

Commonwealth of Pennsylvania

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 : 20140152		Report Filed By :		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: PA FAMILIES FIRST										
Street Address: 1401 K ST, NW STE 200										
City: WASHINGTON			State: DC		Zip Code: 20005					
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. <input checked="" type="checkbox"/>	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.	Year 2014	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
				MO	DAY	YEAR				
				11	4	2014	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		5	6	2014	TO	6	9	2014		
A. Amount Brought Forward From Last Report				\$		21,213.83				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		1,745,000.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		1,766,213.83				
D. Total Expenditures (From Schedule III)				\$		192,419.98				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		1,573,793.85				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		0.00				

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
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 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
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
PA FAMILIES FIRST	From: <u>5/6/2014</u> To: <u>6/9/2014</u>

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)	\$ 1,745,000.00
TOTAL for the Reporting Period (3)	\$ 1,745,000.00

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.)	\$ 1,745,000.00
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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
	From: To:
DATE AMOUNT	

Full Name of Contributing Committee	MO	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 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	Reporting Period
	From: _____ To: _____

	DATE	AMOUNT
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Full Name of Contributor	MO	DAY	YEAR	AMOUNT			
Mailing Address				\$ 0.00			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:20%;">State</td> <td style="width:50%;">Zip Code (Plus 4)</td> </tr> </table>	City	State	Zip Code (Plus 4)				
City	State	Zip Code (Plus 4)					

PAGE TOTAL
\$ 0.00

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

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: To:

	DATE			AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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 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 PA FAMILIES FIRST	Reporting Period From: <u>5/6/2014</u> To: <u>6/9/2014</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
SEIU Political Education Action Fund					
Mailing Address 1800 Massachusetts Avenue, NW	5	22	2014	\$ 500,000.00	
City Washington State DC Zip Code (Plus 4) 20036					
Employer Name N/A	Occupation N/A				
Employer Mailing Address/Principal Place of Business N/A	City N/A		State	Zip Code (Plus 4)	

Full Name of Contributor	MO	DAY	YEAR		
AFSCME Special Account					
Mailing Address 1625 L Street, NW	5	23	2014	\$ 550,000.00	
City Washington State DC Zip Code (Plus 4) 20036					
Employer Name N/A	Occupation N/A				
Employer Mailing Address/Principal Place of Business N/A	City N/A		State	Zip Code (Plus 4)	

Full Name of Contributor	MO	DAY	YEAR		
Democratic Governors Association					
Mailing Address 1401 K Street, NW Suite 200	5	29	2014	\$ 40,000.00	
City Washington State DC Zip Code (Plus 4) 20005					
Employer Name N/A	Occupation N/A				
Employer Mailing Address/Principal Place of Business N/A	City N/A		State	Zip Code (Plus 4)	

Full Name of Contributor Democratic Governors Association			MO	DAY	YEAR	\$ 600,000.00
Mailing Address 1401 K Street, NW Suite 200			5	19	2014	
City Washington	State DC	Zip Code (Plus 4) 20005				
Employer Name N/A			Occupation N/A			
Employer Mailing Address/Principal Place of Business N/A		City N/A	State	Zip Code (Plus 4)		

Full Name of Contributor Democratic Governors Association			MO	DAY	YEAR	\$ 55,000.00
Mailing Address 1401 K Street, NW Suite 200			5	6	2014	
City Washington	State DC	Zip Code (Plus 4) 20005				
Employer Name N/A			Occupation N/A			
Employer Mailing Address/Principal Place of Business N/A		City N/A	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 1,745,000.00

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		
Mailing Address				\$	0.00
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 PA FAMILIES FIRST	Reporting Period From: <u>5/6/2014</u> To: <u>6/9/2014</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 RECEIVED - 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	
Mailing Address				\$ 0.00
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

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address				\$	0.00
City	State	Zip Code(Plus 4)			
Employer of Contributor			Occupation		
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
PA FAMILIES FIRST	From <u>5/6/2014</u> To: <u>6/9/2014</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
Adelstein Liston	5	26	2014	\$ 66,000.00
Mailing Address 222 West Ontario Street Suite 600				
City Chicago	State IL	Zip Code (Plus 4) 60654	Description of Expenditure Production Services	
To Whom Paid New Partners	5	26	2014	\$ 7,500.00
Mailing Address 1250 Eye Street, NW Suite 200				
City Washington	State DC	Zip Code (Plus 4) 20005	Description of Expenditure Strategic Consulting Services	
To Whom Paid NGP Van, Inc.	5	26	2014	\$ 3,550.00
Mailing Address 1101 15th Street, NW Suite 500				
City Washington	State DC	Zip Code (Plus 4) 20005	Description of Expenditure Design Services	
To Whom Paid Normington, Petts & Associates	5	26	2014	\$ 49,200.00
Mailing Address 1050 17th Street, NW Suite 444				
City Washington	State DC	Zip Code (Plus 4) 20036	Description of Expenditure Research Services	
To Whom Paid Perkins Coie	5	26	2014	\$ 5,000.00
Mailing Address 700 13th Street, NW Suite 600				
City Washington	State DC	Zip Code (Plus 4) 20005	Description of Expenditure Legal Services	

To Whom Paid Reger Research			MO	DAY	YEAR	\$ 25,328.65
Mailing Address 5 Bankside Mews			5	26	2014	
City Richmond	State VA	Zip Code (Plus 4) 23231	Description of Expenditure Research Services			
To Whom Paid The Strategy Group			MO	DAY	YEAR	\$ 8,711.70
Mailing Address 1603 Orrington Avenue Suite 1730			5	26	2014	
City Evanston	State IL	Zip Code (Plus 4) 60201	Description of Expenditure Design Services			
To Whom Paid Third Branch, LLC			MO	DAY	YEAR	\$ 3,000.00
Mailing Address PO Box 621			5	26	2014	
City Centre Hall	State PA	Zip Code (Plus 4) 16828	Description of Expenditure Administrative Compliance Services			
To Whom Paid Normington, Petts & Associates			MO	DAY	YEAR	\$ 24,000.00
Mailing Address 1050 17th Street, NW Suite 444			5	27	2014	
City Washington	State DC	Zip Code (Plus 4) 20036	Description of Expenditure Research Services			
To Whom Paid Amalgamated Bank			MO	DAY	YEAR	\$ 129.63
Mailing Address 1825 K Street, NW			5	20	2014	
City Washington	State DC	Zip Code (Plus 4) 20006	Description of Expenditure Bank Fee			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 192,419.98

