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 : | ion 2010 | 165 | | | Repoi Filed | | CAND | IDATE | | СОМІ | MITTEE | ✓ | LOB | BYIST | | |
|---|--|-------------|-----------------------|----------|----------------|--------------|--------------------|--------------------------------|------------|-------------|--------------------|----------------|--------------|----------|----------|--------------|
| Name of Filing C | Committee, Candida | ate or Lo | obbyist: | | Studer | ts Fir | st PAC | | | | | | | | | |
| Street Address: | P.O. 416 | | | | | | | | | | | | | | | |
| City: | Wynnewood | | | | | | State: | PA | | | Zip Co | de: 19 | 096 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDA PRIMARY | Y PRE- | · 2. | 30 D PRIM | | POST- | 3. | | AMENDN REPORT | | Yes | No | D | \checkmark |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. X | 2ND FRIDA ELECTION | Y PRE | - 5. | 30 D ELEC | AY TION | POST- 6. | | | TERMIN/ REPORT | | Yes | No | D | \checkmark |
| report type) | ANNUAL REPORT | 7. | Year 2014 | | | | NG METH CHECK O | | | | PAPER | | \checkmark | DISK | TTE | |
| Name of Office S | Sought by Candidat | te: | | | | | DATE C | OF ELE | СТІС | DN | District Number | Office Code | Par | ty Code | Cour | |
| | j , , , , , , , , , , , , , , , , , , , | | | | | | мо | DAY | Y | EAR | Number | code | | | Teone | <u> </u> |
| | | | | | | | 11 | | 4 | 2014 | j | (SEE INS | TRUCTI | ONS FOR | CODES |) |
| Summary of Receipts and MO DAY YEAR | | | | | | | мо | DAY | Y | EAR | FC | OR OFFIC | e use | ONLY | | |
| Expenditures | s from: | | 6 10 | 20 | 014 | Ю | ç |) | 15 | 2014 | | | | | | |
| A. Amount Bro | ught Forward Fron | n Last R | eport | | | \$ | ; | | 19,4 | 473.33 | 1 | | | | | |
| B. Total Monet | ary Contributions / | And Rec | eipts (Fron | n Sche | dule I) | \$ | 5 | | 525,000.00 | | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | | 5 | | 544,4 | 473.33 | | | | | | |
| D. Total Expen | D. Total Expenditures (From Schedule III) | | | | | \$ | 5 | | 490,4 | 467.47 | | | | | | |
| E. Ending Cash | Balance (Subtract | t Line D | From Line | C) | | 4 | 5 | | 54,0 | 05.86 | | | | | | |
| F. Value Of In- | Kind Contributions | Receiv | ed (From S | chedul | le II) | 4 | 5 | | | 0.00 | | | | | | |
| G. Unpaid Deb | ts And Obligations | (From S | Schedule IV | /) | | \$ | \$ 0.00 | | | | | | | | | |
| | | | | AFF | IDAV | IT SE | CTION | | | | | | | | | |
| PART I - If this is | s a Committee repo | ort, trea | surer sign | here. I | lf this i | s a Ca | ndidate r | eport, o | andi | date sig | gn here. | | | | | |
| I swear (or affirm correct and compl |) that this report, incl ete. | uding the | e attached sc | hedules | filed or | ı paper | or by elect | tronic m | edium | i, are to i | the best o | f my knov | /ledge | and bel | ief , tr | ue |
| Sworn to and subs | cribed before me this day of | 5 | 20 | | | | | | S | Signature | e of Perso | n Submitt | ing Rep | oort | | - |
| | Signatu | re | | | | _ | | | | | Prin | ted Name | | | | - |
| My Commission E | xpires | | | | | | | | | | Ema | il | | | | _ |
| | мо | DA | AY | YR | | | | Are | ea Coo | de | Daytin | ne Teleph | one Nu | mber | | |
| Part II- If this is | a report of a cand | lidate's | authorized | Comm | nittee, (| Candio | late shall | sign he | ere. | | | | | | | |
| I swear (or affirm) No 320) as amendo |) that to the best of n ed. | ny knowle | edge and beli | ief this | politica | l comn | nittee has r | not viola | ted an | ny provis | ions of th | e act of Ju | ine 3,1 | 937 (P.I | L. 133 | з, |
| Sworn to and subso | cribed before me this day of | | 20 | | | | | | | s | ignature (| of Candida | te | | | - |
| | | | | | | _ | | | | | Printe | ed Name | | | | - |
| | Signature | | | | | _ | | | | | | | | | | _ |
| My Commission Exp | bires | | | | | | | Email | | | | | | | | |
| | мо | D | AY | YR | | _ | | Area Code Daytime Telephone Nu | | | | e Numb | per | - | | |

