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	IDA	TE		COMM	IITTEE	✓	LOBE	SYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:		Stud	dent	s Firs	t PAC										
Street Address:	P.O. 416																	
City:	Wynnewood							State: PA					Zip Code: 19096					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	Y PRE	- 2	2.	30 DA		POS	ST- 3			AMENDM REPORT?		Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDAY ELECTION	y pre	≣- !	5.	30 DA		POS	ST- 6			TERMINA REPORT?		Yes	No	•	/
report type)	ANNUAL REPORT	7.	Year 2015					NG METH CHECK (PAPER		/	DISKE	TTE	
Name of Office S	Sought by Candida	te:	•					DATE	OF I	ELEC	ΓΙΟΝ	1	District Number	Office Code	Par	ty Code	Coun	
								МО	D/	AY	YEA	AR.	Number	Tcode			coue	
								1	1	3	3	2015		(SEE IN	STRUCTIO	ONS FOR C	CODES)	,
	Receipts and	МО	DAY	YEAR	ł			МО	D	AY	YEA	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		6 9	2	015	Т	0		9	14	ŀ	2015						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			14	11,10	06.38						
B. Total Monetary Contributions And Receipts (From Schedule							\$					0.00						
C. Total Funds Available (Sum Of Lines A and B)							\$			14	11,10	06.38						
D. Total Expenditures (From Schedule III)							\$			2	21,20	3.47						
E. Ending Cash Balance (Subtract Line D From Line C)							\$			11	9,90	2.91						
F. Value Of In-	Kind Contributions	Receiv	ed (From So	chedu	le II	:)	\$					0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)			\$					0.00						
				AFF	IDA	\VI	T SE	CTION										
	s a Committee rep	•							-	•		_						
I swear (or affirm) correct and complete) that this report, incl ete.	uding the	e attached sch	nedule	s filed	d on	paper	or by elec	tron	ic med	ium, a	are to t	he best o	f my knov	wledge	and belie	ef , tru	1 e
Sworn to and subs	cribed before me this	;	20						_		Sig	gnature	of Perso	1 Submit	ting Rep	ort		-
			-				<u>-</u>		_				Prin	ted Name	<u> </u>			_
My Commission Ex	Signatu opires	re							_				Emai	i				-
	мо	D	AY	YR			_			Area	Code		Daytim	e Teleph	one Nu	mber		_
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate shal	l sig	ın her	e.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belie	ef this	polit	tical	comm	ittee has	not v	violate	d any	provisi	ons of the	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this								_			Si	gnature o	of Candida	ate			-
	day of ————————————————————————————————————						_		_				Printe	d Name				-
	Signature						-		_									_
My Commission Exp	_												Ema	il				_
	МО	D	AY	YR	l		-		-	Area Co	ode		Da	ytime 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:	<u>6/9/201</u>	<u>5</u> To:	9/14/2015					
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)	\$	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

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re					
		From: To			:			
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

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

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 Cand	Name of Fining Committee of Candidate			Reporting Period					
			Fro	From: To					
					DATE		АМ	OUNT	
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 Candida	Name of Filing Committee or Candidate			Reporting Period					
			From:			То:			
				DA	TE		Δ	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Sci	hedule I, Detai	led Summary P	age, Sectio	n 3.		l	\$	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				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		•		Occupation					
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		Reporting Period					
			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 Period								
Students First PAC	From:	<u>6/9/2015</u> To:	9/14/2015						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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,		\$	0.00						

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	Name of Contributor				Reporting Period					
			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	ле Г		PAGE TOTAL			
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL			
						\$	0.00			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	1				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 Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	n-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III **STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candid	date		Reporti	ng Period				
Students First PAC			From	<u>6/9</u>	9/2015	То:	9/14/2015	
				DATE			AMOUNT	
To Whom Paid Eckert Seamans, Cherin & Deckert Seamans, Cherin & Deckert Seamans, Cherin & Decker Seamans, Me	llott, LLC		МО	DAY	YEAR			
Mailing Address P.O. Box 64318	7		6	18	2015	\$	556.00	
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		7	7	2015	\$	99.99	
City Cambridge	State MA	Zip Code (Plus 4) 02142	Description of Expenditure Marketing Expense					
To Whom Paid Mike Turzai Leadership Fund			МО	DAY	YEAR			
Mailing Address P.O. Box 721			8	5	2015	\$	5,000.00	
City Wexford	State PA	Zip Code (Plus 4) 15090	Descrip Contrib	otion of Expoution	penditure			
To Whom Paid Peoples Victory Committee			мо	DAY	YEAR			
Mailing Address 93 Lansdowne S	Street		8	5	2015	\$	15,000.00	
City Landsdowne	State PA	Zip Code (Plus 4) 19050	Descrip Contrib	otion of Exp oution	penditure			
To Whom Paid Eckert, Seamans, Cherin & Me	ellott, LLC		МО	DAY	YEAR			
Mailing Address P.O. Box 643187			8	9	2015	\$	208.50	
City Pittsburgh State Zip Code (Plus 4) PA 152643187				Description of Expenditure Professional Fees				

To Whom Paid Brightcove, Inc.			МО	DAY	YEAR					
Mailing Address One Cam	bridge Center		8	7	2015	\$	99.99			
City Cambridge MA Zip Code (Plus 4) 02142			Description of Expenditure Marketing Expense							
To Whom Paid Eckert, Seamans, Cherin & Mellott, LLC			МО	DAY	YEAR					
Mailing Address P.O. Box 643187			8	21	2015	\$	139.00			
City Pittsburgh	CityPittsburghStateZip Code (Plus 4)PA152643187				Description of Expenditure Professional Fees					
To Whom Paid Brightcove, Inc.			МО	DAY	YEAR					
Mailing Address One Cam	bridge Center		9	7	2015	\$	99.99			
City Cambridge	Description of Expenditure PA 02142 Marketing Expense									
Enter Grand Total of Expe	nditures on Page 1, Re	port Cover Page, Item D					PAGE TOTAL			
		,				\$	21,203.47			