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 201	.0165			Re _l File	ported E		CAN	DII	DATE		COMN	1ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Cand	idate or L	obbyist:		Stud	dent	s Firs	t PAC				-						
Street Address:																		
City:	Wynnewood							State:	ŀ	PA			Zip Cod	l e: 19	096			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRID PRIMARY	AY PRE	-	2.	30 DA		Р	OST-	3.		AMENDM REPORT?		Yes	N	0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X	2ND FRID		E-	5.	30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	N	0	/
report type)	ANNUAL REPOR	T 7.	Year 201	5				NG MET		_			PAPER		\checkmark	DISK	ETTE	
Name of Office S	- Sought by Candid	ate:						DATE	O	F ELE	CTIC	ON	District Number	Office Code	Pai	ty Cod	Cour	
								МО		DAY	Y	EAR					•	
									11		3	2015		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	МО	DAY	YEAF	2			МО		DAY	Υ	EAR	FO	R OFFIC	E USE	ONLY	,	
Expenditures	trom:		6	9 2	2015	Т	0		9		14	2015						
A. Amount Bro	ught Forward Fr	om Last F	Report				\$				141,	106.38						
B. Total Moneta	ary Contribution	s And Red	eipts (Fro	m Sche	edule	I)	\$					0.00						
C. Total Funds	Available (Sum (Of Lines A	and B)				\$				141,	106.38						
D. Total Expenditures (From Schedule III) \$ 21,203.47																		
E. Ending Cash	Balance (Subtra	ct Line D	From Line	e C)			\$			1	119,9	902.91						
F. Value Of In-	Kind Contributio	ns Receiv	ed (From	Schedu	ıle II	()	\$					0.00						
G. Unpaid Debt	s And Obligation	s (From	Schedule 1	(V)			\$					0.00		•				
				AFF	FIDA	١٧٤	T SE	CTIO	N									
PART I - If this is	a Committee re	port, trea	asurer sig	n here.	If th	is is	a Cai	ndidate	e re	port, c	andi	idate sig	ın here.					
I swear (or affirm) correct and comple		cluding th	e attached s	schedule	s file	d on	paper	or by el	ectr	onic m	ediun	ı, are to t	he best of	my knov	vledge	and be	ief , tr	ue
Sworn to and subs	cribed before me tl day of	nis	20								:	Signature	of Persoi	n Submitt	ing Re	oort		_
	Signa	ture	_				- -						Print	ted Name				
My Commission Ex	rpires						_		-				Emai	I				
	МО	D	AY	YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authorize	d Comr	nitte	e, C	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		my knowl	edge and be	elief this	s polit	tical	comm	ittee ha	s no	ot viola	ted a	ny provisi	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subsc	ribed before me thi day of	s	20							-		Si	ignature o	f Candida	ite			_
							_						Printe	d Name				-
	Signature	<u> </u>					_		-				Emai	1				_
My Commission Exp	ires						_						Emai					
	МО	D	AY	YF	₹		_			Area	Code		Da	ytime Te	lephor	ne Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
Students First PAC	From:	6/9/201	<u>5</u> To:	9/14/2015
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	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 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	y Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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			\$	0.00

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 o	or Candidate		Re	porting	Period			
			Fro	om:		То	!	
		·			DATE			AMOUNT
Full Name of Contributing Co	mmittee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					

PAGE TOTAL
0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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.

From: To: DATE Full Name of Contributor MO DAY YEAR Mailing Address	DATE AMOUNT I Name of Contributor MO DAY YEAR \$ 0.00	-	e or Candidate		Rep	orting P	eriod			
Full Name of Contributor MO DAY YEAR	I Name of Contributor MO DAY YEAR sling Address \$ 0.00				Fro	m:		Te	o :	
MO DAY YEAR	MO DAY YEAR \$ 0.00			'			DATE			AMOUNT
Mailing Address		Full Name of Contributor				мо	DAY	YEAR		
Plaining Address	State Zip Code (Plus 4)	Mailing Address							\$	0.00
City State Zip Code (Plus 4)		City	State	Zip Code (Plus 4))					

9/3/2025 6:44:03 PM

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:			То:		
				DA	TE		,	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 Schee	dule I, Detailed Sun	nmary 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			
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	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	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus 4)					
Receipt Description	•	•			•			
Forten Commit Tatal of Boot	F an Cabadala I Batallad	I C B	C					PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, Detalled	summary Page,	Section	4.			\$	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 Period		
Students First PAC	From:	<u>6/9/2015</u> To:	<u>9/14/2015</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Can					Reporting Period				
			From:			To	·		
				DATE			AMOUNT		
Full Name of Contributor			МО	DAY	YEAR				
Mailing Address						7 \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:	•	•	•	•		·			
					-				
Enter Grand Total of Part F or	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	ge,		PAGE TOTAL	-	
Section 2.						\$		0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	iod		
Students First PAC	From	6/9/2015	То:	9/14/2015

					DATE			AMOUNT	
To Wh	nom Paid			МО	DAY	YEAR			
Ecker	t Seamans, Cherin & Me	llott, LLC							
Mailin	g Address			6	18	2015	\$	556.00	
City	Pittsburgh	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	152643187	Professi	ional Fees				
To W	nom Paid			мо	DAY	YEAR			
Bright	tcove, Inc.			МО	JA.	ILAK			
Mailin	g Address			7	7	2015	\$	99.99	
City	Cambridge	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		MA	02142	Marketi	ng Expens	e			
To W	nom Paid			мо	DAY	YEAR			
Mike ⁻	Turzai Leadership Fund			MO	DAT	TEAR			
Mailin	g Address			8	5	2015	\$	5,000.00	
City Wexford State Zip Code (Plus 4)				Descrip	tion of Exp	enditure	l		
PA 15090				Contrib	ution				
To Wh	nom Paid	•	·		DAY	VEAD			
People	es Victory Committee			МО	DAY	YEAR			
Mailin	g Address			8	5	2015	\$	15,000.00	
City	Landsdowne	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	19050	Contribution					
To Wh	nom Paid	•	·						
Ecker	t, Seamans, Cherin & Me	ellott, LLC		МО	DAY	YEAR			
Mailin	g Address			8	9	2015	\$	208.50	
City	Pittsburgh	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure	<u> </u>		
	3	PA	152643187	Professi	ional Fees				
To W	nom Paid	•	•		Day	VEAS			
Bright	tcove, Inc.			МО	DAY	YEAR			
Mailin	g Address			8	7	2015	\$	99.99	
City Cambridge State Zip Code (Plus 4)			Description of Expenditure						
•		MA	02142		ng Expens				
		1		1	J =p 0.10	-			

To Whom Paid			мо	DAY	YEAR		
Eckert, Seamans, Cherin & Mellott, LLC			MO	DAI	ILAK		
Mailing Address			8	21	2015	\$	139.00
City Pittsburgh	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	152643187	Professional Fees				
To Whom Paid			мо	DAY	YEAR		
Brightcove, Inc.			110		1 = Alix		
Mailing Address			9	7	2015	\$	99.99
City Cambridge	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	02142	Marketing Expense				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	21,203.47