

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. | 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. X | Year 2005 | | 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 | 8 | 2005 | (SEE INSTRUCTIONS FOR CODES) | | | |
| Summary of Receipts and Expenditures from: | | MO | DAY | YEAR | TO | MO | DAY | YEAR | FOR OFFICE USE ONLY | | | |
| | | 1 | 1 | 1 | | 12 | 31 | 2005 | | | | |
| A. Amount Brought Forward From Last Report | | | | | | \$ 17,174.72 | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | | \$ 5,925.00 | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | \$ 23,099.72 | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | | \$ 3,796.54 | | | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | | \$ 19,303.18 | | | | | | |
| 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 of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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>12/31/2005</u> |

| | |
|--|------------------|
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | |
| TOTAL for the Reporting Period (1) | \$ 225.00 |

| | |
|--|--------------------|
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) | |
| Contributions Received From Political Committees (Part A) | \$ 2,100.00 |
| All Other Contributions (Part B) | \$ 1,000.00 |
| TOTAL for the Reporting Period (2) | \$ 3,100.00 |

| | |
|---|--------------------|
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | |
| Contributions Received From Political Committees (Part C) | \$ 2,600.00 |
| All Other Contributions (Part D) | \$ 0.00 |
| TOTAL for the Reporting Period (3) | \$ 2,600.00 |

| | |
|--|----------------|
| 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.) | \$ 5,925.00 |
|---|--------------------|

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, ROSITA COM TO ELECT | | | | From: | | To: <u>12/31/2005</u> | |
| | | | | DATE | | AMOUNT | |

| | | | | | | |
|--|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 250.00 |
| LAWPAC | | | | | | |
| Mailing Address 600 NORTH THIRD ST. | | | | | | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17102 | | | | |

| | | | | | | |
|--|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 100.00 |
| ADSCDFCA-PA | | | | | | |
| Mailing Address 319 N. FRONT ST. | | | | | | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17108 | | | | |

| | | | | | | |
|--|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 100.00 |
| PHILA COUNCIL OF AFLCIO POL. ACT (ILLEGIBLE) | | | | | | |
| Mailing Address 122 S. 22ND ST. | | | | | | |
| City PHILA | State PA | Zip Code (Plus 4) 19103 | | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 200.00 |
| VERIZON COMM. INC | | | | | | |
| Mailing Address STRAWBERRY SQUARE, 4TH FL. | | | | | | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | | | | |

| | | | | | | |
|--|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 100.00 |
| PABAR-PAC | | | | | | |
| Mailing Address 100 SOUTH STREET | | | | | | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17108 | | | | |

| | | | | | | |
|--|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributing Committee VALUE DRUG CO PAC | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address PO BOX 2448 | | | | | | |
| City ALTOONA | State PA | Zip Code (Plus 4) 16603 | | | | |
| Full Name of Contributing Committee AFSCME AFL-CIO COUNCIL 13 | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 4031 EXECUTIVE PARK DRIVE | | | | | | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17111 | | | | |
| Full Name of Contributing Committee PHILA. PAC | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 200 S. BROAD ST. | | | | | | |
| City PHILA | State PA | Zip Code (Plus 4) 19102 | | | | |
| Full Name of Contributing Committee PSEA PACE | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 400 N. THIRD ST. | | | | | | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17105 | | | | |
| Full Name of Contributing Committee BOILERMAKERS, LOCAL PAC FUND | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 2300 NEW FALLS RD | | | | | | |
| City NEWPORTVILLE | State PA | Zip Code (Plus 4) 19056 | | | | |
| Full Name of Contributing Committee PHILA PAC | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 200 SOUTH BROAD ST | | | | | | |
| City PHILA | State PA | Zip Code (Plus 4) 19102 | | | | |

