Campaign Finance Report

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

Filer Identificati Number :	ion	9400	089			Rep File			CAND	IDATE		СОМ	ITTEE	✓	LOBE	SYIST		
Name of Filing C	Committee	, Candida	ate or Lo	obbyist:		your	ngbl	ood										
Street Address:	4613	Morris S	treet															
City:	mber: me of Filing Committee, Candidate or Lobbyist: y: 4613 Morris Street y: PHILADELPHIA PE OF PORT ARTHUESDAY PRE-PRIMARY ANNUAL REPORT ANNUAL REPOR								State:	PA			Zip Cod	de: 19	9144			
TYPE OF REPORT			1.		Y PRE	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	~	
(place X to the right of			4.		Y PRI	E- 5	5.	30 DA ELECT		POST-	6. X		TERMINA REPORT		Yes	No	~	
report type)	ANNUAL	REPORT	7.	Year 2012					NG METH CHECK C				PAPER		\	DISKE	TTE	
Name of Office S	- Sought by	Candidat	te:						DATE (OF ELE	CTIC	N	District Number	Office Code	Par	ty Code	County Code	
REPRESENTATI	VF IN TH	F GENER	AL ASS	FMBI Y					МО	DAY	YI	AR	198	STH	DEM	1	51	
					_				13		6	2012		(SEE IN	ISTRUCTIO	ONS FOR C	ODES)	
		and	МО	DAY	YEAR	2		_	МО	DAY	ΥI	EAR	FO	R OFFI	CE USE	ONLY		
			1	.0 23	2	012	T	<u> </u>	1	L	26	2012						
A. Amount Bro	ught Forw	ard Fron	n Last R	eport				\$			13,3	387.33						
B. Total Monet	ary Contri	butions A	And Rec	eipts (Fron	n Sche	dule	I)	\$			-	750.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 14,137.33																		
D. Total Expenditures (From Schedule III) \$ 7,543.39																		
E. Ending Cash	Balance ((Subtract	Line D	From Line	C)			\$			6,5	93.94	94					
F. Value Of In-	Kind Cont	ributions	Receive	ed (From S	chedu	le II)	\$				0.00						
G. Unpaid Debt	ts And Ob	ligations	(From S	chedule IV	/)			\$				0.00			1			
					AFF	IDA	VI	ΓSE	CTION									
PART I - If this is	s a Commi	ittee repo	ort, trea	surer sign	here.	If thi	is is	a Can	ndidate r	eport,	candi	date sig	jn here.					
I swear (or affirm) correct and comple		eport, incl	uding the	attached sc	hedule	s filed	l on	paper (or by elec	tronic m	edium	, are to t	the best o	f my kno	wledge a	and belie	ef , true	
Sworn to and subs	scribed befo	ore me this		20							S	Signature	of Perso	n Submit	ting Rep	ort		
		Signatu						-					Prin	ted Name	e			
My Commission Ex	xpires	Signatui											Ema	il				
	Ī	мо	D#	ΛΥ	YR			-		Ar	ea Cod	le	Daytim	e Telepi	none Nui	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comr	nitte	e, Ca	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		e best of m	ny knowle	dge and beli	ief this	polit	ical	commi	ittee has	not viola	ted an	y provis	ions of the	e act of J	une 3,19	937 (P.L	. 1333,	
Sworn to and subsc		e me this										s	ignature o	of Candid	ate			
	day of							-					Printe	d Name				
	s	ignature						-										
My Commission Exp		-											Ema	il				
	_	мо	D#	ΛY	YR	l		•		Area	Code		Da	aytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
youngblood	From:	10/23/201	<u>2</u> To:	11/26/2012
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	250.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	Period	(2)	\$	250.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	500.00
TOTAL for the Reporting	Period	(3)	\$	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			\$	750.00

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		
youngblood	From:	10/23/2012	To:	11/26/2012
		DATE		AMOUNT

1	Full Name of Contributing Committee HIGHMARK HEALTH PAC					DAY	YEAR	
Mailing Address 1800 CENTER ST PO BOX 890089							\$ 250.00	
City	CAMP HILL		State PA	Zip Code (Plus 4) 170890000	11	21	2012	

