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 201	40152				port ed B		CAND	IDATE		соми	4ITTEE	✓	LOBI	BYIST	
Name of Filing C	Committee, Candi	date or L	obbyist:		PA I	FAM]	ILIES	FIRST								
Street Address:	1401 K ST, N	IW STE 2	200													
City:	WASHINGTO	N						State:	DC			Zip Cod	ie: 20	0005		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE	-	2. X	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	<u>-</u>	5.	30 DA		POST-	6.	6. TERMINATION Yes REPORT?					>
report type)	ANNUAL REPORT	7.	Year 2014					NG METH CHECK C							DISKE	TTE
Name of Office S	Sought by Candida	ate:	-					DATE (OF ELE	District Office Party						County Code
	,							МО	DAY	YI	EAR	Number		Code		
								13	1	4	2014		ONS FOR C	ODES)		
	Receipts and	МО	DAY	/EAR	2			МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY	
Expenditures	irom:		4 1	2	014	T	<u> </u>	Į.	5	5	2014					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			109,	379.72					
B. Total Moneta	ary Contributions	And Rec	eipts (From S	Sche	dule	e I)	\$				0.00					
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			109,	879.72					
D. Total Expend	ditures (From Sch	nedule II	I)				\$			88,6	65.89					
E. Ending Cash	Balance (Subtra	t Line D	From Line C))			\$			21,2	213.83					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	nedu	le II	I)	\$				0.00					
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)				\$				0.00			•		
				AFF	IDA	AVI	T SE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign he	ere. I	If th	nis is	a Car	ndidate r	eport,	candi	date sig	ın here.				
I swear (or affirm) correct and comple) that this report, inc ete.	cluding the	attached sche	dules	s file	d on	paper (or by elec	tronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true
Sworn to and subs	cribed before me th day of	is	20							5	Signature	of Perso	n Submit	ting Rep	oort	
	Signat	ure					-					Prin	ted Name	e		
My Commission Ex	cpires						_					Ema	il			
	мо	D	AY	YR					Ar	ea Co	le	Daytim	e Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized C	omn	nitte	ee, C	andid	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende		my knowl	edge and belief	this	poli	itical	comm	ittee has	s not violated any provisions of the act of June 3,1937 (P.L. 133							1333,
Sworn to and subsc	ribed before me this	•									s	ignature o	of Candid	ate		
	day of —— ————						-					Printe	d Name			
	Signature						-									
My Commission Exp	ires											Ema	il			
	МО	D	AY	YR			•		Area	Code		Da	aytime T	elephor	ie Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
PA FAMILIES FIRST	From:	4/1/201	<u>4</u> To:	5/5/2014
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)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
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			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate value		\$2) in the			
name of rining committee of canadate				From:			:	
					DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	!	I	!		<u> </u>			DAGE 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 Fining Committee of Canadate					Reporting Period					
			Fro	m:		To):			
					DATE		АМ	OUNT		
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				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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			
				Froi	m:		То):	
					D	ATE		AN	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	5 4)					
Employer Name	•	•			Occupa	tion	•	•	
Employer Mailing Address/Principal Pla Business	ce of		City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Scho	edule I, Deta	iled Sumr	mary Page,	Section	on 3.			P <i>/</i>	AGE 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	Candidate		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		AI	MOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•		•	•	
Enter Grand Total of Part E o	on Schedule I. Detailed	d Summary Page	Section	4			PA	GE TOTAL
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammar y r uge,	500.011				\$	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	
PA FAMILIES FIRST	From:	<u>4/1/2014</u> To:	<u>5/5/2014</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
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,	<u> </u>	\$	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						\$	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 Candidat	e				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	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

STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reporti	ng Period					
PA FAMILIES FIRST			From	<u>4/</u>	1/2014	То:	5/5/2014		
				DATE			AMOUNT		
To Whom Paid Third Branch, LLC			мо	DAY	YEAR				
Mailing Address PO Box 621			4	1	2014	\$	6,000.00		
City Centre Hall	State	Zip Code (Plus 4)	Descrip	Description of Expenditure					
	PA	16828		strative Co					
To Whom Paid New Partners			МО	DAY	YEAR				
Mailing Address 1250 Eye St	4	1	2014	\$	7,500.00				
City Washington	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	DC	20005	1	jic Consult					
To Whom Paid Perkins Coie			МО	DAY	YEAR				
Mailing Address 700 13th St	reet, NW Suite 600		4	1	2014	\$	10,000.00		
City Washington	State	Zip Code (Plus 4)	Descrip	otion of Exp	enditure	:			
geo	DC	20005	1	Services					
To Whom Paid American Bridge 21st Century			МО	DAY	YEAR				
Mailing Address 455 Massach	nusetts Avenue, NW Su	uite 600	4	1	2014	\$	1,550.00		
City Washington	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
3	DC	20009		ch Service					
To Whom Paid	•	•	мо	DAY	YEAR				
Normington, Petts & Associates									
Mailing Address 1050 17th S	ailing Address 1050 17th Street, NW Suite 444				2014	\$	48,000.00		
City Washington	State	Zip Code (Plus 4)	Descrip	otion of Exp	enditure				
	50	20026	15 .	:					

20036

Research Services

DC

							PAGE 12
To Whom Paid Third Branch, LLC			МО	DAY	YEAR		
Mailing Address PO Box 621			4	30	2014	\$	3,000.00
City Centre Hall	State PA	Zip Code (Plus 4) 16828	Description of Expenditure Administrative Compliance Services				
To Whom Paid Third Branch, LLC			МО	DAY	YEAR		
Mailing Address PO Box 621			4	30	2014	\$	56.58
City Centre Hall	State PA	Zip Code (Plus 4) 16828	Description of Expenditure Postage & Shipping Reimbursement				
To Whom Paid Perkins Coie			мо	DAY	YEAR		
Mailing Address 700 13th Street, NW Suite 600			4	30	2014	\$	5,000.00
City Washington	State DC	Zip Code (Plus 4) 20005	Description of Expenditure Legal Services				
To Whom Paid New Partners			мо	DAY	YEAR		
Mailing Address 1250 Eye Street, NW Suite 200			4	30	2014	\$	7,500.00
City Washington	State DC	Zip Code (Plus 4) 20005	Description of Expenditure Strategic Consulting Services				
To Whom Paid Amalgamated Bank			МО	DAY	YEAR		
Mailing Address 1825 K Street, NW			4	30	2014	\$	59.31
City Washington	State DC	Zip Code (Plus 4) 20006	Description of Expenditure Bank Fee				
Enter Grand Total of Ever	nditures on Page 1. Per	ort Cover Page Item D					PAGE TOTAL
Enter Grand Total of Exper	iditures on Page 1, Rep	oit Cover Page, Item D	=			\$	88,665.89