#### **Campaign Finance Report**

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

| Filer Identificati<br>Number : | on 2010                     | 165       |  |           | Repor<br>Filed E |          | CA      | NDI    | DATE     |             | COM       | MITTEE             | <b>Y</b>       | LUB     | 51131     |                |
|--------------------------------|-----------------------------|-----------|--|-----------|------------------|----------|---------|--------|----------|-------------|-----------|--------------------|----------------|---------|-----------|----------------|
| Name of Filing C               | ommittee, Candid            | ate or L  | obbyist:                                   |           | Studen           | ts Firs  | t PAC   | 3      |          |             | •         |                    |                |         |           |                |
| Street Address:                | P.O. 416                    |           |  |           |                  |          |         |        |          |             |           |                    |                |         |           |                |
| City:                          | Wynnewood                   |           |  |           |                  |          | State   | e:     | PA       |             |           | Zip Co             | de: 19         | 096     |           |                |
| TYPE OF<br>REPORT              | 6TH TUESDAY<br>PRE-PRIMARY  | 1.        | 2ND FRIDA<br>PRIMARY                       | Y PRE-    | 2.               | 30 DA    |         | F      | POST-    | 3.          |           | AMENDN<br>REPORT   |                | No      |           |                |
| (place X to<br>the right of    | 6TH TUESDAY<br>PRE-ELECTION | 4.        | 2ND FRIDA<br>ELECTION                      | Y PRE     | - 5.             | 30 DA    |         | F      | POST-    | 6. <b>X</b> |           | TERMIN/<br>REPORT  |                | Yes     | No        | <b>\</b>       |
| report type)                   | ANNUAL REPORT               | 7.        | <b>Year</b> 2014                           |           |                  |          | NG MI   |        |          |             |           | PAPER              |                | ⋈       | DISKE     | TTE            |
| Name of Office S               | ought by Candida            | te:       |  |           |                  | -        | DAT     | ΈO     | F ELE    | стіо        | N         | District<br>Number | Office<br>Code | Par     | ty Code   | County<br>Code |
|                                |                             |           |  |           |                  |          | МО      |        | DAY      | YE          | AR        |                    |                |         |           |                |
|                                |                             |           |  |           |                  |          |         | 11     |          | 4           | 2014      |                    | (SEE IN        | STRUCTI | ONS FOR ( | CODES)         |
| Summary of Expenditures        | Receipts and from:          | МО        | DAY  | YEAR      |                  | -        | МО      |        | DAY      |             | EAR       |                    | R OFFI         | CE USE  | ONLY      |                |
|                                |                             |           | 10 21                                      | . 20      | 014 T            | <u>o</u> |         | 11     | 2        | 24          | 2014      | ļ                  |                |         |           |                |
|                                | ught Forward Fron           |           | -  |           |                  | \$       |         |        |          |             | 906.86    |                    |                |         |           |                |
|                                | ary Contributions A         |           |  | n Sched   | dule 1)          | \$       |         |        | •        |             | 00.00     |                    |                |         |           |                |
|                                | Available (Sum Of           |           |  |           |                  | \$       |         |        | :        |             | 906.86    |                    |                |         |           |                |
| D. Total Expend                | ditures (From Scho          | edule II  | I)<br>———————————————————————————————————— |           |                  | \$       |         |        |          | 77,1        | .98.00    |                    |                |         |           |                |
|                                | Balance (Subtract           |           |  |           |                  | \$       |         |        | 2        | 27,7        | 08.86     | 1                  |                |         |           |                |
|                                | Kind Contributions          |           |  |           | e II)            | \$       |         |        |          |             | 0.00      |                    |                |         |           |                |
| G. Unpaid Debt                 | s And Obligations           | (From S   | schedule IV                                | /)<br>    |                  | \$       |         |        |          |             | 0.00      |                    |                |         |           |                |
|                                |                             |           |  |           | IDAVI            |          |         |        |          |             |           |                    |                |         |           |                |
|                                | s a Committee report, incl  |           | _  |           |                  |          |         |        |          |             | _         |                    | f my knov      | wledge  | and belie | ef , true      |
| -                              | cribed before me this       | :         |  |           |                  |          |         |        |          | s           | Signature | of Perso           | n Submit       | ing Rei | oort      |                |
|                                | day of                      |           | _ 20                                       |           |                  | _        |         |        |          |             | •         |                    |                |         |           |                |
|                                | Signatu                     | re        |  |           |                  | _        |         |        |          |             |           | Prin               | ted Name       |         |           |                |
| My Commission Ex               | ·                           |           |  |           |                  | _        |         |        |          |             |           | Ema                |                |         |           |                |
|                                | МО                          |           | AY   | YR        |                  |          |         |        |          | a Coc       | le        | Daytin             | e Teleph       | one Nu  | mber      |                |
|                                | a report of a cand          |           |  |           | •                |          |         |        |          |             | v provis  | ions of th         | e act of l     | une 3 1 | 937 (D I  | 1333           |
| No 320) as amende              | ed.                         | iy kilowi | suge and ben                               | ici tilis | pontical         | Commi    | ittee i | 103 11 | Ot Viola | cu an       | y provis  | 10113 01 111       | e act of 5     | une 3,1 | 337 (F.E  |                |
| SWOFN TO AND SUBSC             | ribed before me this day of |           | 20   |           |                  |          |         |        |          |             | S         | ignature (         | of Candida     | ate     |           |                |
|                                |                             |           | <b>-</b>                                   |           |                  | _        |         |        |          |             |           | Printe             | d Name         |         |           |                |
| My Commission Exp              | Signature<br>ires           |           |  |           |                  | _        |         |        |          |             |           | Ema                | il             |         |           |                |
|                                | МО                          | D         | AY   | YR        |                  | -        |         |        | Area     | Code        |           | D                  | aytime T       | elephor | ne Numb   | <br>er         |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | Period    |               |            |
|--|-----------|-----------|---------------|------------|
| Students First PAC   | From:     | 10/21/201 | <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)  |           |           | \$            | 0.00       |
| All Other Contributions (Part D)   |           |           | \$            | 300,000.00 |
| TOTAL for the Reporting  | Period    | (3)       | \$            | 300,000.00 |
| 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 Page 1 |           |           | \$            | 300,000.00 |

