEMS.  | МО                           | DAY               | YEAR        |                                     |                                     |           |        |  |  |  |
| Mailing Address                         | 4                            | 27                | 2001        | \$                                  | 100.00                              |           |        |  |  |  |
| City                                    | City State Zip Code (Plus 4) |                   |             |                                     | Description of Expenditure DONATION |           |        |  |  |  |
| To Whom Paid<br>AMERICAN EXPRESS        |                              |                   | МО          | DAY                                 | YEAR                                |           |        |  |  |  |
| Mailing Address                         |                              |                   | 5           | 3                                   | 2001                                | \$        | 237.06 |  |  |  |
| City                                    | State                        | Zip Code (Plus 4) | Descrip     | otion of Exp                        | penditure                           |           |        |  |  |  |
| To Whom Paid<br>18TH WARD DEM. EXEX.    |                              |                   | МО          | DAY                                 | YEAR                                |           |        |  |  |  |
| Mailing Address                         |                              |                   | 5           | 3                                   | 2001                                | <b>\$</b> | 100.00 |  |  |  |
| City State Zip Code (Plus 4)            |                              |                   |             | Description of Expenditure DONATION |                                     |           |        |  |  |  |
| To Whom Paid CONNIE DELORY              |                              |                   |             |                                     |                                     |           |        |  |  |  |
|   |                              |                   | МО          | DAY                                 | YEAR                                |           |        |  |  |  |
|   |                              |                   | <b>MO</b> 5 | <b>DAY</b> 3                        | <b>YEAR</b> 2001                    |           | 17.84  |  |  |  |

| To Whom Paid NATIONAL POL CONGRESS BLAC   | мо                      | DAY                                  | YEAR                                |                           |   |    |       |  |  |  |
|---|-------------------------|--------------------------------------|-------------------------------------|---------------------------|---|----|-------|--|--|--|
| Mailing Address   |                         |                                      | 5                                   | 8                         | 2001                                    | \$ | 40.00 |  |  |  |
| City  | State Zip Code (Plus 4) |                                      |                                     |                           |   |    |       |  |  |  |
| To Whom Paid<br>CCJ   | МО                      | DAY                                  | YEAR                                |                           |   |    |       |  |  |  |
| Mailing Address   |                         |                                      |                                     | 8                         | 2001                                    | \$ | 60.00 |  |  |  |
| City State Zip Code (Plus 4)  |                         |                                      |                                     | otion of Exp              | penditure                               |    |       |  |  |  |
| To Whom Paid 49TH WARD DEMS.  |                         |                                      |                                     | DAY                       | YEAR                                    |    |       |  |  |  |
| Mailing Address   |                         |                                      |                                     | 8                         | 2001                                    | \$ | 60.00 |  |  |  |
| City  | State Zip Code (Plus 4) |                                      |                                     |                           | Description of Expenditure DONATION     |    |       |  |  |  |
| To Whom Paid AT & T   |                         |                                      |                                     |                           |   |    |       |  |  |  |
|   | <u>'</u>                |                                      | МО                                  | DAY                       | YEAR                                    |    |       |  |  |  |
|   | <b>1</b>                |                                      | <b>мо</b> 5                         | DAY<br>8                  | <b>YEAR</b> 2001                        | \$ | 40.00 |  |  |  |
| AT & T  | State                   | Zip Code (Plus 4)                    | 5                                   | 8<br>otion of Exp         | 2001                                    |    | 40.00 |  |  |  |
| AT & T  Mailing Address   | State                   | Zip Code (Plus 4)                    | 5<br>Descrip                        | 8<br>otion of Exp         | 2001                                    |    | 40.00 |  |  |  |
| AT & T  Mailing Address  City  To Whom Paid   | State                   | Zip Code (Plus 4)                    | 5  Descrip PHONE                    | 8<br>Otion of Exp<br>S    | 2001<br>penditure                       |    | 40.00 |  |  |  |
| AT & T  Mailing Address  City  To Whom Paid 35TH WARD DEMS.   | State                   | Zip Code (Plus 4)  Zip Code (Plus 4) | Descrip<br>PHONE:                   | B Ation of Exp            | 2001  Penditure  YEAR  2001             | \$ |       |  |  |  |
| AT & T  Mailing Address  City  To Whom Paid 35TH WARD DEMS.  Mailing Address                          |                         |                                      | Descrip PHONE  MO  5  Descrip       | B Ation of Exp            | 2001  Penditure  YEAR  2001             | \$ |       |  |  |  |
| AT & T  Mailing Address  City  To Whom Paid 35TH WARD DEMS.  Mailing Address  City  To Whom Paid      |                         |                                      | Description Description Donat       | DAY  11  btion of Exp ION | 2001  YEAR  2001  penditure             | \$ |       |  |  |  |
| Mailing Address  City  To Whom Paid 35TH WARD DEMS.  Mailing Address  City  To Whom Paid SACRED HEART |                         |                                      | Descrip PHONE  MO  5  Descrip DONAT | DAY  11  ption of Exp ION | 2001  YEAR  2001  Penditure  YEAR  2001 | \$ | 80.00 |  |  |  |

