

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 : 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: 8248 ALGON AVE										
City: PHILADELPHIA			State: PA		Zip Code: 19152-2206					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	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.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2002	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
REPRESENTATIVE IN THE GENERAL ASSEMBLY				MO	DAY	YEAR	STH	DEM	51	
				11	5	2002	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		1	1	1	TO	5	6	2002		
A. Amount Brought Forward From Last Report				\$		2,003.32				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		2,700.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		4,703.32				
D. Total Expenditures (From Schedule III)				\$		912.47				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		3,790.85				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		10,100.00				

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
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 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
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period	
YOUNGBLOOD, ROSITA COM TO ELECT	From:	To: <u>5/6/2002</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)	\$	1,600.00
All Other Contributions (Part B)	\$	100.00
	TOTAL for the Reporting Period	(2)
	\$	1,700.00

3. Contributions Received Over \$250.00 (From Part C and Part D)		
Contributions Received From Political Committees (Part C)	\$	1,000.00
All Other Contributions (Part D)	\$	0.00
	TOTAL for the Reporting Period	(3)
	\$	1,000.00

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.)	\$	2,700.00
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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				Reporting Period		
YOUNGBLOOD, ROSITA COM TO ELECT				From:	To:	5/6/2002
				DATE		AMOUNT
Full Name of Contributing Committee DANA-PAC				MO	DAY	YEAR
Mailing Address 908 N. SECOND ST.				3	10	2002
City HARRISBURG	State PA	Zip Code (Plus 4) 17102				
						\$ 200.00
Full Name of Contributing Committee VERIZON PENNA POL. ACTION COMMITTEE				MO	DAY	YEAR
Mailing Address STRAWBERRY SQUARE 4TH FLOOR				3	12	2002
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				
						\$ 150.00
Full Name of Contributing Committee PENNSYLVANIA PSYCHOLOGICAL PAC				MO	DAY	YEAR
Mailing Address 416 FORSTER STREET				3	12	2002
City HARRISBURG	State PA	Zip Code (Plus 4) 17102				
						\$ 200.00
Full Name of Contributing Committee NINTH DECADE FUND				MO	DAY	YEAR
Mailing Address				3	13	2002
City	State	Zip Code (Plus 4)				
						\$ 200.00
Full Name of Contributing Committee NATIONWIDE PENNSYLVANIA POLITICAL COMM				MO	DAY	YEAR
Mailing Address ONE NATIONWIDE PLZ 4-04-09				3	14	2002
City COLOMBUS	State OH	Zip Code (Plus 4) 432152220				
						\$ 200.00

Full Name of Contributing Committee AFSCME-AFL-CIO COUNCIL 13			MO	DAY	YEAR	\$ 200.00
Mailing Address 4031 EXECUTIVE PARK DRIVE			3	20	2002	
City HARRISBURG	State PA	Zip Code (Plus 4) 171111599				
Full Name of Contributing Committee PENNSYLVANIA PACE			MO	DAY	YEAR	\$ 200.00
Mailing Address BOX 1724 400 N. THIRD STREET			3	22	2002	
City HARRISBURG	State PA	Zip Code (Plus 4) 17105				
Full Name of Contributing Committee PUGLIESE-PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 500 N. 3RD STREET			3	25	2002	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				

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

PAGE TOTAL
\$ 1,600.00

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 YOUNGBLOOD, ROSITA COM TO ELECT	Reporting Period From: To: <u>5/6/2002</u>
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			DATE	AMOUNT		
Full Name of Contributing Committee	Mailing Address	City	MO	DAY	YEAR	
PA. MED. POL. ACTION COMMITTEE	P.O. BOX 8820	HARRISBURG	3	14	2002	\$ 400.00
State PA	Zip Code (Plus 4) 171058820					
LAW PAC	800 N. THIRD STREET	HARRISBURG	3	21	2002	\$ 600.00
State PA	Zip Code (Plus 4) 17102					

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

PAGE TOTAL
\$ 1,000.00

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:

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

			DATE	AMOUNT	
Full Name	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
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	Reporting Period
YOUNGBLOOD, ROSITA COM TO ELECT	From _____ To: <u>5/6/2002</u>

				DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR		
MARTINA MADISON	1	30	2002	\$	100.00
Mailing Address 8532 WMS. AVE.					
City PHILA	State PA	Zip Code (Plus 4) 19150	Description of Expenditure ACCOUNTANT		
To Whom Paid NATIONAL COALITION OF 100 BLACK WOMAN	2	26	2002	\$	60.00
Mailing Address					
City PHILA	State PA	Zip Code (Plus 4)	Description of Expenditure TICKETS		
To Whom Paid MARTINA MADISON	2	28	2002	\$	100.00
Mailing Address 8532 WMS. AVE					
City PHILA	State PA	Zip Code (Plus 4) 19150	Description of Expenditure ACCOUNTANT		
To Whom Paid THE PUBLIC RECORD	3	25	2002	\$	175.00
Mailing Address 1330 RITNER STREET					
City PHILA	State PA	Zip Code (Plus 4)	Description of Expenditure AD		
To Whom Paid MARTINA MADISON	3	30	2002	\$	100.00
Mailing Address 8532 WMS AVE					
City PHILA	State PA	Zip Code (Plus 4) 19150	Description of Expenditure ACCOUNTANT		

To Whom Paid SCOTTS GRILLE			MO	DAY	YEAR	\$ 277.47
Mailing Address			4	18	2002	
City HARRISBURG	State PA	Zip Code (Plus 4)	Description of Expenditure FUND RAISER			
To Whom Paid MARTINA MADISON			MO	DAY	YEAR	\$ 100.00
Mailing Address 8532 WMS. AVE			4	30	2002	
City PHILA	State PA	Zip Code (Plus 4) 19150	Description of Expenditure ACCOUNTANT			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 912.47

SCHEDULE IV

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 YOUNGBLOOD, ROSITA COM TO ELECT				Reporting Period From: To: <u>5/6/2002</u>			
						Outstanding Balance of Debt	
				DATE			
Name of Creditor ROBERT O'DONNELL				MO	DAY	YEAR	
Mailing Address							\$ 10,100.00
City PHILA	State PA		Zip Code (Plus 4)	Description of Debt			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 10,100.00