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

PAGE TOTAL

\$ 2,100.00

PART B
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 Candidate YOUNGBLOOD, ROSITA COM TO ELECT | Reporting Period From: To: <u>12/31/2005</u> |
|---|--|

| | |
|-------------|---------------|
| DATE | AMOUNT |
|-------------|---------------|

| | | | | | | |
|---|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributor BARBARA SERIOUS | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 4611 MORRIS ST | | | | | | |
| City PHILA | State PA | Zip Code (Plus 4) 19144 | | | | |

| | | | | | | | | |
|--------------------------|-----------|-------|-------------------|----|-----|------|----|--------|
| Full Name of Contributor | | | | MO | DAY | YEAR | \$ | 100.00 |
| MICHAEL KARP | | | | | | | | |
| Mailing Address | | | | | | | | |
| P.O. BOX 1524 | | | | | | | | |
| City | BRYN MAWR | State | Zip Code (Plus 4) | | | | | |
| | | PA | 19010 | | | | | |

| | | | | | | | | |
|--------------------------|-------|-------|-------------------|----|-----|------|----|--------|
| Full Name of Contributor | | | | MO | DAY | YEAR | \$ | 100.00 |
| ESTHER SYLVESTER | | | | | | | | |
| Mailing Address | | | | | | | | |
| 3473 MIDVALE AVE | | | | | | | | |
| City | PHILA | State | Zip Code (Plus 4) | | | | | |
| | | PA | 19129 | | | | | |

| | | | | | | | |
|-------------------------------|-------|-------|-------------------|-----|------|----|--------|
| Full Name of Contributor | | | MO | DAY | YEAR | \$ | 100.00 |
| BUTKOVITZ FOR CITY CONTROLLER | | | | | | | |
| Mailing Address | | | | | | | |
| 7730 RICHARD ST. | | | | | | | |
| City | PHILA | State | Zip Code (Plus 4) | | | | |
| | | PA | 19152 | | | | |

| | | | | | | |
|---|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributor DARRYL J. HOLLINGER | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 1918 W. PACIFIC STREET | | | | | | |
| City PHILA | State PA | Zip Code (Plus 4) 19140 | | | | |

| | | | | | | |
|--|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributor BRAD MOSS | | | MO | DAY | YEAR | \$ 200.00 |
| Mailing Address 280 S. BROAD ST. | | | | | | |
| City PHILA | State PA | Zip Code (Plus 4) 19102 | | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributor BEVERLY N. MOLDROW | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 2081 HAMILTON ST. | | | | | | |
| City PHILA | State PA | Zip Code (Plus 4) 19130 | | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributor RALPH W. SMITH JR. | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 52 CHIPPENHAM DRIVE | | | | | | |
| City VOORHEES | State NJ | Zip Code (Plus 4) 08043 | | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributor SAMUEL QUARTEY | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 5023 SPRUCE ST | | | | | | |
| City PHILA | State PA | Zip Code (Plus 4) 19139 | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 1,000.00 |

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 | Reporting Period |
| YOUNGBLOOD, ROSITA COM TO ELECT | From: To: <u>12/31/2005</u> |

| | | | | DATE | | | AMOUNT | |
|---|----------|-------------------------|--|------|-----|------|-----------|--|
| Full Name of Contributing Committee CEMENT MASONS LOCAL 592 PAC | | | | MO | DAY | YEAR | \$ 500.00 | |
| Mailing Address 2511 SNYDER AVE | | | | | | | | |
| City PHILA | State PA | Zip Code (Plus 4) 19145 | | | | | | |
| Full Name of Contributing Committee CROWN PAC, PA | | | | MO | DAY | YEAR | \$ 300.00 | |
| Mailing Address 1 CROWN WAY | | | | | | | | |
| City PHILA | State PA | Zip Code (Plus 4) 19154 | | | | | | |
| Full Name of Contributing Committee PFT COMMITTEE TO SUPPORT PUBLIC EDU. | | | | MO | DAY | YEAR | \$ 300.00 | |
| Mailing Address 1816 CHESTNUT ST. | | | | | | | | |
| City PHILA | State PA | Zip Code (Plus 4) 19103 | | | | | | |
| Full Name of Contributing Committee D.U.D.A.T. DISTRICT COUNCIL 21 PAC | | | | MO | DAY | YEAR | \$ 500.00 | |
| Mailing Address 2980 SOUTHAMPTON ROAD | | | | | | | | |
| City PHILA. | State PA | Zip Code (Plus 4) 19154 | | | | | | |
| Full Name of Contributing Committee PECO PAC | | | | MO | DAY | YEAR | \$ 500.00 | |
| Mailing Address 12301 MARKET ST. | | | | | | | | |
| City PHILA | State PA | Zip Code (Plus 4) 19103 | | | | | | |

