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 : | on 9400 | 089 | | | Rep File | | | CAND | IDATE | | COM | 4ITTEE | ✓ | LOBI | BYIST | | |
|-------------------------------------------|--------------------------------------------------------|-----------|-----------------------|---------|-------------|-------------|-------------------------|----------------|-----------|---------|-------------|------------------|----------------|----------|----------|----------|------------|
| Name of Filing C | Committee, Candid | ate or Lo | obbyist: | | YOU | NGE | BLOOI | D, ROSI | TA COI | и то | ELECT | | | | | | |
| Street Address: | 4613 MORRIS | ST | | | | | | | | | | | | | | | |
| City: | PHILADELPHI | 4 | | | | | | State: | PA | | | Zip Co | d e: 19 | 9144-4 | 226 | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDA' PRIMARY | Y PRE | - 2 | 2. X | 30 DA PRIMA | | POST- | 3. | | AMENDM REPORT | | Yes | No | | |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | | | | | | TERMINATION Yes REPORT? | | | No | • | / | | | | | |
| report type) | ANNUAL REPORT 7. Year 2018 FILING METHOD () CHECK ONE | | | | | | PAPER | | / | DISKE | TTE | | | | | | |
| Name of Office S | | | | | | | District Number | Office Code | Par | ty Code | Coun | | | | | | |
| | | | | | | | | МО | DAY | Y | EAR | 198 | STH | DEN | 1 | 51 | |
| REPRESENTATI | VE IN THE GENER | RAL ASS | EMBLY | | | | | 1 | 1 | 6 | 2018 | | (SEE IN | STRUCTI | ONS FOR | CODES) | 1 |
| | Receipts and | МО | DAY | YEAR | R | | | МО | DAY | Y | EAR | FC | R OFFI | CE USE | ONLY | | |
| Expenditures | from: | | 3 27 | 2 | 018 | T | 0 | | 4 | 30 | 2018 | | | | | | |
| A. Amount Bro | ught Forward Fron | n Last R | eport | | | | \$ | _ | | 6, | 615.17 | | | | | | |
| B. Total Monet | ary Contributions | And Rec | eipts (From | Sche | dule | I) | \$ | | | 10, | 750.00 | | | | | | |
| C. Total Funds | Available (Sum Of | Lines A | and B) | | | | \$ | | | 17, | 365.17 | | | | | | |
| D. Total Expen | ditures (From Sch | edule II | I) | | | | \$ | | | 8, | 643.54 | | | | | | |
| E. Ending Cash | Balance (Subtrac | t Line D | From Line (| C) | | | \$ | | | 8, | 721.63 | | | | | | |
| F. Value Of In- | Kind Contributions | Receiv | ed (From So | chedu | le II) |) | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Debt | ts And Obligations | (From S | Schedule IV |) | | | \$ | | | | 0.00 | | | | | | |
| | | | | AFF | IDA | VI | ΓSE | CTION | | | | | | | | | |
| PART I - If this is | s a Committee rep | ort, trea | surer sign l | nere. I | If thi | s is | a Car | ndidate ı | eport, | candi | date sig | ın here. | | | | | |
| I swear (or affirm) correct and comple |) that this report, inc ete. | uding the | attached sch | nedules | s filed | l on I | paper | or by elec | tronic n | nediun | ı, are to t | he best o | f my kno | wledge | and beli | ef , tru | 1 e |
| Sworn to and subs | cribed before me this day of | i | 20 | | | | | | | : | Signature | of Perso | n Submit | ting Rep | oort | | |
| | Signatu | ra | - | | | | - | | | | | Prin | ted Name | . | | | - |
| My Commission Ex | - | | | | | | | | | | | Ema | il | | | | - |
| | мо | D | AY | YR | | | | | Aı | ea Co | de | Daytim | ne Teleph | one Nu | mber | | |
| Part II- If this is | a report of a can | didate's | authorized | Comn | nittee | e, Ca | andid | ate shal | l sign h | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of r | ny knowle | edge and beli | ef this | politi | ical | comm | ittee has | not viola | ated a | ny provis | ions of th | e act of J | une 3,1 | 937 (P.L | . 1333 | s, |
| Sworn to and subsc | ribed before me this | | | | | | | | | | s | ignature (| of Candid | ate | | | - |
| | day of | | | | | | - | | | | | Printe | ed Name | | | | - |
| | Signature | | | | | | - | | | | | | | | | | _ |
| My Commission Exp | - | | | | | | | | | | | Ema | il | | | | |
| | МО | D | AY | YR | l | | • | | Area | Code | | D | aytime T | elephor | ne Numb | er | - |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-----------|
| YOUNGBLOOD, ROSITA COM TO ELECT | From: | 3/27/20 | <u>18</u> To: | 4/30/2018 |
| 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) | | | \$ | 10,500.00 |
| All Other Contributions (Part D) | | | \$ | 0.00 |
| TOTAL for the Reporting | Period | (3) | \$ | 10,500.00 |
| 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 Page 1, Page 2, 2, 2, 3, 2, 3, 3, 3, 4, 5, 5, 6, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, | | | \$ | 10,750.00 |

