

Commonwealth of Pennsylvania

Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number : 2010165		Report Filed By :		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: Students First PAC										
Street Address: PO BOX 416										
City: WYNNEWOOD			State: PA		Zip Code: 19096					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7. X	Year 2010	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO	DAY	YEAR				
				11	2	2010	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		1	1	2010	TO	12	31	2010		
A. Amount Brought Forward From Last Report				\$		94,368.34				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		15,000.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		109,368.34				
D. Total Expenditures (From Schedule III)				\$		20,153.99				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		89,214.35				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		0.00				

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Students First PAC	From: <u>1/1/2010</u> To: <u>12/31/2010</u>

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)	\$ 15,000.00
TOTAL for the Reporting Period (3)	\$ 15,000.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 15,000.00
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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 Candidate	Reporting Period
	From: To:
DATE AMOUNT	

Full Name of Contributing Committee	MO	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 B
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	Reporting Period
	From: _____ To: _____

				DATE	AMOUNT	
Full Name of Contributor						
Mailing Address	MO	DAY	YEAR			\$ 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 Candidate	Reporting Period
	From: _____ To: _____

	DATE			AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

PART D
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 Students First PAC	Reporting Period From: <u>1/1/2010</u> To: <u>12/31/2010</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
D Christopher LeVine & Victoria McNeil LeVine					
Mailing Address 506 Old Gulf Road				\$ 2,500.00	
City Bryn Mawr	State PA	Zip Code (Plus 4) 19010			
Employer Name Senior Management Group, LLC	Occupation Director of Financial Ser				
Employer Mailing Address/Principal Place of Business 125 Strafford Avenue Suite 112	City Wayne		State PA	Zip Code (Plus 4) 19087	
D Christopher LeVine & Victoria McNeil LeVine					
Mailing Address 506 Old Gulf Road				\$ 2,500.00	
City Bryn Mawr	State PA	Zip Code (Plus 4) 19010			
Employer Name Senior Management Group, LLC	Occupation Director of Financial Ser				
Employer Mailing Address/Principal Place of Business 125 Strafford Avenue Suite 112	City Wayne		State PA	Zip Code (Plus 4) 19087	
Thomas A Caramanico					
Mailing Address 848 Buck Lane				\$ 10,000.00	
City Haverford	State PA	Zip Code (Plus 4) 19041			
Employer Name McCormick Taylor	Occupation Executive				
Employer Mailing Address/Principal Place of Business Two Commerce Square 2001 Market Street, 10th Floor	City Philadelphia		State PA	Zip Code (Plus 4) 19103	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL	
\$	15,000.00

PART E
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:	

Full Name	DATE			AMOUNT
	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Receipt Description				

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

PAGE TOTAL
\$ 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 Students First PAC	Reporting Period From: <u>1/1/2010</u> To: <u>12/31/2010</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)	\$ 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
	From: _____ To: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Description of Contribution:				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.				PAGE TOTAL \$ 0.00

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Students First PAC	From <u>1/1/2010</u> To: <u>12/31/2010</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
Benchmark email.com	11	23	2010	\$ 35.00
Mailing Address 10532 Los Vaqueros Circle				
City Los Alamitos	State CA	Zip Code (Plus 4) 90720	Description of Expenditure Marketing Expense	
To Whom Paid City Line Investors	11	30	2010	\$ 2,500.00
Mailing Address 1 Belmont Avenue				
City Bala Cynwyd	State PA	Zip Code (Plus 4) 19004	Description of Expenditure Office Rental	
To Whom Paid Intercontinental Hotel NY	12	1	2010	\$ 1,037.46
Mailing Address 111 East 48th Street				
City New York	State NY	Zip Code (Plus 4) 10017	Description of Expenditure Hotel Expense	
To Whom Paid Intercontinental Hotel NY	12	1	2010	\$ 1,037.46
Mailing Address 111 East 48th Street				
City New York	State NY	Zip Code (Plus 4) 10017	Description of Expenditure Hotel expense	
To Whom Paid Bright Cove, Inc.	12	6	2010	\$ 99.00
Mailing Address One Cambridge Center, 10th Floor				
City Cambridge	State MA	Zip Code (Plus 4) 2142	Description of Expenditure Marketing Expense	

To Whom Paid Piryx, inc.			MO	DAY	YEAR	
Mailing Address 401 West 15th Street Suite #520			12	6	2010	
City Austin	State TX	Zip Code (Plus 4) 78701	Description of Expenditure Commission Fee			
To Whom Paid W. Parker Weikert & Associates, LLC			MO	DAY	YEAR	
Mailing Address P.O. Box 21			12	7	2010	
City Montchanin	State DE	Zip Code (Plus 4) 19710	Description of Expenditure Students First Project			
To Whom Paid Joseph Watkins			MO	DAY	YEAR	
Mailing Address 6414 City Line Avenue			12	20	2010	
City Philadelphia	State PA	Zip Code (Plus 4) 19151	Description of Expenditure Expense Report Reimbursement			
To Whom Paid Benchmark email.com			MO	DAY	YEAR	
Mailing Address 10532 Los Vaqueros Circle			12	21	2010	
City Los Alamitos	State CA	Zip Code (Plus 4) 90720	Description of Expenditure Marketing Expense			
To Whom Paid Dawn Chavous			MO	DAY	YEAR	
Mailing Address 254 Saint Bernard Street			12	23	2010	
City Philadelphia	State PA	Zip Code (Plus 4) 19139	Description of Expenditure Consulting Fee			
To Whom Paid Joseph Watkins			MO	DAY	YEAR	
Mailing Address 6414 City Line Avenue			12	28	2010	
City Philadelphia	State PA	Zip Code (Plus 4) 19151	Description of Expenditure Consulting Fee			

To Whom Paid Joseph Watkins			MO	DAY	YEAR	
Mailing Address 6414 City Line Avenue			12	8	2010	\$ 288.67
City Philadelphia	State PA	Zip Code (Plus 4) 19151	Description of Expenditure Expense Report Reimbursement			
To Whom Paid Joseph Watkins			MO	DAY	YEAR	
Mailing Address 6414 City Line Avenue			12	17	2010	\$ 250.00
City Philadelphia	State PA	Zip Code (Plus 4) 19151	Description of Expenditure Consulting Fee			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 20,153.99

