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 :	i on 2014	0152			Repo Filed			CANDI	DATE		СОМИ	MITTEE	✓	LOB	BYIST		
Name of Filing C	Committee, Candid	late or L	obbyist:		PA FAI	4ILIE	ES	FIRST									
Street Address:	Street Address: 1401 K ST, NW STE 200																
City:	WASHINGTON	N					State: DC Zip Code: 2000						005				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.		DA IMA	IY F ARY	POST-	3.		AMENDMENT REPORT?		Yes	No)	\checkmark
(place X to the right of					POST- 6.			TERMINA REPORT		Yes	No)	\checkmark				
report type)	ANNUAL REPORT	7.	Year 2014					IG METHO				PAPER		\checkmark	DISKE	TTE	
Name of Office S	Sought by Candida	te:						DATE O	FELE	СТІС	DN	District Number	Office Code	Par	ty Code	Cour Code	
								мо	DAY	Y	EAR						
								11		4	2014		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	Ł			мо	DAY	Y	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	s from:		9 16	2	014	го		10		20	2014						
A. Amount Bro	ught Forward Froi	m Last F	Report				\$			80,	848.11						
B. Total Monet	ary Contributions	And Red	ceipts (Fron	1 Sche	dule I)		\$			24,	659.00						
C. Total Funds	Available (Sum Of	f Lines A	A and B)				\$			105,	507.11						
D. Total Expen	ditures (From Sch	edule I	11)				\$			38,5	529.61						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		_	\$			66,9	977.50						
F. Value Of In-	Kind Contribution	s Receiv	ved (From S	chedu	le II)		\$				0.00						
G. Unpaid Deb	ts And Obligations	(From	Schedule IV	()			\$				0.00						
				AFF	IDAV	IT S	SE(CTION									
PART I - If this is	s a Committee rep	ort, trea	asurer sign	here. I	If this i	s a C	Can	didate re	eport, o	candi	date sig	gn here.					
I swear (or affirm correct and compl) that this report, inc ete.	luding th	e attached sc	hedules	s filed o	1 рар	er o	or by elect	ronic m	edium	i, are to i	the best o	f my knov	ledge	and beli	ef , tr	ue
Sworn to and subs	cribed before me this day of	5	20							5	Signature	e of Perso	n Submitt	ing Rep	oort		-
	Signatu	ire				_						Prin	ted Name				-
My Commission E	xpires											Ema	il				_
	мо	D	AY	YR					Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comn	nittee,	Cand	lida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amendo	that to the best of r ed.	ny knowl	ledge and beli	ef this	politica	l con	nmi	ittee has n	ot viola	ted ar	ıy provis	ions of th	e act of Ju	ine 3,1	937 (P.I	. 133	3,
Sworn to and subso	ribed before me this										S	ignature o	of Candida	te			-
	day of					_						Printe	d Name				-
	Signature					_											_
My Commission Exp	bires											Ema					
	мо	D	YAY	YR		_			Area	Code		Da	aytime Te	lephor	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reportin	g Period		
PA FAMILIES FIRST	From:	<u>9/16/201</u>	<u>l4</u> To:	<u>10/20/2014</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reportin	g 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 Reportin	g 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)			\$	20,000.00
TOTAL for the Reportin	g Period	(3)	\$	20,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	1			
TOTAL for the Reportin	g Period	(4)	\$	4,659.00
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			\$	24,659.00

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						
						1				
					DATE AMOU					
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
		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 Candidate Reporting Period									
			Fror	m:		Тс):		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address	_	_					\$	0.00	
City	State	Zip Code (Plus 4	k)						
								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 Candidate			Reporting Period						
				То:					
				DA	TE		A	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
					PAGE TOTAL				
Enter Grand Total of Part C on Schedule I, Detailed Summary Pag				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					
PA FAMILIES FIRST			From:		<u>9/16/2014</u>		Го:	<u>10/20/2014</u>	
				DA	TE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR	۲ s	20,000.00	
AMERICAN FEDERATION OF TEACHERS								20,000.00	
Mailing Address 555 NEW JERSEY AV	/E NW			9	23	201	4		
City WASHINGTON	State	Zip Code (Plus	; 4)		25		`		
	DC	200010000							
Employer Name N/A				Occupation N/A					
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip	Code (Plus 4)	
N/A		N/A			PA		191	103	
Enter Grand Total of Part C on Schee	dule I, Detailed Su	ımmary Page,	Sectio	on 3.			\$	PAGE TOTAL 20,000.00	

