Campaign Finance Report

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

Filer Identificat Number :	ion 2010	165			Repor Filed I		CAND	IDATE		СОМ	MITTEE	✓	LOB	BYIST			
	Committee, Candida	ate or Lo	obbyist:		Studen	-	st PAC										
Street Address:	P.O. Box 416																
City:	Wynnewood						State:	PA			Zip Code: 19096						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	2ND FRIDAY PRE- 2. 3 PRIMARY P				POST-	POST- 3.			1ENT ?	Yes	No	, 🔨		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	2ND FRIDAY PRE- 5. 3 ELECTION				POST- 6. X			TERMIN REPORT		Yes	Nc	· 🗸		
report type)	ANNUAL REPORT	7.	Year 2017				ING METH) CHECK C				PAPER		\checkmark	DISKE	TTE		
Name of Office S	Sought by Candidat	:e:	•				DATE (OF ELE	СТІС	ON	District Number	Office Code	Par	ty Code	County		
							мо	DAY	Y	EAR		I					
							11	L	7	2017]	(SEE INS	TRUCTI	ONS FOR	CODES)		
	Receipts and	мо	DAY	YEAR	L .		мо	DAY	Y	EAR	FC	OR OFFIC	E USE	ONLY			
Expenditures	s from:	-	10 24	2	017	0	11	1	27	2017							
A. Amount Bro	ught Forward From	1 Last R	eport			9	\$		19,	638.80							
B. Total Monet	ary Contributions A	And Rec	eipts (From	n Sche	dule I)		\$		227,	500.00	1						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$		247,	138.80							
D. Total Expen	ditures (From Sche	edule II	1)				\$			13.18							
E. Ending Cash	Balance (Subtract	Line D	From Line	C)			\$		247,1	125.62	4						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II)		\$			0.00	-						
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	')			\$			0.00							
				AFF	IDAVI	TS	ECTION										
	s a Committee repo																
I swear (or affirm correct and compl) that this report, incluete.	uding the	e attached sc	hedules	s filed on	pape	r or by elec	tronic m	edium	n, are to	the best o	of my knov	vledge	and beli	ef , true		
Sworn to and subs	scribed before me this day of		20						9	Signatur	e of Perso	n Submitt	ing Rep	oort			
	Signatur					_					Prin	ted Name					
My Commission E	-	e									Ema	il					
	мо	D	AY	YR		_		Ar	ea Co	de	Daytin	ne Teleph	one Nu	mber			
Part II- If this is	a report of a cand	lidate's	authorized	Comm	nittee, C	Candi	date shall	sign h	ere.								
I swear (or affirm) No 320) as amend) that to the best of m ed.	ıy knowle	edge and beli	ef this	political	com	mittee has i	not viola	ted ar	ny provis	ions of th	e act of Ju	ine 3,1	937 (P.I	1333,		
Sworn to and subse	cribed before me this day of		20							s	ignature	of Candida	ite				
						_					Printe	ed Name					
My Commission Exp	Signature bires					_					Ema	il					
	мо	D	AY	YR		-		Area	Code		D	aytime Te	elephor	e Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** Students First PAC From: <u>10/24/2017</u> **To:** <u>11/27/2017</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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)** 0.00 225,000.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 225,000.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 2,500.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 227,500.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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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						
			Fre	om:		То	:			
					DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
							Γ	PAGE TOTAL		

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. (Exclude contributions from political committees reported in Part A)										
Name of Filing Committee or Candidat	e			orting P	eriod					
			Fro	From: 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. \$										

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 Comm	ittee			мо	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Cod	e (Plus 4)								
						Γ		PAGE TOTAL			
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	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 Repo					porting Period					
Students First PAC				Fron	n:	<u>10/24/2</u>	017 To	: <u>11/27/2017</u>		
					DA	TE		АМ	DUNT	
Full Name of Contributor Joel Greenberg					мо	DAY	YEAR			
Mailing 401 City Ave. Suite 2 Address	20							\$	75,000.00	
City Bala Cynwyd	State	Zip	Code (Plus	4)	11	13	2017			
	РА	19	004							
Employer Name Susquehanna Interna	tional Group				Occupat	ion M	lanagin	g Director		
Employer Mailing Address/Principal Place	e of		City			State		Zip Code (Plus 4)		
Business 401 City AvenueSuite 220 Bala Cynwyd					PA			19004		
Full Name of Contributor Jeffrey Yass					мо	DAY	YEAR			
Mailing Address 401 City Avenue Suit	e 220							\$	75,000.00	
City Bala Cynwyd	State	Zip	Code (Plus	4)	11	13	2017			
	PA	19	004							
Employer Name Susquehanna Interna	tional Group				Occupation Managing Director					
Employer Mailing Address/Principal Plac Business	e of		City		State Zip Co				ode (Plus 4)	
401 City AvenueSuite 220			Bala Cyn	wyd		PA		19004		
Full Name of Contributor Arthur Dantchik					мо	DAY	YEAR			
Mailing 401 City Avenue suite	e 220							\$	75,000.00	
City Bala Cynwyd	State	Zip	Ocode (Plus	4)	11	13	2017			
	РА	19	004							
Employer Name susquehanna International Group				Occupation Managing Director						
Employer Mailing Address/Principal Plac Business	e of		City			State		Zip Code (Plus 4)		
401 City AvenueSuite 220			Bala Cyn	wyd	РА			19004		

\$

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							
Students First PAC From:					<u>10/24/201</u>	<u>7</u> To:		<u>11/27/2017</u>			
				D	ATE			AMOUNT			
Full Name Friends of Jamie Santora				мо	DAY	YEAR	1				
Mailing Address 323 W. Front St							\$	2,500.00			
City _{Media}	State PA	Zip Code (19063	Code (Plus 4) 063		24	201	7				
Receipt Description Stop payment placed on 04/26/2017 expenditure											
Enter Grand Total of Part E on Sche	dule I. Detailer	l Summary Page	Section	4				PAGE TOTAL			
			20000				\$	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 Perio	od	
Students First PAC	From:	<u>10/24/2017</u> To:	<u>11/27/2017</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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 Candidate	Reporting Period						
	From:			То:			
				DATE		АМО	UNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address	Mailing Address					\$	0.00
City	State	Zip Code (Plus 4)	,				
Description of Contribution:							
Enter Grand Total of Part F on Sched Section 2.	iled Sum	mary Pag	je,	PAGE TOTAL			
					4	6	0.00

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

Name of Filing Committee or Candidate					Re	porting F	Period				
					Fro	From: To:					
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State	Zip Code(Plus 4)									
Employer of Contributor			•		Occupation						
Employer Mailing Address/Principal Place of City Business				State		Zip 4)	Code(Plus	Descri	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 Candid	ate		Reporting Period						
Students First PAC	From	<u>10/2</u> 4	4 <u>/2017</u>	То:	<u>11/27/2017</u>				
				DATE			AMOUNT		
To Whom Paid US Postal Service			мо	DAY	YEAR				
Mailing Address 1 union ave	10	26	2017	\$	6.59				
City bala cynwyd	State	Zip Code (Plus 4)	Descrip	tion of Ex	penditure	•			
	PA	19004	Certifie	d mailing	to PA				
To Whom Paid US Postal Service			мо	DAY	YEAR				
Mailing Address 1 union ave			11	16	2017	\$	6.59		
City bala cynwyd	State	Zip Code (Plus 4)	Descrip	tion of Ex	penditure				
	PA	19004	Certifie	d mailing	to PA				
	_						PAGE TOTAL		
Enter Grand Total of Expenditur	es on Page 1, F	Report Cover Page, Item I).			\$	13.18		