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

|                           | his Part to itemize only<br>with an aggregate valu |                  |     |         |        |      |    |        |
|---------------------------|--|------------------|-----|---------|--------|------|----|--------|
| Name of Filing Comm       | ittee or Candidate                                 |                  | Re  | porting | Period |      |    |        |
|                           |  |                  | Fre | om:     |        | То   | :  |        |
|                           |  | -                |     |         | DATE   |      |    | AMOUNT |
| Full Name of Contribution | ng 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 |
|------------|
| \$<br>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 Filling Committee of Candidate |       |                   |   | Reporting Period From: To: |      |      |    |        |
|--|-------|-------------------|---|----------------------------|------|------|----|--------|
|  |       |                   |   |                            | DATE |      |    | AMOUNT |
| Full Name of Contributor               |       |                   |   | МО                         | DAY  | YEAR |    |        |
| Mailing Address                        |       |                   |   |                            |      |      | \$ | 0.00   |
| City                                   | State | Zip Code (Plus 4) | 1 |                            |      |      |    |        |

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 Candi | date               |               | Reporting   | Period |     |      |    |            |
|-----------------------------------|--------------------|---------------|-------------|--------|-----|------|----|------------|
|                                   |                    |               | From:       |        |     | То:  |    |            |
|                                   |                    |               |             | DA     | TE  |      | Α  | MOUNT      |
| Full Name of Contributing Commit  | tee                |               |             | мо     | DAY | YEAR |    |            |
| Mailing Address                   |                    |               |             |        |     |      | \$ | 0.00       |
| City                              | State              | Zip Cod       | e (Plus 4)  |        |     |      |    |            |
|                                   |                    |               |             |        |     |      |    | PAGE TOTAL |
| Enter Grand Total of Part C on S  | Schedule I, Detail | ed Summary Pa | age, Sectio | n 3.   |     |      | \$ | 0.00       |