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 | | Period | | |
|---------------------------------------|-------|-----------|-----|-----------|
| YOUNGBLOOD, ROSITA COM TO ELECT | From: | 3/27/2018 | То: | 4/30/2018 |
| | | DATE | | AMOUNT |

| Full Name of Contributing Committee VERIZON GOOD GOVT CLUB OF PA | | | | МО | DAY | YEAR | | |
|-------------------------------------------------------------------|-------------------------|-----------------|----------|----------|-----|------|------|--------------|
| Mailin | ng Address 417 WALNUT S | STREET, 1ST FLO | OOR | | | | | \$ 250.00 |
| City | HARRISBURG | State | Zip Code | (Plus 4) | 4 | 17 | 2018 | |
| | | PA | 17101- | 1824 | | | | |

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 Fining Committee of Candidate | | | Reporting Period From: To: | | | | | |
|---------------------------------------|-------|-------------------|----------------------------|----|------|------|----|--------|
| | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | 1 | | | | | |

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 Candidate | me of Filing Committee or Candidate Repo | | | | | | | |
|---------------------------------------------------------------------------|------------------------------------------|--------------------------|--------------------------|------------|--------|------|--------------|-------|
| YOUNGBLOOD, ROSITA COM TO ELECT | | | From: | <u>3/2</u> | 7/2018 | То: | 4/30/2018 | |
| | | | | DA | TE | | AMOUNT | |
| Full Name of Contributing Committee AFSCME COUNCIL 13 POL & LEG ACCT | | | | МО | DAY | YEAR | | |
| Mailing Address 4031 EXECUTIVE PAR | RK DRIVE | | | | | | \$ 50 | 00.00 |
| City HARRISBURG | State PA | Zip Code 171111 | e (Plus 4) 507 | 4 | 17 | 2018 | | |
| Full Name of Contributing Committee BRAVO PAC | | | | МО | DAY | YEAR | | |
| Mailing Address 20 N MARKET SQ STI | E 800 State PA | Zip Code 171010 | e (Plus 4) | 4 | 17 | 2018 | \$ 50 | 00.00 |
| Full Name of Contributing Committee LAW PAC | | | | МО | DAY | YEAR | | |
| Mailing Address 212 N. Third Street, | Suite 101 | | | | | | \$ 50 | 00.00 |
| City HARRISBURG | State PA | Zip Code | (Plus 4) | 4 | 17 | 2018 | | |
| Full Name of Contributing Committee Pennsylvania SEIU Cope | | - | | МО | DAY | YEAR | | |
| Mailing Address 1500 North Second S | St., 2nd Floor, Suite11 | | | | | | \$ 50 | 00.00 |
| City HARRISBURG | State PA | Zip Code 17102 | e (Plus 4) | 4 | 17 | 2018 | | |
| Full Name of Contributing Committee Local Union#98 I.B.E.W. Committee On | Political Education | | | МО | DAY | YEAR | | |
| Mailing Address 1719 Spring Garden | Street | | | | | | \$ 2,50 | 00.00 |
| City PHILADELPHIA | State PA | Zip Code | e (Plus 4) | 4 | 18 | 2018 | | |

