### **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			Report Filed E		CA	NDI	DATE		СОМ	AITTEE	<b>✓</b>	LOB	D1131		
Name of Filing C	ommittee, Candida	ate or L	obbyist:		Student	s Firs	t PAC	)									
Street Address:																	
City:	Wynnewood						State	e:	PA			Zip Co	de: 1	9096			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 DA		F	POST-	3.		AMENDN REPORT		Yes	N	0	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 DA		F	POST-	6.		TERMINA REPORT		Yes	N	0	<b>&gt;</b>
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2015				NG ME					PAPER		W	DISK	ETTE	
Name of Office S	ought by Candidat	te:	•				DAT	ΈO	F ELEC	CTIO	N	District Number	Office Code	Pa	rty Cod	Code	
							МО		DAY	YE	AR						
			_					11		3	2015		(SEE IN	ISTRUCT	IONS FOR	CODES	5)
Summary of Expenditures	Receipts and	МО	DAY	YEAR			МО		DAY	YE	AR	FC	OR OFFI	CE US	E ONLY	,	
			11 24	20	)15 <b>T</b>	0		12	3	31	2015						
	ught Forward Fron					\$			1	114,8	03.91						
B. Total Moneta	ary Contributions A	And Rec	eipts (Fron	n Sched	dule I)	\$					4.95						
C. Total Funds	Available (Sum Of	Lines A	and B)			\$			1	14,8	08.86						
D. Total Expend	ditures (From Sche	edule II	1)			\$				47,0	00.00						
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		\$				67,8	08.86						
	Kind Contributions				e II)	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)		\$					0.00						
				AFF:	IDAVI	T SE	CTI	NC									
I swear (or affirm)	that this report, incl	-	_								_		of my kno	wledge	and be	lief , tı	ue
Sworn to and subs	ete. cribed before me this																_
	day of		20			_				Si	ignature	of Perso	n Submi	ting Re	eport		
	Signatu	re				-						Prin	ted Nam	е			
My Commission Ex	·					_						Ema					
	МО		AY	YR						a Cod	e	Daytin	ne Telep	hone N	umber		닉
	a report of a cand				•				_		v provis	ions of th	e act of 1	luna 3 1	1037 (D	1 122	,
No 320) as amende	ed.	iy kilowi	eage and ben	ici tilis	pontical	COIIIII	ittee i	143 11	ot violat	cu an	y provis	10113 01 111	e act of 1	une 3,.	1337 (1	L. 133	_
oworn to and subsc	ribed before me this day of		20								S	ignature (	of Candid	late			_
						-						Printe	ed Name				-
My Commission Exp	Signature ires					_						Ema	iil				-
	мо	D	AY	YR		-			Area (	Code		D	aytime 1	Telepho	ne Num	ber	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
Students First PAC	From:	11/24/201	<u>5</u> To:	12/31/2015
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)	\$	4.95
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			\$	4.95

#### **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 Candida	e	R	eporting	Period			
		F	rom:		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 Committe	ee or Candidate		Rep	orting P	eriod			
			Froi	m:		To	<b>)</b> :	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
						•		PAGE TOTAL

#### **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			0.00
Mailing Address							<b>-</b>   \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	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	Reporting Po	eriod	
Students First PAC	From:	11/24/2015 <b>To</b> :	12/31/2015

			D	ATE		AMOUNT	
Full Name			МО	DAY	VEAD		4.05
Brightcove, Inc.			МО	DAY	YEAR	\$	4.95
Mailing Address			12	31	2015		
<b>City</b> Cambridge	State	Zip Code (Plus 4)			2015		
	MA	02142					
Receipt Description Market	ting Expense Adjustment			•	•	•	

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

**PAGE TOTAL \$**4.95

#### **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:	11/24/2015 <b>To:</b>	<u>12/31/2015</u>
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 Can						Reporting Period						
			From:			To	·					
				DATE			AMOUNT					
Full Name of Contributor			МО	DAY	YEAR							
Mailing Address						<b>7</b> \$		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			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	Stat	e Zip	Code(Plus 4)	Desci	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.	<b></b>									0.00

### **SCHEDULE III STATEMENT OF EXPENDITURES**

Name of Filing Committee of	or Candidate		Reporti	ng Period			
Students First PAC			From	11/24	<u>4/2015</u>	То:	12/31/2015
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Friends of Margo Davidson							
Mailing Address			12	22	2015	\$	27,000.00
<b>City</b> Lansdowne	State	Zip Code (Plus 4)	) Description of Expenditure				
	PA	19050	Contrib	ution			
To Whom Paid			МО	DAY	YEAR		
Friends of Margo Davidson							
Mailing Address			12	28	2015	\$	10,000.00
<b>City</b> Lansdowne	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	19050	Contrib	ution			
To Whom Paid			МО	DAY	YEAR		
Friends of Jordan Harris			1-10		12,414		
Mailing Address			12	28	2015	\$	10,000.00

19146

Zip Code (Plus 4)

State

PΑ

Contribution

**Description of Expenditure** 

Philadelphia

City

**PAGE TOTAL**