## 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                      |                    | Rep | orting Pe    | riod        |         |                 |               |                   |               |  |
|--|--------------------|-----|--------------|-------------|---------|-----------------|---------------|-------------------|---------------|--|
| Students First PAC   |                    |     |              | Fror        | n:      | 10/21/2         | <u>014</u> To | o:                | 11/24/2014    |  |
|  |                    |     |              |             | D/      | ATE             |               |                   | AMOUNT        |  |
| <b>Full Name of Contributor</b> Joel Greenberg             |                    |     |              |             | мо      | DAY             | YEAR          |                   |               |  |
| Mailing 401 City Avenue Suit                               | re 220             |     |              |             |         |                 |               | \$                | 100,000.00    |  |
| City Bala Cynwyd   | <b>State</b><br>PA | -   | o Code (Plus | s 4)        | 11      | 14              | 2014          | ŀ                 |               |  |
| Employer Name Susquehanna International Group, LLP         |                    |     |              |             | Occupat | tion N          | 1anagin       | ıg Dir            | rector        |  |
| Employer Mailing Address/Principal Place of Business  City |                    |     |              |             | •       | State           |               | Zip               | Code (Plus 4) |  |
| 401 City AvenueSuite 220 Bala Cynw                         |                    |     |              | wyd         |         | PA              |               | 19004             |               |  |
| Full Name of Contributor Arthur Dantchik                   |                    |     |              |             | МО      | DAY             | YEAR          |                   |               |  |
| Mailing 401 City Avenue Suit                               | e 220              |     |              |             |         |                 |               | \$                | 100,000.00    |  |
| City Bala Cynwyd   | <b>State</b><br>PA |     | o Code (Plus | <b>; 4)</b> | 11      | 14              | 2014          | <b>!</b>          |               |  |
| Employer Name Susquehanna Interna                          | tional Group, LLP  |     |              |             | Occupat | tion N          | lanagin       | ıg Dir            | rector        |  |
| Employer Mailing Address/Principal Plac<br>Business        | e of               |     | City         |             |         | State           |               | Zip Code (Plus 4) |               |  |
| 401 City Line AvenueSuite 220                              |                    |     | Bala Cyn     | wyd         |         | PA              |               | 19                | 0004          |  |
| Full Name of Contributor Jeffrey Yass                      |                    |     |              |             | МО      | DAY             | YEAR          |                   |               |  |
| Mailing 401 City Avenue Suit                               | e 220              |     |              |             |         |                 |               | \$                | 100,000.00    |  |
| City Bala Cynwyd   | <b>State</b><br>PA | _   | o Code (Plus | s 4)        | 11      | 14              | 2014          | ļ                 |               |  |
| Employer Name Susquehanna International Group, LLP         |                    |     |              | Occupat     | tion    | <b>1</b> anagin | ıg Dir        | rector            |               |  |
| Employer Mailing Address/Principal Plac<br>Business        | e of               |     | City         |             | •       | State           |               | Zip Code (Plus 4) |               |  |
| 401 City AvenueSuite 220                                   |                    |     | Bala Cyn     | wyd         |         | PA              |               | 19                | 0004          |  |

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

PAGE TOTAL

300,000.00

\$

## 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               |                   | Repor   | ting Perio | od  |      |    |          |
|-------------------------------|-------------------------|-------------------|---------|------------|-----|------|----|----------|
|                               |                         |                   | From:   |            |     | To:  |    |          |
|                               |                         |                   | •       | D          | ATE |      | AI | MOUNT    |
| Full Name                     |                         |                   |         | МО         | DAY | YEAR |    |          |
| Mailing Address               |                         |                   |         |            |     |      | \$ | 0.00     |
| City                          | State                   | Zip Code (        | Plus 4) |            |     |      |    |          |
| Receipt Description           | •                       | •                 |         | •          |     | •    | •  |          |
| Enter Grand Total of Part E o | on Schedule I. Detailed | d Summary Page    | Section | 4          |     |      | PA | GE TOTAL |
| - Inc. Statia Total of Fall E | Jonedane 1, Betanet     | . Jammar y r uge, | 500.011 |            |     |      | \$ | 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 Peri | od                           |            |
|--|----------------|------------------------------|------------|
| Students First PAC   | From:          | <u>10/21/2014</u> <b>To:</b> | 11/24/2014 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTOR | l .                          |            |
| 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 Candid | ate                 |                       | Reporting | g Period      |        |           |            |
|------------------------------------|---------------------|-----------------------|-----------|---------------|--------|-----------|------------|
|                                    |                     |                       | From:     |               |        | To:       |            |
|                                    |                     |                       |           | DATE          |        |           | AMOUNT     |
| Full Name of Contributor           |                     |                       | МО        | DAY           | YEAR   |           |            |
| Mailing Address                    |                     |                       |           |               |        | <b>\$</b> | 0.00       |
| City                               | State               | Zip Code (Plus 4)     |           |               |        |           |            |
| Description of Contribution:       |                     |                       |           |               |        |           |            |
| Enter Grand Total of Part F on S   | chedule II In-Kir   | nd Contributions Deta | iled Sum  | mary Pag      | ле Г   |           | PAGE TOTAL |
| Section 2.                         | incudic 11, 111 Kii | ia contributions beta | nea Sam   | illial y I as | ,<br>, |           | PAGE TOTAL |
|                                    |                     |                       |           |               |        | \$        | 0.00       |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate                          |             |         |            |         | Re     | porting l | Period    |       |        |                        |
|--|-------------|---------|------------|---------|--------|-----------|-----------|-------|--------|------------------------|
|  |             |         |            |         | Fro    | om:       |           | To:   |        |                        |
|  |             |         |            |         | •      |           | DATE      |       |        | AMOUNT                 |
| Full Name of Contributor                                       |             |         |            |         |        | МО        | DAY       | YEAR  |        |                        |
| Mailing Address  |             |         |            |         |        |           |           |       | \$     | 0.00                   |
| City   | State       |         | Zip Code(I | Plus 4) |        |           |           |       |        |                        |
| Employer of Contributor  |             |         |            |         |        | Occupa    | ition     |       | •      |                        |
| Employer Mailing Address/Principal Plac<br>Business            | ce of       | City    |            | State   |        | Zip<br>4) | Code(Plus | Descr | iption | of Contribution        |
| Enter Grand Total of Part G on Sch<br>Summary Page, Section 3. | edule II, I | in-Kind | Contributi | ons De  | etaile | ed        |           |       |        | <b>PAGE TOTAL</b> 0.00 |

### SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or C                        | Candidate              |                         | Reporti    | ng Period          |                |  |            |  |  |
|--|------------------------|-------------------------|------------|--------------------|----------------|--|------------|--|--|
| Students First PAC                                   |                        |                         | From       | 10/2               | 1/2014         | То:  | 11/24/2014 |  |  |
|  |                        |                         |            | DATE               |                |  | AMOUNT     |  |  |
| To Whom Paid   |                        |                         | МО         | DAY                | YEAR           |  |            |  |  |
| Brightcove, Inc.                                     |                        |                         |            |                    |                |  |            |  |  |
| Mailing Address One Cambri                           | ridge Center           |                         | 10         | 10 21 2014 \$ 99.0 |                |  |            |  |  |
| City Cambridge                                       | State                  | Zip Code (Plus 4)       | Descrip    | tion of Exp        | oenditure      | ·  |            |  |  |
| j  | MA                     | 02142                   | Market     | ing Expens         | se             |  |            |  |  |
| <b>To Whom Paid</b><br>Friends of Margo Davidson     |                        |                         | МО         | DAY                | YEAR           |  |            |  |  |
| Mailing Address 45 Scottda                           | le Avenue Suite 2      |                         | 10         | 27                 | 2014           | \$   | 1,000.00   |  |  |
| City Lansdowne                                       | State                  | Zip Code (Plus 4)       | Descrip    | tion of Exp        | l<br>penditure | <u>                                     </u> |            |  |  |
| PA 19050   |                        |                         | Contrib    |                    |                |  |            |  |  |
| <b>To Whom Paid</b><br>Citizens for Kenyatta Johnson |                        |                         | МО         | DAY                | YEAR           |  |            |  |  |
| Mailing Address P.O. Box 7                           | 466                    |                         | 10         | 29                 | 2014           | \$   | 1,000.00   |  |  |
| <b>City</b> Philadelphia                             | State                  | Zip Code (Plus 4)       | Descrip    | tion of Exp        | enditure       | <u> </u>                                     |            |  |  |
| ·  | PA                     | 19101                   | Contrib    | ution              |                |  |            |  |  |
| <b>To Whom Paid</b><br>Brightrcove, Inc.             |                        |                         | МО         | DAY                | YEAR           |  |            |  |  |
| Mailing Address One Camb                             | ridge Center           |                         | 11         | 8                  | 2014           | \$   | 99.00      |  |  |
| <b>City</b> Canbridge                                | State                  | Zip Code (Plus 4)       | Descrip    | tion of Exp        | l<br>oenditure | <u> </u>                                     |            |  |  |
|  | MA                     | 02142                   | 1          | ing Expens         |                |  |            |  |  |
| <b>To Whom Paid</b> Excellent Schools PA             | ·                      |                         | мо         | DAY                | YEAR           |  |            |  |  |
| Mailing Address 150 S. Inde                          | ependence Mall West Su | uite 1200               | 11         | 17                 | 2014           | \$   | 75,000.00  |  |  |
| <b>City</b> Philadelphia                             | State                  | Zip Code (Plus 4)       |            | l<br>otion of Exp  | enditure       | <u> </u>                                     |            |  |  |
|  | PA                     | 19106                   | Contrib    | ution              |                |  |            |  |  |
| Enter Grand Total of Fores                           | ditures on Dans 1, Da  | nort Cover Dags Tham I  |            |                    |                |  | PAGE TOTAL |  |  |
| Enter Grand Total of Expen                           | uitures on Page 1, Ke  | poit Cover Page, Item I | <i>)</i> . |                    |                | \$   | 77,198.00  |  |  |