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						
PA FAMILIES FIRST From:					<u>9/16/201</u>		<u>10/20/2014</u>		
				D	ATE			AMOUNT	
Full Name Adelstein Liston				мо	DAY	YEAR	\$	4,659.00	
Mailing Address 222 West Ontario Stre	eet - STE 600			9	18	2014	4		
City Chicago	State	Zip Code (Plus 4)	5					
	IL	60654							
Receipt Description Media Production	n Services Refund								
		_	- ··	_				PAGE TOTAL	
Enter Grand Total of Part E on Schedu	ie 1, Detailed Sumn	nary Page,	Section	4.			\$	4,659.00	

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		
PA FAMILIES FIRST	From:	<u>9/16/2014</u> то:	<u>10/20/2014</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	ſF)		
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 Re			Reporting	Period	·			
F			From:			То:		
	DATE			AMOUNT				
Full Name of Contributor				DAY	YEAR			
Mailing Address		_				7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:			1					
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detai Section 2.				mary Pag	je,		PAGE TOTA	AL.
						\$		0.00

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

Name of Filing Committee or Candidate				Reporting Period					
						То:			
DATE					AMOUNT				
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$ 0.00		
City	State	Zip Code(Plus 4)							
Employer of Contributor				Occupa	ation				
Employer Mailing Address/Principal Place of Business City			State	e Zip	Code(Plus 4)	Descri	ption of Contribution		
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kin	d Contributions D	etaile	ed			PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
PA FAMILIES FIRST			From	<u>9/10</u>	<u>5/2014</u>	То:	<u>10/20/2014</u>		
				DATE			AMOUNT		
To Whom Paid			мо	DAY	YEAR				
Third Branch LLC.									
Mailing Address PO Box 621			10	3	2014	\$	3,000.00		
City Centre Hall	State	Zip Code (Plus 4)	Description of Expenditure						
	Complia	ince Servio	es						
To Whom Paid				DAY	YEAR				
Amalgamated Bank									
Mailing Address 1825 K. Street NW				22	2014	\$	191.18		
CityWashingtonStateZip Code (Plus 4)			Descript	tion of Exp	enditure				
DC 20006				e					
To Whom Paid	мо	DAY	YEAR						
Amalgamated Bank									
Mailing Address 1825 K. Street NW	Mailing Address 1825 K. Street NW				2014	\$	38.43		
City Washington	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure				
	DC	20006	Bank Fe	e					
To Whom Paid			мо	DAY	YEAR				
Reger Research									
Mailing Address 5 Bankside Mews			10	3	2014	\$	7,500.00		
City Richmond	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure				
	VA	23231	Research Services						
To Whom Paid			мо	DAY	YEAR				
Normington, Petts & Assoc.									
Mailing Address 1050 17th St, NW			10	3	2014	\$	22,800.00		
City Washington	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure				
	DC	20036	Researc	h & Polling)				
To Whom Paid			мо	DAY	YEAR				
New Partners Consulting, Inc.			no	2	- Lyax				
Mailing Address 1250 Eye St., NW			10	3	2014	\$	5,000.00		
City Washington State Zip Code (Plus 4)			Descript	tion of Exp	enditure				
DC 20005			Strategi	c Services					
Enton Crond Tatal of Free and dite	n Dago 1. Dagard C	Source Dama Them					PAGE TOTAL		
Enter Grand Total of Expenditures o	m Paye 1, keport C	over Paye, Item L				\$	38,529.61		