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 2	01016	55				Repo Filed		·:	CA	NDII	DATE		СОМИ	1ITTEE	✓	LOB	BYIST		
Name of Filing C	committee, Car	ndidate	e or Lo	bbyis	t:	S	Stude	nts	Firs	t PAC										
Street Address:																				
City:	Wynnewoo	od								State	e:	PA			Zip Cod	l e: 19	096			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		2ND F PRIMA	RIDAY ARY	PRE-	2.		0 DA		Р	OST-	3.		AMENDM REPORT?		Yes	N	0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		2ND F ELECT		PRE-	- 5.)		30 DAY PO ELECTION			OST-	- 6.		TERMINA REPORT?		Yes	N	0	\
report type)	ANNUAL REPO	ORT 7.		Year	2015				FILING METHO () CHECK ON			4-			PAPER		√	DISK	ETTE	
Name of Office S	ought by Cand	didate:					-			DAT	E O	F ELE	CTI	ON	District Number	Office Code	Pai	ty Cod	Code	
										МО		DAY	Y	'EAR						
											11		3	2015		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		d [МО	DA	Y	YEAR				МО		DAY	Y	'EAR	FO	R OFFIC	E USE	ONLY	,	
Expenditures	irom:			9	15	20	15	TC)		10	:	19	2015						
A. Amount Bro	ught Forward	From l	Last Re	eport					\$				119,	,902.91						
B. Total Moneta	ary Contributio	ons An	d Rece	eipts (From	Sched	lule I)	\$					0.00						
C. Total Funds	Available (Sur	n Of Li	ines A	and B	5)				\$				119,	,902.91						
D. Total Expend	ditures (From	Sched	ule III	()					\$					99.00						
E. Ending Cash	Balance (Subt	tract L	ine D I	From	Line C)			\$				119,	803.91						
F. Value Of In-	Kind Contribut	ions R	eceive	ed (Fre	om Sc	hedule	e II)		\$					0.00						
G. Unpaid Debt	s And Obligati	ions (F	rom S	chedu	ıle IV))			\$					0.00		•				
						AFFI	DAV	ΊT	SE	CTIC	N									
PART I - If this is		-	•		_												.1			
I swear (or affirm) correct and comple		, inciua	ing the	attacn	iea scn	eaules	Tilea o	n pa	aper (ог ву є	electr	onic m	eaiur	n, are to t	ne best of	тту кпоч	vieage	and be	iler , tr	ue
Sworn to and subs	cribed before me day of	e this		20							•			Signature	of Persor	n Submitt	ing Re	oort		
	Sig	nature						_							Print	ted Name				
My Commission Ex	rpires														Emai	I				
	МО		DA	Y		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		$\underline{\underline{\hspace{1cm}}}$
Part II- If this is	a report of a	candid	late's a	authoi	rized (Commi	ittee,	Cai	ndida	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		t of my	knowle	dge an	d belie	f this p	politica	al c	ommi	ittee h	as no	ot viola	ted a	ny provis	ions of the	e act of Ju	ine 3,1	937 (P	L. 133	3,
Sworn to and subsc	ribed before me day of	this		20										s	ignature o	f Candida	ite			_
	— ——			20 -											Printe	d Name				-
	Signat	ure						_												_
My Commission Exp	ires														Emai	ı				
	мо	1	DA	ΛΥ		YR		_				Area	Code	1	Da	ytime Te	elephor	ne Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
Students First PAC	From:	<u>9/15/201</u>	<u>.5</u> To:	10/19/2015
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

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 Candidat	e	'	Reporting	Period			
			From:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Committee			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.

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 Candidate		Rep	oorting P	eriod			
			Fro		DATE	То): 	AMOUNT
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
<u>-</u>	·	·						·

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		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	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							1	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	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:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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 Perio	d	
Students First PAC	From:	9/15/2015 To:	<u>10/19/2015</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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Car	ndidate		Reporting Period					
			From:			To	:	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$	C	0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sum	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 _l	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

99.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or	Name of Filing Committee or Candidate					Reporting Period						
Students First PAC	From	9/15	5/201 <u>5</u>	То:	10/19/2015							
				DATE			AMOUNT					
To Whom Paid			мо	DAY	YEAR							
Brightcove, Inc.			1-10		,							
Mailing Address			10	7	2015	\$	99.00					
City Cambridge	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure	•						
MA 02142				Marketing Expense								
							PAGE TOTAL					

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.