| To Whom Paid TEN PENNIES   | мо                           | DAY                                  | YEAR                            |  |  |    |        |
|--|------------------------------|--------------------------------------|---------------------------------|--|--|----|--------|
| Mailing Address  |                              |                                      | 5                               | 23   | 2001                                   | \$ | 171.20 |
| City State Zip Code (Plus 4)   |                              |                                      |                                 | l<br>otion of Exp                            | enditure                               |    |        |
| To Whom Paid VERIZON   |                              |                                      |                                 | DAY  | YEAR                                   |    |        |
| Mailing Address  |                              |                                      |                                 | 23   | 2001                                   | \$ | 61.41  |
| City State Zip Code (Plus 4)   |                              |                                      |                                 | otion of Exp                                 | penditure                              |    |        |
| To Whom Paid BILL BERGER   |                              |                                      |                                 | DAY  | YEAR                                   |    |        |
| Mailing Address  |                              |                                      |                                 | 24   | 2001                                   | \$ | 350.00 |
| City   | City State Zip Code (Plus 4) |                                      |                                 |  | penditure                              |    |        |
| To Whom Paid PA. FEDERATION DEM. WOMEN   |                              |                                      |                                 |  |  |    |        |
|  | •                            |                                      | мо                              | DAY  | YEAR                                   |    |        |
|  |                              |                                      | <b>MO</b> 5                     | <b>DAY</b> 25                                | <b>YEAR</b> 2001                       | \$ | 100.00 |
| PA. FEDERATION DEM. WOMEN  | State                        | Zip Code (Plus 4)                    | 5                               | 25<br>otion of Exp                           | 2001                                   | \$ | 100.00 |
| PA. FEDERATION DEM. WOMEN  Mailing Address   | State                        | Zip Code (Plus 4)                    | 5<br>Descrip                    | 25<br>otion of Exp                           | 2001                                   | \$ | 100.00 |
| PA. FEDERATION DEM. WOMEN  Mailing Address  City  To Whom Paid   | State                        | Zip Code (Plus 4)                    | 5  Descrip  DONAT               | 25  otion of Exp                             | 2001<br>penditure                      | \$ | 100.00 |
| PA. FEDERATION DEM. WOMEN  Mailing Address  City  To Whom Paid  AMERICAN LEGION POST 2006                                      | State                        | Zip Code (Plus 4)  Zip Code (Plus 4) | 5  Descrip  DONAT  MO           | 25  Idion of Exp  ION  DAY  25  Idion of Exp | 2001  Penditure  YEAR  2001            |    |        |
| PA. FEDERATION DEM. WOMEN  Mailing Address  City  To Whom Paid  AMERICAN LEGION POST 2006  Mailing Address                     |                              |                                      | Descript DONAT  MO  5  Descript | 25  Idion of Exp  ION  DAY  25  Idion of Exp | 2001  Penditure  YEAR  2001            |    |        |
| PA. FEDERATION DEM. WOMEN  Mailing Address  City  To Whom Paid  AMERICAN LEGION POST 2006  Mailing Address  City  To Whom Paid |                              |                                      | Description DONAT               | 25  DAY  25  Dition of Exp  ION              | 2001  Penditure  YEAR  2001  Penditure |    |        |

| To Whom Paid RITA MOSSER  |  |  | DAY                             | YEAR                                       |   |   |
|---|--|--|---------------------------------|--|---|---|
| Mailing Address   |  |  |                                 | 2001                                       | \$  | 100.00  |
| City State Zip Code (Plus 4)  |  |  |                                 | enditure                                   |   |   |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |  |  |                                 |  | \$  | PAGE TOTAL<br>12,252.25   |
|   |  |  |                                 | '  |   |   |
|   |  |  |                                 |  |   |   |
|   |  |  | State Zip Code (Plus 4) Descrip | State Zip Code (Plus 4) Description of Exp | State Zip Code (Plus 4) Description of Expenditure DONATION | State Zip Code (Plus 4) Description of Expenditure DONATION  itures on Page 1, Report Cover Page, Item D. |

# 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         |                 |                    |          | ng Period           | l           |      |             |                                |
|---|-----------------|--------------------|----------|---------------------|-------------|------|-------------|--------------------------------|
| TARTAGLIONE, CHRISTINE FRIENDS TO ELECT From: |                 |                    | From:    |                     |             | То:  |             | 6/4/2001                       |
|   |                 |                    |          |                     | DATE        |      |             | Outstanding<br>Balance of Debt |
| Name of Creditor                              |                 |                    |          |                     | DAY         | VEAD |             |                                |
| BORSKI FOR CONGRESS                           |                 |                    |          | МО                  | DAY         | YEAR |             |                                |
| Mailing Address                               |                 |                    |          | 6                   | 25          | 1994 | •<br>•<br>• | 10,000.00                      |
| City PHILADELPHIA State Zip Code (Plus 4)     |                 |                    |          | Descrip             | otion of De | bt   |             |                                |
|   | PA              | 19111              |          | LOAN                |             |      |             |                                |
|   | •               | •                  |          |                     | DATE        |      |             | Outstanding<br>Balance of Debt |
| Name of Creditor                              |                 |                    |          |                     |             |      |             |                                |
| PA. STATE DEM. COMM.                          |                 |                    |          | МО                  | DAY         | YEAR |             |                                |
| Mailing Address                               |                 |                    |          | 6                   | 27          | 1994 | -<br>• \$   | 50,000.00                      |
| City HARRISBURG                               | State           | Zip Code (Plu      | us 4)    | Description of Debt |             |      |             |                                |
|   | PA              |                    |          | LOAN                |             |      |             |                                |
|   | <b>'</b>        | •                  |          |                     |             |      |             | PAGE TOTAL                     |
| Enter Grand Total of Unpaid                   | d Debts on Page | 1, Report Cover Pa | ge, Item | G.                  |             |      | \$          | 60,000.00                      |
| i .   |                 |                    |          |                     |             |      |             |                                |