| | | | | | | |
|--|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributing Committee LAW PAC | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 800 N. THIRD ST. | | | | | | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17102 | | | | |

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

| |
|-------------|
| PAGE TOTAL |
| \$ 2,600.00 |

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 | \$ 0.00 |
| Mailing Address | | | | | | |
| 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 | \$ 0.00 | |
| Mailing Address | | | | | | | |
| 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

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: | To: <u>12/31/2005</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | | |
| TOTAL for the Reporting Period (1) | | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | | |
| TOTAL for the Reporting Period (2) | | \$ | 0.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Period (3) | | \$ | 0.00 |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.) | | \$ | 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 | \$ 0.00 |
| Mailing Address | | | | | | |
| 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 |

5/14/2024 1:29:35 AM

SCHEDULE III STATEMENT OF EXPENDITURES

| | |
|--|---|
| Name of Filing Committee or Candidate | Reporting Period |
| YOUNGBLOOD, ROSITA COM TO ELECT | From To: <u>12/31/2005</u> |

| DATE | | | | AMOUNT |
|----------------------------------|-----------------|--------------------------------|--|-----------|
| To Whom Paid | MO | DAY | YEAR | |
| THE PHILADELPHIA PUBLIC RECORD | | | | |
| Mailing Address | | | | |
| 1330 RITNER ST. | | | | \$ 350.00 |
| City PHILA | State PA | Zip Code (Plus 4) 19148 | Description of Expenditure AD | |
| To Whom Paid | MO | DAY | YEAR | |
| SENIOR'S COMPANION PROGRAM | | | | |
| Mailing Address | | | | |
| | | | | \$ 25.00 |
| City PHILA | State PA | Zip Code (Plus 4) | Description of Expenditure AD | |
| To Whom Paid | MO | DAY | YEAR | |
| 2005 DOMINICAN PARADE & FESTIVAL | | | | |
| Mailing Address | | | | |
| | | | | \$ 75.00 |
| City PHILA | State PA | Zip Code (Plus 4) | Description of Expenditure CONTRIBUTION | |
| To Whom Paid | MO | DAY | YEAR | |
| THE PHILADELPHIA PUBLIC RECORD | | | | |
| Mailing Address | | | | |
| 1330 RITNER ST. | | | | \$ 300.00 |
| City PHILA | State PA | Zip Code (Plus 4) 19148 | Description of Expenditure AD | |
| To Whom Paid | MO | DAY | YEAR | |
| CARROLL PARK COMM. COUNCIL INC | | | | |
| Mailing Address | | | | |
| | | | | \$ 20.00 |
| City PHILA | State PA | Zip Code (Plus 4) | Description of Expenditure AD | |

| | | | | | | |
|-------------------------------|--------------------|--------------------------|---|------------|-------------|----------|
| To Whom Paid PA NOW | | | MO | DAY | YEAR | \$ 30.00 |
| Mailing Address | | | | | | |
| City PHILA | State PA | Zip Code (Plus 4) | Description of Expenditure AD | | | |

