### **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	201016	5				Repor Filed E		CA	NDII	DATE		COMN	4ITTEE	<b>✓</b>	LOB	BYIST		
Name of Filing C	ommittee, Ca	ndidate	or Lo	bbyist		S	tuden	ts Firs	t PAC	;					·				
Street Address:																			
City:	Wynnewo	od							State	e:	PA			Zip Cod	l <b>e:</b> 19	096			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		2ND FR PRIMAR		PRE-	2.	30 DA		Р	OST-	3.		AMENDM REPORT?		Yes	N	0	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		2ND FR ELECTI		PRE-	5. <b>X</b>	30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	N	0	<b>/</b>
report type)	ANNUAL REPO	<b>ORT</b> 7.		<b>Year</b> 2	017				NG ME		_			PAPER		$\checkmark$	DISK	ETTE	
Name of Office S	- Sought by Cand	didate:							DAT	ΈO	F ELE	CTIC	N	District Number	Office Code	Pai	ty Cod	Cour	
									МО		DAY	YI	EAR						
										11		7	2017		(SEE INS	TRUCTI	ONS FOR	CODES	)
Summary of		d M	10	DAY	•	YEAR			МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	Trom:			9	19	20:	17 <b>T</b>	0		10	7	23	2017						
A. Amount Bro	ught Forward	From L	ast Re	port				\$				19,	645.39						
B. Total Moneta	ary Contribution	ons And	d Rece	eipts (F	rom	Sched	ule I)	\$					0.00						
C. Total Funds	Available (Sur	m Of Lir	nes A	and B)				\$				19,	645.39						
D. Total Expend	ditures (From	Schedu	ıle III	)				\$					6.59						
E. Ending Cash	Balance (Sub	tract Li	ne D F	rom L	ine C	)		\$				19,6	38.80						
F. Value Of In-	Kind Contribut	tions Re	eceive	d (Fro	m Scl	hedule	II)	\$					0.00						
G. Unpaid Debt	s And Obligati	ions (Fı	rom S	chedul	e IV)	1		\$					0.00		,				
						AFFI	DAVI	T SE	CTI	NC									
PART I - If this is			-		_								_						
I swear (or affirm) correct and comple		:, includi	ng the	attache	d sche	edules f	filed on	paper	or by e	electr	onic m	edium	, are to t	he best of	my knov	vledge	and be	ief , tr	ue
Sworn to and subs	cribed before mo	e this		20								5	Signature	of Persor	n Submitt	ing Re	oort		_
	Sig	ınature		_				<u>-</u>						Print	ted Name				_
My Commission Ex	rpires							_						Emai	ı				
	МО		DA	Υ		YR					Are	ea Coo	de	Daytim	e Teleph	one Nu	mber		$\underline{}$
Part II- If this is	a report of a	candida	ate's a	uthori	zed C	Commi	ttee, C	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		t of my k	cnowle	dge and	belie	f this p	olitical	comm	ittee h	as no	ot viola	ted ar	ıy provisi	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subsc		this		20									Si	ignature o	f Candida	ite			_
-	day of 			· _				_						Printe	d Name				-
	Signat	 ture						-											_
My Commission Exp	ires													Emai	I				
	мо	,	DA	Y		YR		_			Area	Code		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:	9/19/201	<u>L7</u> To:	10/23/2017
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.

### **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.

Name of Filing Commit	tee or Candidate		Repo	orting P	eriod			
			Fron	n:		To	o:	
		I			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)			ĺ	İ		

#### **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							<b>-</b>   \$	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	2			Rep	orting Pe	riod			
				Fror	n:		To	<b>)</b> :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address								7	
City	State	Zi	p Code (Plus	s <b>4</b> )					
Employer Name	•				Occupa	tion	-	-	
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumr	mary 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 of	or Candidate		Report	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							$\neg$	
City	State	Zip Code (I	Plus 4)					
Receipt Description	•	•			1	•	•	
Futor Coand Total of Bank	Cabadula I Detailed	Commence De	Cookie					PAGE TOTAL
Enter Grand Total of Part I	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:	<u>9/19/2017</u> <b>To:</b>	10/23/2017
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 Candi	idate		Reportin	g 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 on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	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				Rep	porting	Period			
				Fro	m:		То:		
						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	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

6.59

## STATEMENT OF EXPENDITURES

Name of Filing Committee or (	Reportir	ng Period					
Students First PAC			From	9/19	9/2017	То:	10/23/2017
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
US Postal Service			140				
Mailing Address			9	25	2017	\$	6.59
<b>City</b> bala cynwyd	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure	•	
	PA	19004	Mailing	of PA state	filing		
Enter Grand Total of Expen	ditures on Page 1, Re	port Cover Page, Item [	).				PAGE TOTAL