

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 : 2010165		Report Filed By :		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: Students First PAC										
Street Address: P.O. 416										
City: Wynnewood			State: PA		Zip Code: 19096					
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. X	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	
		6	10	2014	TO	9	15	2014		
A. Amount Brought Forward From Last Report				\$		19,473.33				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		525,000.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		544,473.33				
D. Total Expenditures (From Schedule III)				\$		490,467.47				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		54,005.86				
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
Students First PAC	From: <u>6/10/2014</u> To: <u>9/15/2014</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)	\$ 525,000.00
TOTAL for the Reporting Period (3)	\$ 525,000.00

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.)	\$ 525,000.00
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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	
Full Name of Contributor		MO	DAY	YEAR	\$	0.00
Mailing Address						
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: 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 Students First PAC	Reporting Period From: <u>6/10/2014</u> To: <u>9/15/2014</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Jeffrey Yass					
Mailing Address 401 City Avenue, Suite 220				\$ 100,000.00	
City Bala Cynwyd	6	10	2014		
State PA					
Zip Code (Plus 4) 19004					
Employer Name Susquehanna International Group, LLP			Occupation Managing Director		
Employer Mailing Address/Principal Place of Business 401 City Avenue, Suite 220		City Bala Cynwyd	State PA	Zip Code (Plus 4) 19004	
Arthur Danchik					
Mailing Address 401 City Avenue, Suite 220				\$ 100,000.00	
City Bala Cynwyd	6	10	2014		
State PA					
Zip Code (Plus 4) 19004					
Employer Name Susquehanna International Group, LLP			Occupation Managing Director		
Employer Mailing Address/Principal Place of Business 401 City Avenue, Suite 220		City Bala Cynwyd	State PA	Zip Code (Plus 4) 19004	
Joel Greenberg					
Mailing Address 401 City Avenue, Suite 220				\$ 100,000.00	
City Bala Cynwyd	6	10	2014		
State PA					
Zip Code (Plus 4) 19004					
Employer Name Susquehanna International Group, LLP			Occupation Managing Director		
Employer Mailing Address/Principal Place of Business 401 City Avenue, Suite 220		City Bala Cynwyd	State PA	Zip Code (Plus 4) 19004	

Full Name of Contributor Jeffrey Yass			MO	DAY	YEAR	\$ 75,000.00
Mailing Address 401 City Avenue, Suite 220			9	11	2014	
City Bala Cynwyd	State PA	Zip Code (Plus 4) 19004				
Employer Name Susquehanna International Group, LLP			Occupation Managing Director			
Employer Mailing Address/Principal Place of Business 401 City Avenue, Suite 220		City Bala Cynwyd	State PA	Zip Code (Plus 4) 19004		

Full Name of Contributor Arthur Dantchik			MO	DAY	YEAR	\$ 75,000.00
Mailing Address 401 City Avenue, Suite 220			9	11	2014	
City Bala Cynwyd	State PA	Zip Code (Plus 4) 19004				
Employer Name Susquehanna International Group, LLP			Occupation Managing Director			
Employer Mailing Address/Principal Place of Business 401 City Avenue, Suite 220		City Bala Cynwyd	State PA	Zip Code (Plus 4) 19004		

Full Name of Contributor Joel Greenberg			MO	DAY	YEAR	\$ 75,000.00
Mailing Address 401 City Avenue, Suite 220			9	11	2014	
City Bala Cynwyd	State PA	Zip Code (Plus 4) 19004				
Employer Name Susuehanna International Group, LLP			Occupation Managing Director			
Employer Mailing Address/Principal Place of Business 401 City Avenue, Suite 220		City Bala Cynwyd	State PA	Zip Code (Plus 4) 19004		

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

PAGE TOTAL
\$ 525,000.00

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 Students First PAC	Reporting Period From: <u>6/10/2014</u> To: <u>9/15/2014</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
Students First PAC	From <u>6/10/2014</u> To: <u>9/15/2014</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
Harland Clarke	6	10	2014	\$ 78.97
Mailing Address 10931 Laureate Drive				
City San Antonio				
State TX				
Zip Code (Plus 4) 78249				
Description of Expenditure Office Expense				
To Whom Paid Brightcove, Inc.	6	10	2014	\$ 99.00
Mailing Address One Cambridge Center				
City Cambridge				
State MA				
Zip Code (Plus 4) 02142				
Description of Expenditure Marketing Expense				
To Whom Paid Education Opportunity PAC	6	17	2014	\$ 40,000.00
Mailing Address P.O. Box 837				
City Valley Forge				
State PA				
Zip Code (Plus 4) 19482				
Description of Expenditure Contribution				
To Whom Paid Brightcove	7	8	2014	\$ 99.00
Mailing Address One Cambridge Center				
City Cambridge				
State MA				
Zip Code (Plus 4) 02142				
Description of Expenditure Marketing Expense				
To Whom Paid Education Opportunity PAC	7	17	2014	\$ 10,000.00
Mailing Address P.O. Box 837				
City Valley Forge				
State PA				
Zip Code (Plus 4) 19482				
Description of Expenditure Contribution				

To Whom Paid Reform PA PAC			MO	DAY	YEAR	
Mailing Address P.O. Box 124			8	5	2014	\$ 250,000.00
City Manchester	State PA	Zip Code (Plus 4) 17345	Description of Expenditure Contribution			
To Whom Paid Brightcove, Inc.			MO	DAY	YEAR	
Mailing Address One Cambridge Center			8	6	2014	\$ 99.00
City Cambridge	State MA	Zip Code (Plus 4) 02142	Description of Expenditure Marketing Expense			
To Whom Paid Williams J. Mansfield, Inc.			MO	DAY	YEAR	
Mailing Address 998 Old Eagle School Road			8	14	2014	\$ 91.50
City Wayne	State PA	Zip Code (Plus 4) 19087	Description of Expenditure Legal Publication			
To Whom Paid Williams for Senate			MO	DAY	YEAR	
Mailing Address P.O. Box 6313			9	12	2014	\$ 75,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19139	Description of Expenditure Contribution			
To Whom Paid CAP PAC			MO	DAY	YEAR	
Mailing Address 1017 Mumma Road, Suite 102			9	12	2014	\$ 115,000.00
City Lemoyne	State PA	Zip Code (Plus 4) 17043	Description of Expenditure Contribution			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 490,467.47

