

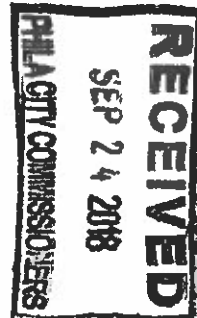


Campaign Finance Report

286038

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

Filer Identification Number: 9400089		Report Filed By:	CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST					
Name of Filing Committee, Candidate or Lobbyist: YOUNGBLOOD, ROSITA COM TO ELECT										
Street Address: 4613 MORRIS ST										
City: PHILADELPHIA		State: PA		Zip Code: 19144-4226						
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. X	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2018		FILING METHOD () CHECK ONE		PAPER	<input checked="" type="checkbox"/>	DISKETTE	
Name of Office Sought by Candidate: REPRESENTATIVE IN THE GENERAL ASSEMBLY				DATE OF ELECTION		District Number	Office Code	Party Code	County Code	
				MO	DAY	YEAR	198	STH	DEM	51
				11	6	2018	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		6	5	2018	TO	9	17	2018		
A. Amount Brought Forward From Last Report				\$			11,381.08			
B. Total Monetary Contributions And Receipts (From Schedule I)				\$			0.00			
C. Total Funds Available (Sum Of Lines A and B)				\$			11,381.08			
D. Total Expenditures (From Schedule III)				\$			6,400.00			
E. Ending Cash Balance (Subtract Line D From Line C)				\$			4,981.08			
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 21 day of September 2018

Maria Beamer My Commission Expires Nov 1, 2020

Signature of Person Submitting Report: Russell Montague
 Printed Name: RUSSELL MONTAGUE
 Email: N/A
 Area Code: 267 Daytime Telephone Number: 762-1342

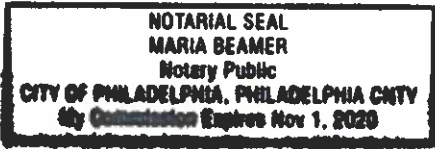
Part II - If this is a report of a candidate's authorized Committee, Candidate shall sign here.

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 21 day of September 2018

Maria Beamer My Commission Expires Nov 1, 2020

Signature of Candidate: Rosita Youngblood
 Printed Name: Youngblood Rosita
 Email: rosita@youngbloodforpa.com
 Area Code: 610 Daytime Telephone Number: 849-2617



CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate YOUNGBLOOD, ROSITA COM TO ELECT	Reporting Period From: <u>6/5/2018</u> To: <u>9/17/2018</u>
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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)		\$ 0.00
All Other Contributions (Part B)		\$ 0.00
	TOTAL for the Reporting Period	(2) \$ 0.00

3. Contributions Received Over \$250.00 (From Part C and Part D)		
Contributions Received From Political Committees (Part C)		\$ 0.00
All Other Contributions (Part D)		\$ 0.00
	TOTAL for the Reporting Period	(3) \$ 0.00

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.)		\$ 0.00
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SCHEDULE I

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		
			From:	To:	
			DATE		AMOUNT
Full Name of Contributing Committee			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.

PAGE TOTAL
\$ 0.00

PART B
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		
				From:	To:	
				DATE		AMOUNT
Full Name of Contributor				MO	DAY	YEAR
Mailing Address						
						\$ 0.00
City	State	Zip Code (Plus 4)				

PAGE TOTAL

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

\$ 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
	From: To:

Full Name of Contributing Committee			DATE			AMOUNT
			MO	DAY	YEAR	
Mailing Address						\$ 0.00
City	State	Zip Code (Plus 4)				

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

PAGE TOTAL
\$ 0.00

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
	From: To:

Full Name of Contributor	DATE			AMOUNT
	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City				
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
\$ 0.00

**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: _____

Full Name	DATE			AMOUNT
	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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	
YOUNGBLOOD, ROSITA COM TO ELECT		From: 6/5/2018	To: 9/17/2018
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 RECEIVED - 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: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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 YOUNGBLOOD, ROSITA COM TO ELECT	Reporting Period From <u>6/5/2018</u> To: <u>9/17/2018</u>
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			DATE			AMOUNT
To Whom Paid			MO	DAY	YEAR	
Pennsylvania House Democratic Campaign Committee						
Mailing Address 205 State Street			6	6	2018	\$ 4,000.00
City Harrisburg	State PA	Zip Code (Plus 4) 17101	Description of Expenditure Contribution			
To Whom Paid Friends of Maureen Madden for State Representative						
Mailing Address P.O. Box 11466			6	17	2018	\$ 200.00
City Stroudsburg	State PA	Zip Code (Plus 4) 18360	Description of Expenditure Donation			
To Whom Paid Pennsylvania House Democratic Campaign Committee						
Mailing Address 205 State Street			6	24	2018	\$ 1,000.00
City Harrisburg	State PA	Zip Code (Plus 4) 17101	Description of Expenditure Contribution			
To Whom Paid Friends of State Representative David P Richardson Community Celebration Committee						
Mailing Address 941 E. Stafford Street			8	14	2018	\$ 1,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19138	Description of Expenditure Donation for David P Richardson Community Day			
To Whom Paid Elect Joe Hohenstein						
Mailing Address 1117 Wakeling Street			8	15	2018	\$ 200.00
City Philadelphia	State PA	Zip Code (Plus 4) 19124	Description of Expenditure Donation			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 6,400.00

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Rosita C Youngblood</i>							
STREET ADDRESS <i>4613 MARSH STREET</i>							
CITY <i>Philadelphia</i>			STATE <i>PA</i>	ZIP CODE <i>19144-3526</i>			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION		
	<i>Rep In the General Assembly</i>		<i>19th</i>	<i>Dem</i>	MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY	1.				<i>11</i>	<i>06</i>	<i>2018</i>
2ND FRIDAY PRE-PRIMARY	2.						
30 DAY POST-PRIMARY	3.						
6TH TUESDAY PRE-ELECTION	4. <input checked="" type="checkbox"/>						
2ND FRIDAY PRE-ELECTION	5.						
30 DAY POST-ELECTION	6.						
ANNUAL REPORT	7.						

DATES OF REPORTING PERIOD		MO.		DAY		YEAR			
		<i>6</i>		<i>5</i>		<i>18</i>			
		TO		MO.		DAY		YEAR	
				<i>9</i>		<i>17</i>		<i>18</i>	

CASH BALANCE AT END OF REPORTING PERIOD:	\$	<i>- 0 -</i>
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:	\$	<i>- 0 -</i>

AMENDMENT REPORT?	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
TERMINATION REPORT?	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>

RECEIVED
 SEP 24 2018
 PHILADELPHIA

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____ 20__

SIGNATURE

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

SIGNATURE OF PERSON SUBMITTING REPORT

PRINTED NAME

_____ AREA CODE _____ DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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

21 DAY OF *September* 20*18*

Maria Beamer
SIGNATURE

MY COMMISSION EXPIRES *Nov* *1* 20*20*

SIGNATURE OF CANDIDATE

Rosita C Youngblood
PRINTED NAME

(215) 849-2617
AREA CODE DAYTIME TELEPHONE NUMBER

NOTARIAL SEAL
MARIA BEAMER Department of State • Bureau of Commissions, Elections and Legislation
 (Notary Public)
 CITY OF PHILADELPHIA, PHILADELPHIA CNTY
 My Commission Expires Nov 1 2020