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			Repo			CANDI	ANDIDATE COMMITTEE V LOBBYIST									
Name of Filing C	Committee, Candid	late or L	obbyist:		Studer	ts Fi	rst	PAC										
Street Address:	P.O. Box 416																	
City:	Wynnewood						State: PA					Zip Code: 19096						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	2.	30 I PRII			POST-	3.		AMENDM REPORT		Yes	No		\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5. x			Y F ION	POST-	6.		TERMINA REPORT		Yes	No		\	
report type)	ANNUAL REPORT	7.	Year 2017					G METHO				PAPER		/	DISKE	TTE		
Name of Office S	Sought by Candida	ite:	-					DATE O	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Coun		
								МО	DAY	YI	YEAR							
								11		7	2017		(SEE IN	STRUCTI	ONS FOR (ODES))	
	Receipts and	МО	DAY Y	EAR				МО	DAY	Y	EAR	FC	R OFFI	CE USE	ONLY			
Expenditures	s trom:		9 19	20	017	ГО		10		23	2017							
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			19,	545.39							
B. Total Moneta	ary Contributions	And Rec	eipts (From S	Sche	dule I)		\$				0.00							
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			19,6	545.39							
D. Total Expend	ditures (From Sch	edule II	I)				\$				6.59							
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			19,6	38.80							
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edul	e II)		\$				0.00							
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$				0.00			1				
			A	٩FF	IDAV	IT S	EC	CTION										
PART I - If this is	s a Committee rep	ort, trea	surer sign he	re. 1	f this i	s a C	an	didate re	eport, o	candi	date sig	jn here.						
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached sche	dules	filed o	n pape	er o	or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge	and beli	ef , tru	ue.	
Sworn to and subs	cribed before me thi day of	s	20							S	Signature	of Perso	n Submit	ting Re _l	oort		_	
	Signatu	ıre	<u> </u>			_						Prin	ted Name	e			_	
My Commission Ex	cpires											Ema	il				_	
	мо	D	AY	YR					Ar	ea Cod	le	Daytim	e Telepl	none Nu	mber			
Part II- If this is	a report of a can	didate's	authorized Co	omm	ittee,	Candi	ida	te shall	sign h	ere.								
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowl	edge and belief	this	politica	l com	mit	ttee has n	ot viola	ted ar	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333	3,	
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate			-	
	day of					_						Printe	d Name				-	
	Signature					_											_	
My Commission Exp	ires											Ema						
	мо	D	AY	YR		_			Area	Code		D	aytime T	elephor	ne Numb	er	-	

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>7</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

	this Part to itemize onl with an aggregate value		\$2) in the			
		From:			То	:		
		<u> </u>			DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	_		!		<u> </u>			DAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$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 Fining Committee of Candidate					Reporting Period From: To:				
					DATE			AMOUNT	
Full Name of Contributor				мо	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 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		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule 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	me of Filing Committee or Candidate				riod					
			Froi	m:		To	То:			
				D	ATE		А	MOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plu	s 4)							
Employer Name		•		Occupa	tion		•			
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Cod	de (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	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		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		А	MOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•		•	•	
Enter Grand Total of Part E o	on Schedule I. Detailed	l Summary Page	Section	4			P/	AGE TOTAL
	Juliana 1/ Butanet	. January rage,		••			\$	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	i	
Students First PAC	From:	<u>9/19/2017</u> To:	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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	•				Re	porting P	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sci	nedule II, 1	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL
Summary Page, Section 3.	-, -									0.00

6.59

STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	Name of Filing Committee or Candidate						
Students First PAC	From	9/19	То:	10/23/2017			
				DATE			AMOUNT
To Whom Paid US Postal Service	мо	DAY	YEAR				
Mailing Address 1 union ave			9	25	2017	\$	6.59
City bala cynwyd	1 '	otion of Exp					
Enter Grand Total of Expend			PAGE TOTAL				