| Full Name of Contributing Committee | | | | DAY | VEAD | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------|-----------|---------------|------------------|----------------|
| Laborers District Council PAC | | | МО | DAY | YEAR | |
| Mailing Address 665 N. Broad Stree | et, 5th Floor | | | | | \$ 500.00 |
| City PHILADELPHIA | State | Zip Code (Plus 4) | 4 | 20 | 2018 | |
| | PA | 19123-0000 | | | | |
| Full Name of Contributing Committee | | | мо | DAY | YEAR | |
| 1776 PAC (UFCW) | | | MO | DAI | ILAK | |
| Mailing Address 3031-A WALTON R | D STE 201 | | | | | \$ 500.00 |
| City PLYMOUTH MEETING | State | Zip Code (Plus 4) | 4 | 17 | 2018 | |
| | PA | 19462-0000 | | | | |
| Full Name of Contributing Committee | | | мо | DAY | YEAR | |
| PECO PAC | | | | | | |
| Mailing Address 2301 MARKET ST S | 514-2 | | | 17 | 2010 | \$ 1,000.00 |
| City PHILADELPHIA | State | Zip Code (Plus 4) | 4 | 17 | 2018 | |
| | PA | 19103-0000 | | | | |
| | | | | | | |
| Full Name of Contributing Committee | | | мо | DAY | YEAR | |
| Full Name of Contributing Committee Philadelphia Fire Fighters & Paramedi | c Union Local 22 | | МО | DAY | YEAR | |
| | c Union Local 22 | | | | | \$ 500.00 |
| Philadelphia Fire Fighters & Paramedi | c Union Local 22 State | Zip Code (Plus 4) | MO | DAY 17 | YEAR 2018 | \$ 500.00 |
| Philadelphia Fire Fighters & Paramedi Mailing Address 415 N. 5th Street | _ | Zip Code (Plus 4) 19123-0000 | | | | \$ 500.00 |
| Philadelphia Fire Fighters & Paramedi Mailing Address 415 N. 5th Street | State | | | | | \$ 500.00 |
| Philadelphia Fire Fighters & Paramedi Mailing Address 415 N. 5th Street City PHILADELPHIA Full Name of Contributing Committee | State | | 4 | 17 | 2018 | \$ 500.00 |
| Philadelphia Fire Fighters & Paramedi Mailing Address 415 N. 5th Street City PHILADELPHIA Full Name of Contributing Committee HIGHMARK PAC OF HIGHMARK INC Mailing Address 1800 CENTER ST | State | | 4 | 17 | 2018 | |
| Philadelphia Fire Fighters & Paramedi Mailing Address 415 N. 5th Street City PHILADELPHIA Full Name of Contributing Committee HIGHMARK PAC OF HIGHMARK INC Mailing Address 1800 CENTER ST | State PA | 19123-0000 | мо | 17 DAY | 2018 YEAR | |
| Philadelphia Fire Fighters & Paramedi Mailing Address 415 N. 5th Street City PHILADELPHIA Full Name of Contributing Committee HIGHMARK PAC OF HIGHMARK INC Mailing Address 1800 CENTER ST | State PA State PA | 19123-0000 Zip Code (Plus 4) | мо | 17 DAY | 2018 YEAR | |
| Philadelphia Fire Fighters & Paramedi Mailing Address 415 N. 5th Street City PHILADELPHIA Full Name of Contributing Committee HIGHMARK PAC OF HIGHMARK INC Mailing Address 1800 CENTER ST City CAMP HILL Full Name of Contributing Committee | State PA State PA | 19123-0000 Zip Code (Plus 4) | MO 4 | 17 DAY 24 | 2018 YEAR 2018 | |
| Philadelphia Fire Fighters & Paramedi Mailing Address 415 N. 5th Street City PHILADELPHIA Full Name of Contributing Committee HIGHMARK PAC OF HIGHMARK INC Mailing Address 1800 CENTER ST City CAMP HILL Full Name of Contributing Committee INDEPENDENCE BLUE CROSS PAC (IE Mailing Address 1901 MARKET ST | State PA State PA | 19123-0000 Zip Code (Plus 4) | MO 4 | 17 DAY 24 | 2018 YEAR 2018 | \$ 500.00 |
| Philadelphia Fire Fighters & Paramedi Mailing Address 415 N. 5th Street City PHILADELPHIA Full Name of Contributing Committee HIGHMARK PAC OF HIGHMARK INC Mailing Address 1800 CENTER ST City CAMP HILL Full Name of Contributing Committee INDEPENDENCE BLUE CROSS PAC (IEMAILING ADDRESS) 1901 MARKET ST | State PA State PA State PA BC PAC) | 19123-0000 Zip Code (Plus 4) 17089-0000 | 4 MO 4 | 17 DAY 24 | 2018 YEAR 2018 | \$ 500.00 |