| | | | | | | |
|--|--------------------|--------------------------|---|------------|-------------|----------|
| To Whom Paid OFFENDERS FOR COMM. EMPOWERMENT | | | MO | DAY | YEAR | \$ 50.00 |
| Mailing Address | | | | | | |
| City PHILA | State PA | Zip Code (Plus 4) | Description of Expenditure CONTRIBUTION | | | |

| | | | | | | |
|--|--------------------|--------------------------|---|------------|-------------|----------|
| To Whom Paid U.S. POSTMASTER | | | MO | DAY | YEAR | \$ 30.00 |
| Mailing Address | | | | | | |
| City PHILA | State PA | Zip Code (Plus 4) | Description of Expenditure STAMPS | | | |

| | | | | | | |
|--|--------------------|--------------------------|---|------------|-------------|----------|
| To Whom Paid SIMON GRATZ HIGH SCHOOL | | | MO | DAY | YEAR | \$ 25.00 |
| Mailing Address | | | | | | |
| City PHILA | State PA | Zip Code (Plus 4) | Description of Expenditure CONTRIBUTION | | | |

| | | | | | | |
|--|--------------------|--------------------------|--|------------|-------------|-----------|
| To Whom Paid WANDA EXLINE | | | MO | DAY | YEAR | \$ 200.00 |
| Mailing Address 8248 ALGON AVE. | | | | | | |
| City PHILA | State PA | Zip Code (Plus 4) | Description of Expenditure DEPOSIT FOR FUND RAISER | | | |

| | | | | | | |
|--------------------------------------|--------------------|--------------------------|---|------------|-------------|----------|
| To Whom Paid C JANICE PECK | | | MO | DAY | YEAR | \$ 50.00 |
| Mailing Address | | | | | | |
| City PHILA | State PA | Zip Code (Plus 4) | Description of Expenditure CONTRIBUTION | | | |

| | | | | | | |
|--|--------------------|--------------------------|---|------------|-------------|-------------|
| To Whom Paid THE DEMOCRATIC CAMPAIGN COMMITTEE | | | MO | DAY | YEAR | \$ 1,500.00 |
| Mailing Address | | | | | | |
| City PHILA | State PA | Zip Code (Plus 4) | Description of Expenditure 10 TICKETS | | | |

| | | | | | | |
|---------------------------------------|--------------------|--------------------------|---|------------|-------------|----------|
| To Whom Paid WANDA EXLINE | | | MO | DAY | YEAR | \$ 74.00 |
| Mailing Address 8248 ALGON AVE | | | | | | |
| City PHILA | State PA | Zip Code (Plus 4) | Description of Expenditure STAMPS | | | |

| | | | | | | |
|---------------------------------------|--------------------|-----------------------------------|--|------------|-------------|-------------|
| To Whom Paid FINANGANS WAKE | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 527 N. 3RD ST. | | | | | | |
| City PHILA | State PA | Zip Code (Plus 4) 19123 | Description of Expenditure FUND RAISER | | | |

| | | | | | | |
|---------------------------------------|--------------------|--------------------------|---|------------|-------------|----------|
| To Whom Paid WANDA EXLINE | | | MO | DAY | YEAR | \$ 42.80 |
| Mailing Address 8248 ALGON AVE | | | | | | |
| City PHILA | State PA | Zip Code (Plus 4) | Description of Expenditure CAKE FOR FUND RAISER | | | |

| | | | | | | |
|---|--------------------|--------------------------|---|------------|-------------|----------|
| To Whom Paid BREDENBECKS BAKERY | | | MO | DAY | YEAR | \$ 24.74 |
| Mailing Address | | | | | | |
| City PHILA | State PA | Zip Code (Plus 4) | Description of Expenditure PASTRIES & DONUTS FOR E. DAY | | | |

| | | | | | | |
|--|--|--|--|--|--|-------------------|
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | PAGE TOTAL |
| | | | | | | \$ 3,796.54 |

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>12/31/2005</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 |