#### **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	94000	)89				port ed B		CAN	DIE	DATE		COMN	ITTEE	<b>✓</b> [	LOB	BYIS	БТ	
Name of Filing C	ommittee,	Candida	te or Lo	obbyist:		YOU	JNGE	3L00	D, ROS	SITA	A COM	I TO	ELECT						
Street Address:	4613	MORRIS	ST																
City:	PHILAI	DELPHIA	ı						State:		PA			Zip Cod	<b>ie:</b> 19	144-4	1226		
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1.	2ND FRIDA PRIMARY	AY PRE	- 2	2.	30 DA		P	OST-	3.		AMENDM REPORT		Yes		No	<b>\</b>
(place X to the right of	6TH TUESD PRE-ELECT		4. <b>X</b>	2ND FRIDA		≣- !	5.	30 DA		P	OST-	6.		TERMINATION REPORT?		Yes	1	No	<b>/</b>
report type)	ANNUAL F	REPORT	7.	<b>Year</b> 2018	3				NG MET					PAPER		<b>\</b>	DIS	KETTE	
Name of Office S	ought by (	Candidat	e:						DATE	OF	F ELE	CTIO	N	District Number	Office Code	Pa	rty C	ode Cou	
									МО		DAY	YE	AR	198	STH	DE	М	51	
REPRESENTATI	VE IN THE	: GENER	AL ASS	EMBLY						11		6	2018		(SEE IN	STRUCT	ONS F	OR CODE	S)
Summary of	•	and	МО	DAY	YEAR	ì			МО		DAY	YI	EAR	FO	R OFFI	CE USE	ON	LY	
Expenditures	from:			6	5 2	018	Т	0		9	:	17	2018						
A. Amount Bro	ught Forwa	ard From	Last R	eport				\$				11,3	381.08						
B. Total Moneta	ary Contrib	outions A	nd Rec	eipts (Fro	m Sche	dule	: I)	\$					0.00						
C. Total Funds	Available (	(Sum Of	Lines A	and B)				\$				11,3	381.08						
D. Total Expend	ditures (Fr	om Sche	dule II	I)				\$				6,4	100.00						
E. Ending Cash	Balance (	Subtract	Line D	From Line	C)			\$				4,9	81.08						
F. Value Of In-	Kind Contr	ibutions	Receive	ed (From s	Schedu	le II	:)	\$			0.00								
G. Unpaid Debt	s And Obli	gations (	(From S	Schedule I	V)			\$					0.00						
					AFF	IDA	١٧٢	T SE	CTIO	N									
PART I - If this is	a Commit	tee repo	rt, trea	surer sign	here.	If th	is is	a Car	ndidate	re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple		port, inclu	iding the	attached s	chedule	s filed	d on	paper	or by el	ectr	onic m	edium	, are to t	he best o	f my kno	wledge	and	belief , t	rue
Sworn to and subs	cribed befor day of	e me this		20						-		S	ignature	of Perso	n Submit	ting Re	port		_
		S:t						- -		-				Prin	ted Name	•			_
My Commission Ex	pires	Signatur	е							-				Ema	il				_
	M	10	DA	AY	YR			_		-	Are	ea Cod	le	Daytim	e Teleph	one Nu	ımbe	r	_
Part II- If this is	a report o	of a cand	idate's	authorize	d Comn	nitte	e, C	andid	ate sha	all s	ign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and be	lief this	polit	tical	comm	ittee ha	s no	t viola	ted an	y provisi	ions of th	e act of J	une 3,1	937	(P.L. 13	33,
Sworn to and subsc		me this											Si	ignature o	of Candid	ate			-
	day of — –			_ 20 				_						Drinte	d Name				_
	Sie	gnature						-		_				Finite	- Haine				
My Commission Exp										-				Ema	il				_
		мо	D	AY	YR	1		-			Area	Code		Da	aytime T	elepho	ne Nı	ımber	_

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
YOUNGBLOOD, ROSITA COM TO ELECT	From:	<u>6/5/201</u>	<u>8</u> To:	9/17/2018
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	g 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	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate val							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fr	om:		То	:	
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE TOTAL

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

PAGE TOTAL
\$ 0.00

## 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 Cand	idate		Re	porting P	eriod			
			Fro	om:		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 or Candidate			Rep	orting Pe	riod			
			Fror	n:		To	<b>)</b> :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section	on 3.			\$	PAGE TOTAL 0.00

# 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	andidate		Report	ting Perio	bd			
			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 Fotal 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		
YOUNGBLOOD, ROSITA COM TO ELECT	From:	<u>6/5/2018</u> <b>To:</b>	9/17/2018
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 Candidat	:e		Reporting	g 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 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 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						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch 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 Ca	ındidate		Reportir	ng Period			
YOUNGBLOOD, ROSITA COM T	O ELECT		From	<u>6/!</u>	5/2018	То:	9/17/2018
				DATE			AMOUNT
<b>To Whom Paid</b> Pennsylvania House Democratio	: Campaign Committee	<u>;</u>	мо	DAY	YEAR		
Mailing Address 205 State St	treet		6	6	2018	\$	4,000.00
<b>City</b> Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	 e	
Harrisburg	PA	17101	Contrib				
<b>To Whom Paid</b> Friends of Maureen Madden for	State Representative		МО	DAY	YEAR		
Mailing Address P.O. Box 114	466		6	17	2018	\$	200.00
City Stroudsburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	· •	
	PA	18360	Donatio	on			
<b>To Whom Paid</b> Pennsylvania House Democration	: Campaign Committee	<u>;</u>	мо	DAY	YEAR		
Mailing Address 205 State Si	treet		6	24	2018	\$	1,000.00
<b>City</b> Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	17101	Contrib	ution			
<b>To Whom Paid</b> Friends of State Representative Committee	David P Richarson Co	mmunity Celebration	МО	DAY	YEAR		
Mailing Address 941 E. Staff	ord Street		8	14	2018	\$	1,000.00
	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
<b>City</b> Philadelphia						ardson Co	
<b>City</b> Philadelphia	PA	19138	Donatio	n for Davi	d P Rich	arason co	mmunity Day
City Philadelphia  To Whom Paid  Elect Joe Hohenstein	PA	19138	Donatio	DAY	YEAR		ommunity Day
To Whom Paid		19138				\$	ommunity Day
To Whom Paid  Elect Joe Hohenstein  Mailing Address 1117 Wakeli		19138  Zip Code (Plus 4)	<b>MO</b> 8	<b>DAY</b> 15	<b>YEAR</b> 2018	\$	
To Whom Paid Elect Joe Hohenstein  Mailing Address 1117 Wakeli	ing Street		<b>MO</b> 8	DAY  15  tion of Exp	<b>YEAR</b> 2018	\$	
To Whom Paid  Elect Joe Hohenstein  Mailing Address 1117 Wakeli	ing Street State PA	<b>Zip Code (Plus 4)</b> 19124	MO 8  Descrip	DAY  15  tion of Exp	<b>YEAR</b> 2018	\$	