| Full Name of Contributing Committee LOCAL 0420 STEAMFITTERS UNION CO | PE COM | | мо | DAY | YEAR | |
|----------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------|-------------|---------------|------------------|------------------------|
| Mailing Address 14420 TOWNSEND R | RD | | | | | \$ 1,000.00 |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19154-1028 | 4 | 19 | 2018 | |
| Full Name of Contributing Committee HEALTH PARTNERS PLANS PAC | | | МО | DAY | YEAR | |
| Mailing Address 901 MARKET ST, SUI City PHILADELPHIA | State PA | Zip Code (Plus 4) 19107-0000 | 4 | 17 | 2018 | \$ 500.00 |
| | | | | | | |
| Full Name of Contributing Committee Cohen and Grigsby, PAC | | 1 | мо | DAY | YEAR | |
| | State PA | Zip Code (Plus 4) 15222 | MO 4 | DAY 30 | YEAR 2018 | \$ 500.00 |
| Cohen and Grigsby, PAC Mailing Address 625 Liberty Ave. | | | | | | \$ 500.00 |
| Cohen and Grigsby, PAC Mailing Address 625 Liberty Ave. City Pittsburgh Full Name of Contributing Committee | | | 4 | 30 | 2018 | \$ 500.00 \$ 500.00 |

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

PAGE TOTAL\$ 10,500.00

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 R. | | | Reporting Period | | | | |
|------------------------------------------|----------------|--------------|-------------------------|---------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| | | Fron | n: | | То | : | |
| | | | D/ | ATE | | АМ | OUNT |
| | | | МО | DAY | YEAR | | |
| | | | | | | \$ | 0.00 |
| State | Zip Code (Plus | s 4) | | | | | |
| | | | Occupat | tion | | | |
| e of | City | | | State | | Zip Code | (Plus 4) |
| dule I, Detailed Su | ımmary Page, | Section | on 3. | | | | GE TOTAL 0.00 |
| | e of | e of City | State Zip Code (Plus 4) | State Zip Code (Plus 4) Occupat | State Zip Code (Plus 4) Occupation Other State | State Zip Code (Plus 4) Occupation Occupation Other State Occupation Output Outp | DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation City State Zip Code |

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 Car | lame of Filing Committee or Candidate | | | ing Perio | od | | | |
|---------------------------------|---------------------------------------|----------------|---------|-----------|-----|------|----|-----------|
| | | | From: | | | To: | | |
| | | | | D | ATE | | А | MOUNT |
| Full Name | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | |
| Receipt Description | · | · | | | | | | |
| Enter Grand Total of Part E on | Schedule T. Detailed | d Summary Page | Section | 4 | | | P | AGE TOTAL |
| | 2, 200 0000 | | 22300 | | | | \$ | 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 Perio | od | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------|-----------|
| YOUNGBLOOD, ROSITA COM TO ELECT | From: | <u>3/27/2018</u> To: | 4/30/2018 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | PER CONTRIBUTOR | l . | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR | TF) | | |
| 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: | | | To: | |
| | | | | 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 Sche | dule II. In-Kind (| Contributions Deta | iled Sum | marv Pac | ıe. | | PAGE TOTAL |
| Section 2. | , | | | , | | \$ | 0.00 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | Reporting Period | | | | | | |
|---------------------------------------------------------------|------------|---------|------------|------------------|---------------------|-----|--------|-----------------------------|------|------------------------|
| , | | | | From: | | | To: | То: | | |
| | | | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | | \$ | 0.00 | |
| City | State | | Zip Code(F | Plus 4) | | | | | | |
| Employer of Contributor | | | | | Occupation | | | | | |
| Employer Mailing Address/Principal Place of Business | | City | | State | Zip Code(Plus 4) | | Descri | Description of Contribution | | |
| Enter Grand Total of Part G on So Summary Page, Section 3. | hedule II, | In-Kind | Contributi | ons De | taile | ed | | | | PAGE TOTAL 0.00 |

STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | | Reporting Period | | | | | | |
|---------------------------------------------------|----------------------|-----------------------------------|---------------------------------------------------------|----------------------------|----------|-------|-----------|--|--|--|
| YOUNGBLOOD, ROSITA COM TO ELECT | | | From | 3/2 | 7/2018 | То: | 4/30/2018 | | | |
| | | | | DATE | | | AMOUNT | | | |
| To Whom Paid Pennsylvania Courts/Commor | nwealth Court | | мо | DAY | YEAR | | | | | |
| Mailing Address 601 Commonwealth Avenue | | | 4 | 2 | 2018 | \$ | 73.00 | | | |
| City Harrisburg | State | Zip Code (Plus 4) | Descrip | Description of Expenditure | | | | | | |
| Harrisbary | PA | 17120 | Filing Fee for Commonwealth Court | | | | | | | |
| To Whom Paid Pennsylvania Supreme Court | | | | DAY | YEAR | | | | | |
| Mailing Address 601 Commonwealth Avenue, #4600 | | | 4 | 3 | 2018 | \$ | 90.00 | | | |
| City Harrisburg | State | Zip Code (Plus 4) | Description of Expenditure Supreme Court Filing Fee | | | | | | | |
| Harrisburg | PA | 17120 | | | | | | | | |
| To Whom Paid KC Strategies, LLC | | | мо | DAY | YEAR | | | | | |
| Mailing Address P.O. Box 11466 | | | 4 | 23 | 2018 | \$ | 2,263.42 | | | |
| City Harrisburg | State PA | Zip Code (Plus 4) 17101 | Description of Expenditure Campaign Fund Raiser 4/17/18 | | | | | | | |
| To Whom Paid Cheltenham Printing | · | | мо | DAY | YEAR | | | | | |
| Mailing Address 518 Ryers Avenue | | | 4 | 20 | 2018 | \$ | 744.12 | | | |
| City Cheltenham | State | State Zip Code (Plus 4) | | | enditure | : | | | | |
| <u> </u> | PA | 19012 | Campaign Posters, Buttons and Palm Cards | | | Cards | | | | |
| To Whom Paid Democratic Campaign Commi | ttee of Philadelphia | | МО | DAY | YEAR | | | | | |
| Mailing Address 219 Spring | g Garden Street | | 4 | 25 | 2018 | \$ | 3,500.00 | | | |
| | | | + | <u> </u> | I | I | | | | |

Zip Code (Plus 4)

19102

Description of Expenditure

Phila DCC Reception 4/30/18

State

PΑ

City

Philadelphia

| To Whom Paid Democratic Campaign Committee of Philadelphia | | | | DAY | YEAR | | | |
|-------------------------------------------------------------------------|-------|-------------------|----------------------------------------------------|-----|------------|----|----------|--|
| Mailing Address 219 Spring Garden Street | | | | 17 | 2018 | \$ | 1,500.00 | |
| City Philadelphia | State | Zip Code (Plus 4) | Description of Expenditure | | | | | |
| | PA | 19102 | Tickets to Reception 4/30/18 | | | | | |
| To Whom Paid Andrew Carn | | | МО | DAY | YEAR | | | |
| Mailing Address 7400 Michner Street | | | 4 | 6 | 2018 | \$ | 400.00 | |
| City Philadelphia | State | Zip Code (Plus 4) | Description of Expenditure | | | | | |
| | PA | 19150 | Technology Services & Equipment Lease for Campaign | | | | | |
| To Whom Paid Pennsylvania Courts/ommonwealth | Court | | МО | DAY | YEAR | | | |
| Mailing Address 601 Commonwealth Avenue | | | 4 | 2 | 2018 | \$ | 73.00 | |
| City Harrisburg | State | Zip Code (Plus 4) | Description of Expenditure | | | | | |
| _ | PA | 17120 | Filing Fees for Commonwealth Court | | | | rt | |
| | | | | | PAGE TOTAL | | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | \$ | 8,643.54 | |