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 2010	165				port ed B		CAND	DATE		СОММ	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:		Stu	ıdent	s Firs	t PAC									
Street Address:	P.O. 416																
City:	Wynnewood							State:	PA			Zip Cod	ie: 19	9096			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST- 3.			AMENDMENT REPORT?		Yes	No	•	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	y pre	≣-	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No	•	/
report type)	ANNUAL REPORT	7. X	Year 2014					FILING METHOD () CHECK ONE						$\overline{}$	DISKE	TTE	
Name of Office S	Sought by Candida	te:	•					DATE C	F ELE	CTIC	ON	District Number	Office Code	Par	ty Code	Count Code	у
								МО	DAY	Υ	EAR						
								11		4	2014		(SEE IN	STRUCTI	ONS FOR C	ODES)	
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	5 Trom:		11 25	2	014	1 T	0	12	:	31	2014						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			227,708.86							
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	e I)	\$			9,	150.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			236,	858.86						
D. Total Expend	ditures (From Sch	edule II	I)				\$				595.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line (2)			\$		7	236,2	263.86						
F. Value Of In-	Kind Contribution	s Receiv	ed (From So	chedu	le I	I)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			•			
				AFF	ID	AVI	ΓSE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign h	nere.	If th	his is	a Can	didate r	eport, d	candi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sch	nedules	s file	ed on p	paper o	or by elect	ronic m	ediun	ı, are to t	he best o	f my kno	wledge	and belie	ef , tru	e.
Sworn to and subs	cribed before me thi day of	5	20							:	Signature	of Perso	n Submit	ting Rep	ort		-
	Signatu	ıre					-					Prin	ted Name	9			_
My Commission Ex	cpires						_					Ema	il				-
	МО	D	AY	YR					Are	ea Co	de	Daytim	e Telepi	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comn	nitte	ee, Ca	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of i	ny knowl	edge and belie	ef this	poli	itical	commi	ittee has r	ot viola	ted aı	ny provisi	ions of the	e act of J	une 3,1	937 (P.L.	1333	,
Sworn to and subsc	ribed before me this day of		20								Si	ignature o	of Candid	ate			-
							-					Printe	d Name				-
My Commission Exp	Signature						-					Ema	il				-
, commission exp																	
	МО	D	AY	YR	1				Area	Code		Da	aytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
Students First PAC	From:	11/25/2014	<u>4</u> То:	12/31/2014
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)			\$	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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	9,150.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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 Filing Committee or Candidat	re		Rep	oorting Po	eriod	То	n:	
					DATE		AMOUN	т
			_				71.10011	•
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 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.)

			Rep	orting Pe	riod				
			Fror	n:		1	Го:		
				D	ATE			AMOUN	IT
				МО	DAY	YEAR	2		
								\$	0.00
State	Zip (Code (Plus	5 4)						
				Occupa	tion				
e of		City			State		Zip	Code (Plu	us 4)
dule I, Detailed Su	umma	ry Page,	Section	on 3.			\$	PAGE T	0.00
	e of	e of	e of City	State Zip Code (Plus 4)	From: MO State Zip Code (Plus 4) Occupation	State Zip Code (Plus 4) Occupation October State	State Zip Code (Plus 4) Occupation City State	State Zip Code (Plus 4) Occupation Occupation City State Zip Odule I, Detailed Summary Page, Section 3.	State Zip Code (Plus 4) Occupation Occupation Occupation Occupation PAGE 1

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.

prior	expenditur	es that were	return	ea to	the filer	•	
Name of Filing Committee or Candidate			Report	ing Perio	d		
Students First PAC			From:		11/25/201	<u>.4</u> To:	12/31/2014
				D	ATE		AMOUNT
Full Name							
Lou Barletta for Congress				МО	DAY	YEAR	
Mailing Address P.O. Box 128							\$ 150.00
City Hazleton	State	Zip Code (Plus 4)	12	31	2014	
	PA	18201					
Receipt Description Void Check #	1355						l
Full Name				мо	DAY	YEAR	
Friends of Scott Petri				МО	DAT	TEAR	
Mailing Address P.O. Box 161				4.2	24	2014	\$ 250.00
City Richboro	State	Zip Code (Plus 4)	12	31	2014	
	PA	18954					
Receipt Description Void Check #	1364	1					
Full Name							
Friends of Leanna Washington				МО	DAY	YEAR	
Mailing Address P.O. Box 27013							\$ 1,000.00
City Philadelphia	State	Zip Code (Plus 4)	12	31	2014	
Philadelphia	PA	19118	,				
Receipt Description Void Check #	1390						
roid effect in							
Full Name				мо	DAY	YEAR	
People to Elect Michele Brooks				140	ואס	ILAK	
Mailing Address 4963 Bush Road							\$ 500.00
City Jamestown	State	Zip Code (Plus 4)	12	31	2014	
	PA	16134					
Receipt Description Void Check #	1416			I		ı	<u> </u>

						PAG	SE 8
Full Name Team Gillespie			мо	DAY	YEAR		
Mailing Address 2359 N. She	rman Street					\$	1,250.00
City York	State	Zip Code (Plus 4)	12	31	2014		
	PA	17402					
Receipt Description Void Ch	eck # 1435	•	•		•		
Full Name			МО	DAY	YEAR		
Committee to Elect State Rep Ca	arl Metzgar						
Mailing Address 10122 Glade	s Pike					\$	250.00
City Berlin	State	Zip Code (Plus 4)	12	31	2014		
beriiii	PA	15530					
Receipt Description Void Ch	eck # 1466						
Full Name People for Jeff Pyle			МО	DAY	YEAR		
Mailing Address P.O. box 227	,					\$ \$	1,250.00
City Ford City	State	Zip Code (Plus 4)	12	31	2014		
7 Toru City	PA	16226					
Receipt Description Void Ch	eck # 1478		l			l	
Full Name							
Committee to Elect Brad Roae			МО	DAY	YEAR		
Mailing Address 24510 Pland	Road					\$	250.00
City Meadville	State	Zip Code (Plus 4)	12	31	2014		
Meauville	PA	16335					
Receipt Description Void Ch	eck # 1482		l			l	
Full Name							
Friends of Todd Stephens, Inc.			МО	DAY	YEAR		
Mailing Address P.O. Box 125	;					\$	2,000.00
City Horsham	State	Zip Code (Plus 4)	12	31	2014		
, Horshalli	PA	19044					
Receipt Description Void Ch	eck # 1490	ı	1	1	I	1	

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

Full Name Citizens for Jordan HArris			МО	DAY	YEAR	
Mailing Address 2001 Feder	al Street				2011	\$ 1,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19146	12	31	2014	
Receipt Description Void C	heck # 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	Reporting Per	od	
Students First PAC	From:	11/25/2014 To:	12/31/2014
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 Candidate			Reporting Period					
F			From:			То:		
				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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL	
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			Reporting Period								
				Fro	From:		То	То:			
					<u> </u>		DATE			,	AMOUNT
Full Name of Contributor					мо	DAY	YEAR	1			
Mailing Address									_	\$	0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor				Occupation							
Employer Mailing Address/Principal Place of Business		City		State	Zip 4)		Zip Code(Plus 4)		ripti	iption of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed							PAGE TOTAL				
Summary Page, Section 3.					0.00						

STATEMENT OF EXPENDITURES

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

595.00