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 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)** 0.00 525,000.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 525,000.00 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 \$ 525,000.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PAGE 3

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 | | | Re | Reporting Period | | | | | |
|---------------------------------------|-------|----------------|-----|------------------|--------|------|----|------------|--|
| Fr | | | Fro | om: | m: To: | | | | |
| | | | | | 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 | | Rep | orting P | eriod | | | | | |
| Fro | | | | | То: | | | | | |
| | | | | | 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 Schedule I, Detailed Summary Page, Section 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 Can | didate | | Reporting | orting Period | | | | | | |
|---------------------------------|-----------------------|---------------|-------------|---------------|-----|------|----|------------|--|--|
| | | | From: | | | То: | | | | |
| | | | | DA | TE | | А | MOUNT | | |
| Full Name of Contributing Comm | ittee | | | мо | DAY | YEAR | | | | |
| Mailing Address | | | | | | | \$ | 0.00 | | |
| City | State | Zip Cod | e (Plus 4) | | | | | | | |
| | | | | | | ſ | | PAGE TOTAL | | |
| Enter Grand Total of Part C or | n Schedule I, Detaile | 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 Candid | ame of Filing Committee or Candidate | | | | orting Pe | riod | | | | | | |
|---|--------------------------------------|----------|----------------------------------|---------|-------------------------|---------------|-------------------|---|-------|--|--|--|
| Students First PAC | | | | Fron | n: | <u>6/10/2</u> | <u>014</u> To | 9/15/20 |)14 | | | |
| | | | | | DA | ATE | | AMOUNT | | | | |
| Full Name of Contributor Joel Greenberg | | | | | мо | DAY | YEAR | | | | | |
| Mailing Address 401 City Avenue, | Suite 220 | | | | | | | | 00.00 | | | |
| City Bala Cynwyd | State PA | | p Code (Plus 9004 | : 4) | 9 | 11 | 2014 | | | | | |
| Employer Name Susuehanna International Group, LLP | | | | | Occupat | t ion | 1anagin | p Director Zip Code (Plus 4) 19004 | | | | |
| Employer Mailing Address/Principal Business | Place of | | City | | | State | | Zip Code (Plus 4) | | | | |
| 401 City Avenue, Suite 220 Bala Cynwyd | | | wyd | | РА | | 19004 | | | | | |
| Full Name of Contributor Arthur Dantchik | | | | мо | DAY | YEAR | | | | | | |
| Mailing 401 City Avenue, | Suite 220 | | | | | | | | 00.00 | | | |
| City Bala Cynwyd | State PA | | p Code (Plus 9004 | : 4) | 9 | 11 | 2014 | | | | | |
| Employer Name Susquehanna Inte | ernational Group, LLP | <u> </u> | | | Occupat | tion N | lanagin | g Director | | | | |
| Employer Mailing Address/Principal Business | Place of | | City | | State Zip Code (Plus 4) | | | | | | | |
| 401 City Avenue, Suite 220 | | | Bala Cyn | wyd | | PA | | 19004 | | | | |
| Full Name of Contributor Jeffrey Yass | | | | | мо | DAY | YEAR | | | | | |
| Mailing 401 City Avenue, | Suite 220 | | | | _ | | | | 00.00 | | | |
| City Bala Cynwyd | State PA | | i p Code (Plus 4) 9004 | | 9 | 11 | 2014 | | | | | |
| Employer Name Susquehanna International Group, LLP | | | | Occupat | tion N | 1anagin | g Director | | | | | |
| Employer Mailing Address/Principal Place of City Business | | | | | State | | Zip Code (Plus 4) | | | | | |
| 401 City Avenue, Suite 220 | | | Bala Cyn | wyd | | PA | | 19004 | | | | |

