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		СОМ	4ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Candi	date or L	obbyist:		Stu	dent	s Firs	t PAC						·				
Street Address:																		
City:	Wynnewood							State:		PA			Zip Cod	l e: 19	096			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	-	2.	30 DA		Р	POST- 3.			AMENDM REPORT?	Yes	N	0	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA		E-	5.	30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	N	0	/
report type)	rt type) ANNUAL REPORT 7. Year 2014 FILING MET () CHECK							_			PAPER		\checkmark	DISK	ETTE			
Name of Office S	ought by Candid	ate:						DATE	OI	F ELE	CTIC	N	District Number	Office Code	Pai	ty Cod	Code	
								МО		DAY	YI	AR						
									11		4	2014		(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of		МО	DAY	YEAR	₹			МО		DAY	YI	EAR	FO	R OFFIC	E USE	ONLY	7	
Expenditures	from:		1	1	1	Т	0		1		1	1						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$	_				0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (Fro	m Sche	dule	1)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																		
D. Total Expend	ditures (From Sc	hedule II	I)				\$				1,0	00.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$				(1,00	00.00)						
F. Value Of In-	Kind Contribution	ıs Receiv	ed (From S	Schedu	le II	()	\$					0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule I	V)			\$	1				0.00		,				
				AFF	FIDA	١٧٤	T SE	CTIO	N									
PART I - If this is	a Committee re	port, trea	surer sign	here.	If th	is is	a Cai	ndidate	re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple	that this report, in ete.	cluding the	e attached s	chedule	s file	d on	paper	or by ele	ectr	onic m	edium	, are to t	he best of	my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed before me th day of	is	20								S	ignature	of Persor	n Submitt	ing Re	oort		_
	Signat	ure					- -						Print	ted Name				
My Commission Ex	pires						_		-				Emai	I				
	МО	D	AY	YR						Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a car	ıdidate's	authorized	d Comn	nitte	e, C	andid	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		my knowl	edge and be	lief this	polit	tical	comm	ittee ha	s no	ot viola	ted an	y provis	ions of the	e act of Ju	ine 3,1	937 (P	L. 133	3,
Sworn to and subsc	ribed before me this day of	5	20									s	ignature o	f Candida	ite			_
	— — — — — — — — — — — — — — — — — — —						_						Printe	d Name				-
	Signature)					-		-									_
My Commission Exp	ires												Emai	ı				
	мо	D	AY	YR	t		_			Area	Code		Da	ytime Te	elephor	ne Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period	
Students First PAC	From:	То:
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	y 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	y 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 Candidate		Reporting	Period			
			From:		То	!	
		•		DATE			AMOUNT
Full Name of Contributing Co	ommittee		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

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.

(Exclud	de contributions fror	n political comm	itte	es re _l	ported	in Part	A)	
Name of Filing Committee	e or Candidate		Rep	orting P	eriod			
			Fron	m:		To) :	
		•			DATE			AMOUNT
Full Name of Contributor				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.

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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	ame of Filing Committee or Candidate			Reporting Period					
			From:			То:			
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOT	AL
Enter Grand Total of Part C on School	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	Reporting Period					
			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:			То:		
				C	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (F	Plus 4)					
Receipt Description	.	•		•	•	•		
Embay Cyand Tatal of Days	. F. a.v. Cabadula I. Datailad	Commence Dame	Castian	4				PAGE TOTAL
enter Grand Total of Part	E on Schedule I, Detailed	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:	То:	
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	Name of Filing Committee or Candidate Re				Reporting Period					
	From:	:								
				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					orting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					МО	DAY	YEAR			
Mailing Address] \$	\$ 0.0	0
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Plac	e of Business	Cit	ty	State	e Zij	p Code(Plus 4)	Descr	iptio	on of Contribution	
Enter Grand Total of Part G on Sch	edule II. In-Kir	nd (Contributions D	etaile	ed				PAGE TOTAL	
Summary Page, Section 3.									0.0	0

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	Reporting Period						
Students First PAC	From To:						
		AMOUNT					
To Whom Paid	мо	DAY	YEAR				
Friends of Margo Davidson			1.0				
Mailing Address			10	27	2014	\$	1,000.00
City Lansdowne	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19050	Contrib	ution			
The County of Francisco County of Co						_	PAGE TOTAL
inter Grand Total of Expenditures on Page 1, Report Cover Page, Item D						\$	1,000.00