Campaign Finance Report

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

Filer Identificat Number :	ion 2010	165			Repo Filed			CAND	IDATE		СОМІ	MITTEE	✓	LOB	BYIST		
	Committee, Candid	ate or L	obbyist:		Stude		-	t PAC			_						
Street Address:	P.O. 416																
City:	Wynnewood							State: PA Zip Code:					de: 19	19096			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY					NY ARY	POST-	POST- 3. X			AMENDMENT REPORT?			0	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION					NY FION	POST- 6.			TERMIN/ REPORT	Yes	N	0	\checkmark	
report type)	ANNUAL REPORT							IG METH CHECK O				PAPER		\checkmark	DISK	ETTE	
Name of Office	L Sought by Candida	te:						DATE C	OF ELE	CTIC	ON	District Number	Office Code	Par	ty Cod	e Cou	
								мо	DAY	Y	EAR	rumber	couc			1000	<u> </u>
								11		4	2014	i	(SEE INS	TRUCTI	ONS FOR	CODES	5)
	Receipts and	мо	DAY	YEAF	2			мо	DAY	Y	EAR	FC	R OFFIC	e use	ONLY	,	
Expenditures	s from:		5 6	2	2014	Т	C	6	5	9	2014						
A. Amount Bro	ught Forward From	n Last R	eport				\$			24,	572.33						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	edule I)	\$				0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			24,	572.33						
D. Total Expen	ditures (From Sch	edule II	I)				\$			5,	099.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$			19,4	473.33						
F. Value Of In-	Kind Contributions	s Receiv	ed (From S	chedu	le II)		\$				0.00	1					
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	/)			\$				0.00						
				AFF	-IDA\	/IT	- SE	CTION									
PART I - If this i	s a Committee rep	ort, trea	surer sign	here.	If this	is a	a Car	didate r	eport,	candi	date sig	gn here.					
I swear (or affirm correct and compl) that this report, incl ete.	uding the	e attached sc	hedule	s filed o	on p	aper	or by elect	tronic m	edium	n, are to t	the best o	f my knov	/ledge	and be	lief , tı	rue
Sworn to and subs	scribed before me this day of	5	20							5	Signaturo	e of Perso	n Submitt	ing Rep	oort		-
	Signatu	re	_				-					Prin	ted Name				-
My Commission E	-						_					Ema	il				_
	мо	D	AY	YR					Aı	ea Co	de	Daytin	e Teleph	one Nu	mber		_
Part II- If this is	a report of a can	didate's	authorized	Comm	nittee,	, Ca	ndid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amend) that to the best of n ed.	ny knowle	edge and beli	ief this	s politic	al d	comm	ittee has r	not viola	nted a	ny provis	ions of th	e act of Ju	ine 3,1	937 (P	L. 133	3,
Sworn to and subscribed before me this day of 20											s	ignature	of Candida	te			-
												Printe	ed Name				-
My Commission Exp	Signature											Ema	il				-
										<u> </u>							_
	мо	D	AY	YR	2				Area	Code		D	aytime Te	lephor	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** Students First PAC From: <u>5/6/2014</u> **To:** 6/9/2014 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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				porting	Period			
Fro						То	:	
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City State Zip Code (Plus 4)								
							Γ	PAGE TOTAL

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

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 Candidat	e			orting P	eriod			
From: To:):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
PAGE TOTAL								
Enter Grand Total of Part A on S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	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: To:							
				DA	TE		А	MOUNT
Full Name of Contributing Commit	ttee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	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	Reporting Period	
	From:	То:

				D	ATE		АМО	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Place of City Business				State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sch	nedule I, Detai	led Sumr	narv Page, Sectio	on 3.		Γ	PA	GE TOTAL
			, , , , , , , , , , , , , , , , , , , ,				\$	0.00

I

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	Name of Filing Committee or Candidate			ing Perio	d				
Fro				From: To:					
				D	ATE			AMOUNT	1
Full Name				мо	DAY	YEAR	1		
Mailing Address							\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description						•	•		
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	TAL
		illi y i uge,	Section				\$		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		
Students First PAC	From:	<u>5/6/2014</u> то:	<u>6/9/2014</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	ΓF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R				Reporting 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 Schedule II, In-Kind Contributions Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL		
					4	6	0.00		

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

Name of Filing Committee or Candidate					Reporting Period					
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor			1			Occupa	tion	1	1	
Employer Mailing Address/Principal Place of City State Business						Zip 4)	Code(Plus	Descri	ption of	Contribution
Enter Grand Total of Part G on S Summary Page, Section 3.	chedule II,	, In-Kind	Contributi	ions De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	didate		Reporti	ng Period			
Students First PAC	Students First PAC					То:	<u>6/9/2014</u>
				AMOUNT			
To Whom Paid Brightcove, Inc.			мо	DAY	YEAR		
Mailing Address One Cambridg	5	7	2014	\$	99.00		
City Cambridge	Descrip	tion of Exp	Denditure				
	MA	02142	Market	ing Expens	se		
To Whom Paid Citizens for Kenyatta Johnson			мо	DAY	YEAR		
Mailing Address P.O. Box 7466	5		6	5	2014	\$	5,000.00
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure		
	Contrib	oution					
							PAGE TOTAL
Enter Grand Total of Expendit	ures on Page 1, Re	port Cover Page, Item I) .			\$	5,099.00