| Full Name of Contributor Joel Greenberg | | | | | | YEAR | | | |
|--|---------------------|-------------------|-----------------------------|---------|----------|---------|------|------------|-----------------------------|
| Mailing 401 City Avenue, Suit Address | e 220 | | | | | | | \$ | 100,000.00 |
| City Bala Cynwyd | State PA | Zip 190 | Code (Plus 4) 004 | 6 | 10 | 2014 | 1 | | |
| Employer Name Susquehanna Interna | tional Group, LLP | | | Occupat | ion M | 1anagir | ng [| Director | |
| Employer Mailing Address/Principal Plac Business | e of | | City | 1 | State | | Z | ip Code (| Plus 4) |
| 401 City Avenue, Suite 220 Bala Cynwyd | | | Bala Cynwyd | | PA 19004 | | | | |
| Sull Name of Contributor MO DA Arthur Danchik DA | | | | | DAY | YEAR | | | |
| Mailing 401 City Avenue, Suit | e 220 | | | 6 | 2014 | 1 | \$ | 100,000.00 | |
| City Bala Cynwyd | State PA | Zip 190 | Code (Plus 4) 004 | 6 10 | | 2014 | + | | |
| Employer Name Susquehanna Interna | tional Group, LLp | | | Occupat | ion M | 1anagir | ng [| Director | |
| Employer Mailing Address/Principal Plac Business | e of | | City | | State | | z | ip Code (| Plus 4) |
| 401 City Avenue, Suite 220 | | | Bala Cynwyd | | PA 19004 | | | | |
| Full Name of Contributor Jeffrey Yass | | | | мо | DAY | YEAR | | | |
| Mailing 401 City Avenue, Suit | e 220 | | | | | | | \$ | 100,000.00 |
| City Bala Cynwyd | State PA | Zip 190 | Code (Plus 4) 004 | 6 | 10 | 2014 | 1 | | |
| Employer Name Susquehanna Interna | tional Group, LLP | | | Occupat | ion M | lanagir | ng [| Director | |
| Employer Mailing Address/Principal Plac Business | e of | | City | 1 | State | | z | ip Code (| Plus 4) |
| 401 City Avenue, Suite 220 | | | Bala Cynwyd | | PA | | | 19004 | |
| Enter Grand Total of Part C on Sche | dule I, Detailed Su | umma | ary Page, Sectio | on 3. | | | \$ | | E TOTAL 25,000.00 |

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 | | | Report | ing Perio | d | | | | | | | |
|---------------------------------------|----------------------|---------------|---------|-----------|-----|------|----|---------|------|--|--|--|
| | Fro | | | | | То: | | | | | | |
| | | | | 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>6/10/2014</u> To: | <u>9/15/2014</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 | TF) | | |
| 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 | | | Reporting | Period | | | | | |
|---------------------------------------|--------------------|-------------------|-----------|-----------|------|-----|---------|--|--|
| | | | From: | From: To: | | | | | |
| L | | | | DATE | | АМ | OUNT | | |
| Full Name of Contributor | | | мо | DAY | YEAR | | | | |
| Mailing Address | | | | | | \$ | 0.00 | | |
| City | State | Zip Code (Plus 4) | ' | | | | | | |
| Description of Contribution: | | 1 | | 1 | I | 1 | | | |
| Enter Grand Total of Part F on Sched | ule II, In-Kind Co | ontributions Deta | iled Sum | mary Pag | e, | PAG | E TOTAL | | |
| Section 2. | | | | | 4 | 5 | 0.00 | | |

