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 :	on 2	0140	152				Rep File			CA	NDII	NDIDATE COMMITTEE COBBYIST								
Name of Filing C	ommittee, Car	ndidat	te or Lo	bbyis	st:	·	PA F	AM)	ILIES	FIRS	Т									
Street Address:	1401 K ST	Γ, NW	STE 2	.00																
City:	WASHING	TON								State	e:	DC			Zip Code: 20005					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1	l.	2ND F PRIM	RIDAY ARY	PRE-	2		30 DA						AMENDMENT REPORT?		Yes	N	0	√
(place X to the right of	6TH TUESDAY PRE-ELECTION		1.	2ND F	FRIDAY FION	PRE-	- 5	·.	30 DA		Р	OST-	6. X		TERMINA REPORT?		Yes	N	0	\
report type)	ANNUAL REPO	ORT 7	7.	Year	2014					NG ME					PAPER	√	DISK	ETTE		
Name of Office S	ought by Cand	didate):				•			DAT	ΕO	F ELE	CTI	ON	District Number	Office Code	Pai	rty Cod	Code	
										МО		DAY	Y	EAR						
											11		4	2014		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of Expenditures		d	МО	DA		YEAR		_	_	МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY		
			1	10	21	20)14	Т	0		11	- 7	24	2014						
A. Amount Bro	ught Forward	From	Last R	eport					\$				66,	977.50						
B. Total Monetary Contributions And Receipts (From Schedule I) \$											20,000.00									
C. Total Funds Available (Sum Of Lines A and B) \$ 86,977.50																				
D. Total Expenditures (From Schedule III)							\$				66,	686.24								
E. Ending Cash Balance (Subtract Line D From Line C)							\$				20,	291.26								
F. Value Of In-	Kind Contribut	tions I	Receive	ed (Fr	om Sc	hedul	e II))	\$					0.00						
G. Unpaid Debt	s And Obligati	ions (From S	chedu	ule IV))			\$					0.00		•				
						AFF:	IDA	VI	T SE	CTIC	NC									
PART I - If this is	a Committee	repoi	rt, trea	surer	sign h	ere. I	f this	s is	a Car	ndidat	te re	port, o	cand	idate sig	ın here.					
I swear (or affirm) correct and comple		, inclu	ding the	attach	ned sch	edules	filed	on	paper	or by e	electr	onic m	ediun	n, are to t	he best of	my knov	vledge	and be	ief , tr	ue
Sworn to and subs	cribed before me day of	e this		20										Signature	of Persoi	1 Submitt	ing Re	port		_
		nature	1	_					-		•				Print	ted Name				_
My Commission Ex	_										•				Emai	I				-
	мо		DA	lΥ		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a	candi	date's	autho	rized (Comm	ittee	e, C	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		t of my	knowle	dge ar	nd belie	f this	politi	cal	comm	ittee h	as no	ot viola	ted a	ny provisi	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subsc		this												Si	ignature o	f Candida	ite			-
	day of			20 -					-						Printe	d Name				-
	Signat	ure							-							_				_
My Commission Exp	ires														Emai	ı				
	мо)	D#	ΑY		YR			•			Area	Code		Da	ytime Te	elephor	ne Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
PA FAMILIES FIRST	From:	10/21/2014	<u>4</u> To:	11/24/2014
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)			\$	20,000.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	20,000.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	20,000.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	Period			
		From:		То			
		L		DATE			AMOUNT
Full Name of Contributing	Committee		МО	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

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 Fining Committee of Candidate				Reporting Period From: To:					
			Fro	m:		10):		
					DATE		AMOUNT		
Full Name of Contributor				МО	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 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 P			
PA FAMILIES FIRST	From:	10/21/2014	То:	11/24/2014

DATE AMOUNT

Full Name of Contributing Committee NEA ADVOCACY FUND	МО	DAY	YEAR			
Mailing Address 1201 16TH ST NW, S		_		\$ 20,000.00		
City WASHINGTON	State DC	Zip Code (Plus 4) 20036	11	5	2014	

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

PAGE TOTAL \$ 20,000.00

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							
			Fror	n:		To) :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section	on 3.			\$	PAGE TOTAL 0.00

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	ting Perio	bd			
			From:			To:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description		•		•				
Enter Grand Total of Part E	on Schedule T. Detailer	d Summary Page	Section	4			PAGE TOTAL	
Enter Grana Total of Fait E	on senedare 1, Betanet	a Summary rage,	Section				\$ 0.0	0

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 Per	od	
PA FAMILIES FIRST	From:	<u>10/21/2014</u> To:	11/24/2014
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting	g Period			
			From:				
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	Name of Filing Committee or Candidate					porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
PA FAMILIES FIRST			From	10/2	1/2014	То:	11/24/2014
			DATE				AMOUNT
To Whom Paid Amalgamated Bank			МО	DAY	YEAR		
Mailing Address 1825 K Street, NW			11	20	2014	\$	86.24
City Washington	State DC	Zip Code (Plus 4) 20006	Descrip Bank F	ption of Expenditure Tee			
To Whom Paid Normington, Petts & Associates			мо	DAY	YEAR		
Mailing Address 1050 17th Street, NW Suite 444			11	5	2014	\$	45,600.00
City Washington	State DC	Zip Code (Plus 4) 20036	Description of Expenditure Polling Services				
To Whom Paid New Partners			МО	DAY	YEAR		
Mailing Address 1250 Eye Street, NW Suite 200			11	5	2014	\$	10,000.00
City Washington	State DC	Zip Code (Plus 4) 20005	Description of Expenditure Strategic Services				
To Whom Paid Third Branch, LLC			мо	DAY	YEAR		
Mailing Address PO Box 621			11	5	2014	\$	6,000.00
City Centre Hall	State PA	Zip Code (Plus 4) 16828	Description of Expenditure Administrative Compliance Services				
To Whom Paid Reger Research			мо	DAY	YEAR		
Mailing Address 5 Bankside Mews			11	5	2014	\$	5,000.00
City Richmond	State VA	Zip Code (Plus 4) 23231	Description of Expenditure Research Services				
		_	_			ı	PAGE TOTAL
Enter Grand Total of Expen	ditures on Page 1, Rep	port Cover Page, Item I).			\$	66,686.24