### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

						Rep File			CANDI	IDATE COMM			MITTEE	<b>✓</b>	LOBE	SYIST	
Name of Filing C	ommitte	e, Candida	ite or Lo	bbyist:				BLOO RONG	D, ROSIT	A COM	TO	ELECT	C/O TRE	ASURER	: SHE	ILA E	
Street Address:	8248	3 ALGON A	AVE														
City:	PHIL	ADELPHIA	1						State:	PA <b>Zip Code:</b> 19152-2206							
TYPE OF REPORT	6TH TUES PRE-PRIN		1.	2ND FRIDA PRIMARY					ARY F	POST-	3.		AMENDM REPORT		Yes	No	<b>\</b>
(place X to the right of	6TH TUES		4. <b>X</b>	2ND FRIDATELECTION					Y F	POST-	6.		TERMINA REPORT		Yes	No	<b>\</b>
report type)	ANNUAL	. REPORT	7.	<b>Year</b> 2010					ILING METHOD ( ) CHECK ONE				PAPER		$\checkmark$	DISKE	TTE
Name of Office S	ought by	Candidat	e:						DATE O	F ELEC	CTIO	N	District Number	Office Code	Part	ty Code	County Code
REPRESENTATI	VE IN TH	IE GENER	ΔΙ Δςς	=MRI Y					МО	DAY	YE	AR		STH	DEM		
KEIKESENTATI	VE IIV II	IL OLIVLIO	AL ASSI						11		2	2010		(SEE INS	TRUCTIO	ONS FOR (	CODES)
Summary of		s and	МО	DAY	YEAR	l			МО	DAY	YE	AR	FO	R OFFIC	E USE	ONLY	
Expenditures	Trom:			1 1	2	010	Т	0	9	1	L3	2010					
A. Amount Bro	ught For	ward From	Last Re	eport				\$				28.12					
B. Total Moneta	ary Contr	ibutions A	nd Rece	eipts (From	Sche	dule	I)	\$	\$ 500.00								
C. Total Funds Available (Sum Of Lines A and B) \$ 9,028.12																	
D. Total Expenditures (From Schedule III)								\$			7,7	64.55					
E. Ending Cash	Balance	(Subtract	Line D I	From Line (	C)			\$			1,2	63.57					
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le II)	)	\$				0.00					
G. Unpaid Debt	s And Ob	ligations (	(From S	chedule IV	)			\$				0.00		,			
					AFF	IDA	VI	T SE	CTION								
PART I - If this is	a Comm	nittee repo	rt, treas	surer sign	here. I	[f this	s is	a Car	ndidate re	eport, c	andic	late sig	jn here.				
I swear (or affirm) correct and comple		report, inclu	iding the	attached sci	nedules	filed	on	paper	or by elect	ronic me	edium,	are to	the best o	f my know	vledge a	and belie	ef , true
Sworn to and subs	cribed bef day of	ore me this		20							s	ignature	e of Perso	n Submitt	ing Rep	ort	
		Signatur	e					_					Prin	ted Name			
My Commission Ex	pires	0.9	-										Ema	il			
		мо	DA	Υ	YR					Are	ea Cod	e	Daytim	e Teleph	one Nui	mber	
Part II- If this is	a report	of a cand	idate's a	authorized	Comn	nittee	e, C	andid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende		ne best of m	y knowle	dge and beli	ef this	politi	cal	comm	ittee has n	ot violat	ed an	y provis	ions of th	e act of Ju	ıne 3,19	937 (P.L	. 1333,
Sworn to and subsc	ribed befo day of	re me this		20								s	ignature o	of Candida	ite		
								-					Printe	d Name			
		Signature						-									
My Commission Exp	ires												Ema				
	_	МО	DA	·Υ	YR			-		Area	Code		Da	aytime Te	elephon	e Numb	er er