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 Candi	or rining committee or candidate			Reporting Period From: To:				
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

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 of Candidat	le of Filing Committee of Candidate			orting Pe	riod			
youngblood			Froi	m:	10/23/2	<u>012</u> To	: <u>11</u>	1/26/2012
				D	ATE		АМО	UNT
Full Name of Contributor				мо	DAY	YEAR		
Leigh Marsh				MO	DAT	TEAR		
Mailing 1115 W Erie Ave							\$	500.00
City PHILADELPHIA	State	Zip Code (Pl	us 4)	11	22	2012		
	PA	19140						
Employer Name Schneider Veterinar	y Clinic	•		Occupa	tion	eternar	ian	
Employer Mailing Address/Principal Pla Business	ace of	City		•	State		Zip Code (Plus 4)
1115 W. Erie Ave		Philade	lphia		PA		19140	
Enter Grand Total of Part C on Sch	edule I. Detailed S	Summary Page	e. Sectio	on 3.			PAG	E TOTAL
		· · · · · · · · · · · · · · · · · · ·	, - -			4	•	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	Candidate		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		AI	MOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•		•	•	
Enter Grand Total of Part E o	on Schedule I. Detailed	d Summary Page	Section	4			PA	GE TOTAL
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammar y r uge,	500.011				\$	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 Peri	od	
youngblood	From:	<u>10/23/2012</u> To:	11/26/2012
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	R	
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 Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	e				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	didate		Reporti	ng Period				
youngblood			From	10/2	3/2012	То:	11/26/2012	
				DATE			AMOUNT	
To Whom Paid THOMAS NEILSON			мо	DAY	YEAR			
Mailing Address 4626 GRISCO	OM STREET		11	2	2012	\$	1,500.00	
City PHILA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	19124	1	Campaign				
To Whom Paid TDN			мо	DAY	YEAR			
Mailing Address P O Box 4447	'8		11	5	2012	\$	1,100.00	
City PHILA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	19144	1	GOTV Expenses - Receipts on File				
To Whom Paid Flying Horse Hall			МО	DAY	YEAR			
Mailing Address 5534 Pulaski	Ave		11	5	2012	\$	500.00	
City PHILA	State	Zip Code (Plus 4)	Descrip					
	PA	19144		Staging Lo				
To Whom Paid TDN			мо	DAY	YEAR			
Mailing Address P O Box 4447	'8		11	5	2012	\$	2,500.00	
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	ı		
a.s.pa	PA	19144	GOTV Expenses - Receipts on File					
To Whom Paid	<u>.</u>	<u>.</u>	мо	DAY	YEAR			
Enterprise Rentals								
Mailing Address 7001 Essingto	on Ave		11	6	2012	\$	645.94	

19111

GOTV Van Rental - 2 Vans

PA

								PAGE 12
To Whom Paid Staples - Cricket				мо	DAY	YEAR		
Mailing Address	P O Box 44478			11	6	2012	\$	576.45
City Phila		State PA	Zip Code (Plus 4) 19144	Description of Expenditure Campaign Phone - GOTV Food -See				ee Receipts
To Whom Paid Rochelle Barabin				МО	DAY	YEAR		
Mailing Address	1620 Ivy Hill Rd			11	16	2012	\$	351.00
City Phila		State PA	Zip Code (Plus 4) 19150	Description of Expenditure Book Bags for Schools				
To Whom Paid Public Record				МО	DAY	YEAR		
Mailing Address 1323 S Broad Street				11	16	2012	\$	190.00
City Phila		State PA	Zip Code (Plus 4) 19147	Description of Expenditure Advertising				
To Whom Paid PA Farm Bureau				МО	DAY	YEAR		
Mailing Address 510 S 31st St.				11	16	2012	\$	80.00
City Camp Hill		State PA	Zip Code (Plus 4) 17001	Description of Expenditure Membership Advertising				
To Whom Paid Brenda Taylor				МО	DAY	YEAR		
Mailing Address 7261 Allens Lane				11	16	2012	\$	100.00
City Phila		State PA	Zip Code (Plus 4) 19119		otion of Exp			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.								PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							\$	7,543.39