### **Campaign Finance Report**

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

Filer Identification 2010165 Number :						port ed B		CAND	IDATE		СОМ	<b>ITTEE</b>	✓	LOBI	BYIST		
Name of Filing Committee, Candidate or Lobbyist: Students First PAC									_								
Street Address:																	
City:	Wynnewood							State:	PA			Zip Cod	le: 19	9096			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	•	<b>/</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	<u>-</u>	5.	30 DA		POST-	6. <b>X</b>		TERMINA REPORT		Yes	No		<b>/</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2017					NG METH CHECK C				PAPER		<b>/</b>	DISKE	TTE	
Name of Office S	ought by Candida	te:						DATE (	OF ELE	CTIC	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YI	EAR		1	<u> </u>			
								11		7	2017		(SEE IN	STRUCTI	ONS FOR C	ODES)	,
Summary of Expenditures	Receipts and	МО	DAY	YEAR			_	МО	DAY	Υ	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures			10 24	2	017	' <b>T</b>	<u>о</u>	11	L	27	2017	ļ					
A. Amount Bro	ught Forward Froi	n Last R	eport				\$			19,	638.80						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	e I)	\$			227,	500.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 247,138								138.80									
D. Total Expenditures (From Schedule III) \$ 13.18								13.18									
E. Ending Cash	E. Ending Cash Balance (Subtract Line D From Line C) \$ 247,125.6							125.62									
F. Value Of In-	Kind Contributions	Receive	ed (From Sc	hedu	le II	I)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	)			\$				0.00			1			
				AFF	IDA	AVI	T SE	CTION									
PART I - If this is	a Committee rep	ort, trea	surer sign h	ere. 1	If th	nis is	a Can	ndidate r	eport,	candi	date sig	jn here.					
I swear (or affirm) correct and comple	that this report, inc ete.	uding the	attached sch	edules	s file	d on	paper (	or by elec	tronic m	edium	ı, are to t	the best o	f my kno	wledge	and belie	ef , tru	16
Sworn to and subs	cribed before me this day of	\$	20							5	Signature	of Perso	n Submit	ting Rep	ort		-
	Signatu	re					-					Prin	ted Name	e			-
My Commission Ex	cpires						_					Ema	il				_
	МО	D/	AY	YR					Ar	ea Co	de	Daytim	e Telepl	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized (	Comn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowle	edge and belie	ef this	poli	itical	commi	ittee has i	not viola	ted ar	ny provis	ions of th	e act of J	une 3,1	937 (P.L.	1333	3,
Sworn to and subsc	ribed before me this day of		20								s	ignature o	of Candid	ate			-
							-					Printe	d Name				-
My Commission Exp	Signature						-					Ema	il				-
							-			<u> </u>				-1	- N: ·		-
	МО	D	AY	YR					Area	Code		Da	aytime T	elephon	e Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
Students First PAC	From:	10/24/201	<u>7</u> To:	11/27/2017
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	J 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)			\$	225,000.00
TOTAL for the Reporting	J Period	(3)	\$	225,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	2,500.00
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			\$	227,500.00

#### **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	R	eporting	Period			
		F	rom:		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.

(EXCIU	de contributions fr	om political comm	iitte	ees re	portea	in Part	A)	
Name of Filing Committe	e or Candidate		Rep	orting F	Period			
			Fro	m:		Т	o:	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.0
City	State	Zip Code (Plus 4	)					
	·	•			•	•		PAGE TOTAL

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

#### **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	\$		0.00
Mailing Address							7 *		0.00
City	State	Zip Cod	e (Plus 4)						
<u> </u>	I	ı			ı	<u> </u>			
		_		_				PAGE TOT	AL
Enter Grand Total of Part C on Scheo	lule 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			
Students First PAC				Fron	n:	10/24/2	<u>017</u> To	To: <u>11/27/2017</u>	
					DA	ATE		Al	MOUNT
Full Name of Contributor					мо	DAY	YEAR		75.000.00
Arthur Dantchik					140	DAI	ILAK	\$	75,000.00
Mailing Address					11	13	2017		
<b>City</b> Bala Cynwyd	State	Zip	Code (Plus	4)		15	2017		
	l <sub>PA</sub>	19	0004						
Employer Name susquehanna Internat	ional Group				Occupat	ion	Managir	ng Direct	or
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Cod	e (Plus 4)
			Bala Cynw	/yd		PA		19004	
Full Name of Contributor					мо	DAY	YEAR	\$	75,000.00
Jeffrey Yass						27		] *	75,000.00
Mailing Address					11	13	2017		
<b>City</b> Bala Cynwyd	State	Zip	Code (Plus	4)					
	l <sub>PA</sub>	19	0004						
Employer Name Susquehanna Interna	tional Group				Occupat	ion	Managir	ng Direct	or
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Cod	e (Plus 4)
			Bala Cynw	/yd		PA		19004	
Full Name of Contributor									
Joel Greenberg					МО	DAY	YEAR	<b> </b> \$	75,000.00
Mailing Address					11	13	2017		
City Bala Cynwyd	State	Zip	Code (Plus	4)	11	15	2017		
	<sub>PA</sub>	l <sub>19</sub>	0004						
Employer Name Susquehanna Interna	tional Group				Occupat	ion	Managir	ng Direct	or
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Cod	e (Plus 4)
			Bala Cynw	/yd		PA		19004	
Futor Cuand Tatal of Davis Con Cobo	dula I Batailad C		D	Ca atta	2			Р	AGE TOTAL
Enter Grand Total of Part C on Sche	dule 1, Detailed Si	umn	nary Page,	Section	on 3.			<b>\$</b>	225,000.00
							L		

## 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 Pe	eriod	
Students First PAC	From:	10/24/2017 <b>To:</b>	11/27/2017

			D	ATE		AN	TNUOM		
Full Name			МО	DAY	VEAD		2 500 00		
Friends of Jamie Santora			МО	DAY	YEAR	\$	2,500.00		
Mailing Address			10	24	2017				
City Media	State	Zip Code (Plus 4)	10	'	2017				
	PA	19063							
Receipt Description Stop payment	Receipt Description Stop payment placed on 04/26/2017 expenditure								

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

**PAGE TOTAL \$** 2,500.00

#### **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 Peri	od	
Students First PAC	From:	10/24/2017 <b>To:</b>	11/27/2017
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	₹	
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 Candidate			Reporting	g Period				
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						<b> </b>		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:		•	•			•		
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (	Contributions Detai	iled Sum	mary 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	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

13.18

## STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period			
Students First PAC			From	10/24	4/2017	То:	11/27/2017
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
US Postal Service							
Mailing Address				26	2017	\$	6.59
<b>City</b> bala cynwyd	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19004	Certifie	d mailing t	o PA		
To Whom Paid			МО	DAY	YEAR		
US Postal Service			MO	ואמן	ILAK		
Mailing Address			11	16	2017	\$	6.59
City bala cynwyd	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19004	Certifie	d mailing t	o PA		
Enter Grand Total of Expe	nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						