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period					
YOUNGBLOOD, ROSITA COM TO ELECT C/O TREASURER: SHEILA E ARMSTRONG	From:	1/1/201	. <u>0</u> To:	9/13/2010			
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)			\$	0.00			
All Other Contributions (Part B)	\$	0.00					
TOTAL for the Reporting	Period	(2)	\$	0.00			
3. Contributions Received Over \$250.00 (From Part C and Part D)							
Contributions Received From Political Committees (Part C)			\$	500.00			
All Other Contributions (Part D)			\$	0.00			
TOTAL for the Reporting	Period	(3)	\$	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 Pa			\$	500.00			

#### **PART A**

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

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate val							
Name of Filing Committee 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 Filling 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	)					

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	Reporting Period							
YOUNGBLOOD, ROSITA COM TO ELECT C/O TREASURER: SHEILA E ARMSTRONG	From:	1/1/2010	То:	9/13/2010				

DATE AMOUNT

Full Name of Contributing Committee PSEA PACE	МО	DAY	YEAR			
Mailing Address 400 N. 3RD STREET P.O BOX 1724						\$ 500.00
City HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17105	8	11	2010	

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

**PAGE TOTAL \$** 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				Reporting Period					
		Fron	m: To:						
			D/	ATE		АМ	OUNT		
			МО	DAY	YEAR				
Mailing Address						\$	0.00		
State Zip Code (Plus 4)									
			Occupation						
e of	City			State		Zip Code	(Plus 4)		
dule I, Detailed Su	ımmary Page,	Section	on 3.				<b>GE TOTAL</b> 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 Candid	Name of Filing Committee or Candidate			Reporting Period							
			From:			To:					
				D	ATE			AMOUNT			
Full Name				МО	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Code (	Plus 4)								
Receipt Description		·									
Enter Grand Total of Part E on Sch	edule I. Detaile	d Summary Page	Section	4				PAGE TOTAL			
The stand rotal of rare E on och	caale 1, betallet	a cammary rage,	5000001	••			\$	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 C/O TREASURER: SHEILA E ARMSTRONG	From:	<u>1/1/2010</u> <b>To:</b>	9/13/2010
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 Candidate				Reporting Period						
			From:			To:				
				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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pag	je,		PAGE TOTAL			
Section 2.						\$	0.00			

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					Re	Reporting Period						
					Fro	om:		To:				
							DATE			AMOUNT		
Full Name of Contributor						мо	DAY	YEAR				
Mailing Address									<b>\$</b>	0.00		
City	State		Zip Code(F	Plus 4)								
Employer of Contributor	•		•			Occupa	tion		•			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution		
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00		

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period				
YOUNGBLOOD, ROSITA COM TO ELECT C/O TREASURER: SHEILA E ARMSTRONG	From	1/1/2010	То:	9/13/2010	

ARMSTRONG								
				DATE			AMOUNT	
To Whom Paid LAW OFFICES OF JOHN SABALINA & ASSOCIATES			мо	DAY	YEAR			
Mailing Address 7720 CASTOR AVENUE 2ND FLOOR		6	25	2010	\$	4,164.55		
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19152	Description of Expenditure FINAL PAYMENT OF BALLOT CHALLENGE					
To Whom Paid FORENSIC CONSULTANTS			МО	DAY	YEAR			
Mailing Address POST OFFICE BOX 1177		6	25	2010	\$	3,200.00		
<b>City</b> PENNSAUKEN	State NJ	<b>Zip Code (Plus 4)</b> 08109	Description of Expenditure FINAL PAYMENT OF BALLOT CHALLENGE					
To Whom Paid THOMAS NEILSON		МО	DAY	YEAR				
Mailing Address 4626 GRISCOM STREET		8	2	2010	\$	150.00		
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19124	Description of Expenditure FINAL PAYMENT PETITION CHALLENGE					
To Whom Paid COMMONWEALTH OF PENNSYLVANIA			МО	DAY	YEAR			
Mailing Address 210 NORTH OFFICE BUILDING		8	18	2010	\$	250.00		
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17120	Description of Expenditure  LATE FILING FEE					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					ı	PAGE TOTAL		
Enter Grand Total of Expendi	tures on raye 1, Rep	ort cover rage, Item D	•			\$	7,764.55	