

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.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7. X	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	
		11	25	2014	TO	12	31	2014		
A. Amount Brought Forward From Last Report				\$		227,708.86				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		9,150.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		236,858.86				
D. Total Expenditures (From Schedule III)				\$		595.00				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		236,263.86				
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>11/25/2014</u> To: <u>12/31/2014</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)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 0.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 9,150.00

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.)	\$ 9,150.00
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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	Reporting Period
	From: _____ To: _____

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business	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 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 Students First PAC	Reporting Period From: <u>11/25/2014</u> To: <u>12/31/2014</u>
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	
Lou Barletta for Congress						\$ 150.00
Mailing Address P.O. Box 128			12	31	2014	
City Hazleton	State PA	Zip Code (Plus 4) 18201				
Receipt Description Void Check # 1355						
Friends of Scott Petri						\$ 250.00
Mailing Address P.O. Box 161			12	31	2014	
City Richboro	State PA	Zip Code (Plus 4) 18954				
Receipt Description Void Check # 1364						
Friends of Leanna Washington						\$ 1,000.00
Mailing Address P.O. Box 27013			12	31	2014	
City Philadelphia	State PA	Zip Code (Plus 4) 19118				
Receipt Description Void Check # 1390						
People to Elect Michele Brooks						\$ 500.00
Mailing Address 4963 Bush Road			12	31	2014	
City Jamestown	State PA	Zip Code (Plus 4) 16134				
Receipt Description Void Check # 1416						

Full Name Team Gillespie			MO	DAY	YEAR	\$ 1,250.00
Mailing Address 2359 N. Sherman Street			12	31	2014	
City York	State PA	Zip Code (Plus 4) 17402				
Receipt Description Void Check # 1435						

Full Name Committee to Elect State Rep Carl Metzgar			MO	DAY	YEAR	\$ 250.00
Mailing Address 10122 Glades Pike			12	31	2014	
City Berlin	State PA	Zip Code (Plus 4) 15530				
Receipt Description Void Check # 1466						

Full Name People for Jeff Pyle			MO	DAY	YEAR	\$ 1,250.00
Mailing Address P.O. box 227			12	31	2014	
City Ford City	State PA	Zip Code (Plus 4) 16226				
Receipt Description Void Check # 1478						

Full Name Committee to Elect Brad Roae			MO	DAY	YEAR	\$ 250.00
Mailing Address 24510 Pland Road			12	31	2014	
City Meadville	State PA	Zip Code (Plus 4) 16335				
Receipt Description Void Check # 1482						

Full Name Friends of Todd Stephens, Inc.			MO	DAY	YEAR	\$ 2,000.00
Mailing Address P.O. Box 125			12	31	2014	
City Horsham	State PA	Zip Code (Plus 4) 19044				
Receipt Description Void Check # 1490						

Full Name Friends of Dick Stevenson			MO	DAY	YEAR	\$ 1,250.00
Mailing Address 10 Woodland Center Drive			12	31	2014	
City Grove City	State PA	Zip Code (Plus 4) 16127				
Receipt Description Void Check # 1491						

Full Name Citizens for Jordan HARRIS			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 2001 Federal Street			12	31	2014	
City Philadelphia	State PA	Zip Code (Plus 4) 19146				
Receipt Description Void Check # 1689						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 9,150.00

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>11/25/2014</u> To: <u>12/31/2014</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	\$ 0.00
Mailing Address							
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 Students First PAC	Reporting Period From <u>11/25/2014</u> To: <u>12/31/2014</u>
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			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
Eckert Seaman Cherin & Mellott, LLC	11	25	2014	\$ 496.00
Mailing Address P.O, Box 643187				
City Pittsburgh	State PA	Zip Code (Plus 4) 152643187	Description of Expenditure Professional Fees	
To Whom Paid	MO	DAY	YEAR	
Brightcove, Inc	12	8	2014	\$ 99.00
Mailing Address One Cambridge Center				
City Cambridge	State MA	Zip Code (Plus 4) 02142	Description of Expenditure Marketing Expense	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 595.00