PAGE 11

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

| Name of Filing Committee or Candidate | | | | | Re | porting P | Period | | | | | |
|--|--------------|------------------|-------------|--------|--------|-----------|-----------|--------|-------|---------------------------|--|--|
| | | | | | Fro | om: | | То: | | | | |
| | | | | | | | DATE | | | AMOUNT | | |
| Full Name of Contributor | | | | | | мо | DAY | YEAR | | | | |
| Mailing Address | | | | | | | | \$ | 0.00 | | | |
| City | State | Zip Code(Plus 4) | | | | | | | | | | |
| Employer of Contributor | | | | | | Occupa | pation | | | | | |
| Employer Mailing Address/Principal Plac Business | ce of | City | | State | | Zip 4) | Code(Plus | Descri | otion | of Contribution | | |
| Enter Grand Total of Part G on Sch Summary Page, Section 3. | edule II, In | n-Kind | Contributio | ons De | etaile | ed | | | | PAGE TOTAL 0.00 | | |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | | Reporting Period | | | | |
|--|--------------------|-----------------------------------|---|--|---------------|-----|------------------|--|
| Students First PAC | | | From | <u>6/1</u> | <u>0/2014</u> | То: | <u>9/15/2014</u> | |
| | | | | DATE | | | AMOUNT | |
| To Whom Paid Harland Clarke | | | мо | DAY | YEAR | | | |
| Mailing Address 10931 Laureate Driv | /e | | 6 | 10 | 2014 | \$ | 78.97 | |
| City San Antonio | State TX | Zip Code (Plus 4) 78249 | | Description of Expenditure Office Expense | | | | |
| To Whom Paid Brightcove, Inc. | | | | DAY | YEAR | | | |
| Mailing Address One Cambridge Center | | | 6 | 10 | 2014 | \$ | 99.00 | |
| CityCambridgeStateZip Code (Plus 4)MA02142 | | | | otion of Exp ing Expense | | 1 | | |
| To Whom Paid Education Opportunity PAC | | | мо | DAY | YEAR | | | |
| Mailing Address P.O. Box 837 | | | 6 | 17 | 2014 | \$ | 40,000.00 | |
| City Valley Forge | State PA | Zip Code (Plus 4) 19482 | Description of Expenditure Contribution | | | | | |
| To Whom Paid Brightcove | | | мо | DAY | YEAR | | | |
| Mailing Address One Cambridge Cen | ter | | 7 | 8 | 2014 | \$ | 99.00 | |
| City Cambridge | State MA | Zip Code (Plus 4) 02142 | - | otion of Exp ing Expense | | | | |
| To Whom Paid Education Opportunity PAC | | | мо | DAY | YEAR | | | |
| Mailing Address P.O. Box 837 | | | 7 | 17 | 2014 | \$ | 10,000.00 | |
| City Valley Forge State Zip Code (Plus 4) PA 19482 | | | Description of Expenditure Contribution | | | | | |

| To Whom Paid | | | мо | DAY | YEAR | | | |
|---|-------------|-------------------|----------------------------|--------------|-----------|----|------------|--|
| Reform PA PAC | | | - | | | | | |
| Mailing Address P.O. Box 124 | | | 8 | 5 | 2014 | \$ | 250,000.00 | |
| City Manchester | State | Zip Code (Plus 4) | Descrip | tion of Exp | oenditure | | | |
| | PA | 17345 | Contrib | oution | | | | |
| To Whom Paid Brightcove, Inc. | | | мо | DAY | YEAR | | | |
| Mailing Address One Cambridge Cer | iter | | 8 | 6 | 2014 | \$ | 99.00 | |
| City Cambridge | State | Zip Code (Plus 4) | Description of Expenditure | | | | | |
| MA 02142 | | | | ing Expens | e | | | |
| To Whom Paid Williams J. Mansfield, Inc. | | | | DAY | YEAR | | | |
| Mailing Address 998 Old Eagle School Road | | | 8 | 14 | 2014 | \$ | 91.50 | |
| City Wayne | State | Zip Code (Plus 4) | Descrip | otion of Exp | penditure | | | |
| | PA | 19087 | Legal P | ublication | | | | |
| To Whom Paid Williams for Senate | | | мо | DAY | YEAR | | | |
| Mailing Address P.O. Box 6313 | | | 9 | 12 | 2014 | \$ | 75,000.00 | |
| City Philadelphia | State | Zip Code (Plus 4) | Descrip | tion of Exp | oenditure | | | |
| | PA | 19139 | Contrib | oution | | | | |
| To Whom Paid CAP PAC | | | мо | DAY | YEAR | | | |
| Mailing Address 1017 Mumma Road | , Suite 102 | | 9 | 12 | 2014 | \$ | 115,000.00 | |
| City Lemoyne | State | Zip Code (Plus 4) | Descrip | tion of Exp | oenditure | | | |
| | PA | 17043 | Contrib | oution | | | | |
| Enter Crand Total of Evnenditures on Dans 1. Demont Course Dans Theme D | | | | | | | PAGE TOTAL | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | \$ | 490,467.47 | |