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: 92	00089	REPORT FILED	ON BEHALF OF:	Committee		
NAME OF FILING COMMITTEE, CANDIDATE OR LC	BBYIST	IST YOUNGBLOOD, ROSITA COM TO ELECT				
STREET ADDRESS 4613 MORRIS ST						
CITY PHILADELPHIA	STATE	PA	ZIP CODE 191	44-4226		
TYPE OF REPORT Annual						
NAME OF OFFICE SOUGHT BY CANDIDATE						
DISTRICT CODE		PARTY C	ODE DEM			
DATE OF ELECTION 11/7/2023						
DATES OF REPORTING PERIOD	1/1/2024	то	12/31/2023	For Office Use Only		
AMENDMENT REPORT? NO	TERM	INATION REPORT?	NO			
CASH BALANCE AT THE END OF REPORTING PERIOD: TOTAL AMOUNT OF FILER'S OUTSTANDIN DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		0.00				

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidate'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	OF PERSON SUBMITTING REPORT	
SIGNATURE			PRINTED NAME				
MY COMMISION EXPIRES	MO.	DAY	YR.		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 3, 1937 (P.L. 1333, No. 320) AS AM		NOWLEDGE A	ND BELIEF THIS	POLITICAL COMM	1ITTEE HAS NOT VIOLA	TED ANY PROVISIONS OF THE ACT OF JUNE	
SWORN TO AND SUBSCRIBED BEFORE ME THIS							
day of			20				
					SIGNATURE	OF PERSON SUBMITTING REPORT	
SIGNATURE		PRINTED NAME					
MY COMMISION EXPIRES	MO.	DAY	YR.		AREA CODE	DAYTIME TELEPHONE NUMBER	