### **Campaign Finance Report**

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

| Filer Identificati<br>Number :                             | Filer Identification 2010165<br>Number : |             |                        |         | Rep<br>File |      |        | CAND               | IDA                              | IDATE COMM |                          |          | LOBE               |                | BYIST    |           |          |              |
|--|--|-------------|------------------------|---------|-------------|------|--------|--------------------|----------------------------------|------------|--------------------------|----------|--------------------|----------------|----------|-----------|----------|--------------|
| Name of Filing C   | Committee, Candid                        | ate or Lo   | obbyist:               |         | Stuc        | dent | s Firs | t PAC              |                                  |            |                          |          |                    |                |          |           |          |              |
| Street Address:  | P.O. Box 416                             |             |                        |         |             |      |        |                    |                                  |            |                          |          |                    |                |          |           |          |              |
| City:  | Wynnewood                                |             |                        |         |             |      |        | State:             | PA                               | А          |                          |          | Zip Cod            | le: 19         | 9096     |           |          |              |
| TYPE OF<br>REPORT  | 6TH TUESDAY<br>PRE-PRIMARY               | 1. <b>X</b> | 2ND FRIDA'<br>PRIMARY  | Y PRE   |             |      |        |                    |                                  |            | AMENDMENT Yes No REPORT? |          |                    |                | <b>\</b> |           |          |              |
| (place X to<br>the right of                                | 6TH TUESDAY<br>PRE-ELECTION              | 4.          | 2ND FRIDA'<br>ELECTION | y pre   | <u>-</u> !  | 5.   | 30 DA  |                    | POST- 6. TERMINATION Yes REPORT? |            |                          |          |                    | Yes            | No       | •         | <b>\</b> |              |
| report type)   | ANNUAL REPORT                            | 7.          | <b>Year</b> 2018       |         |             |      |        | NG METH<br>CHECK ( |                                  |            |                          |          |                    | PAPER          |          |           | TTE      |              |
| Name of Office S   | -<br>Sought by Candida                   | te:         |                        |         |             |      |        | DATE               | OF I                             | ELEC       | LION                     | 1        | District<br>Number | Office<br>Code | Par      | ty Code   | Coun     |              |
|  |  |             |                        |         |             |      |        | МО                 | D                                | AY         | YEA                      | AR       |                    |                | •        |           |          |              |
|  |  |             |                        |         |             |      |        | 1                  | 1                                | $\epsilon$ | 5                        | 2018     |                    | (SEE IN        | STRUCTIO | ONS FOR ( | ODES     | )            |
|  | Receipts and                             | МО          | DAY                    | YEAR    | ł           |      |        | МО                 | D                                | AY         | YEA                      | AR       | FO                 | R OFFI         | CE USE   | ONLY      |          |              |
| Expenditures   | s from:                                  |             | 1 1                    | 2       | 018         | T    | 0      |                    | 3                                | 26         | 5                        | 2018     |                    |                |          |           |          |              |
| A. Amount Bro  | ught Forward Fron                        | n Last R    | eport                  |         |             |      | \$     |                    |                                  |            | 2,11                     | 19.03    |                    |                |          |           |          |              |
| B. Total Monetary Contributions And Receipts (From Schedul |  |             |                        |         |             | I)   | \$     |                    |                                  | (          | 50,00                    | 00.00    |                    |                |          |           |          |              |
| C. Total Funds Available (Sum Of Lines A and B)            |  |             |                        |         |             |      | \$     |                    |                                  | (          | 52,11                    | 19.03    |                    |                |          |           |          |              |
| D. Total Expenditures (From Schedule III)                  |  |             |                        |         |             |      | \$     |                    |                                  | 1          | 18,69                    | 96.32    |                    |                |          |           |          |              |
| E. Ending Cash   | Balance (Subtract                        | t Line D    | From Line (            | C)      |             |      | \$     |                    |                                  | 4          | 3,42                     | 2.71     |                    |                |          |           |          |              |
| F. Value Of In-  | Kind Contributions                       | Receive     | ed (From Se            | chedu   | le II       | )    | \$     |                    |                                  |            |                          | 0.00     |                    |                |          |           |          |              |
| G. Unpaid Debt   | s And Obligations                        | (From S     | Schedule IV            | )       |             |      | \$     |                    |                                  |            |                          | 0.00     |                    |                |          |           |          |              |
|  |  |             |                        | AFF     | IDA         | ١٧٧  | T SE   | CTION              |                                  |            |                          |          |                    |                |          |           |          |              |
|  | s a Committee rep                        | -           | _                      |         |             |      |        |                    | -                                | -          |                          | _        |                    |                |          |           |          |              |
| I swear (or affirm)<br>correct and comple                  | ) that this report, incl<br>ete.         | uding the   | attached scl           | nedule  | s filed     | d on | paper  | or by elec         | tron                             | nic med    | lium, a                  | are to t | he best o          | f my kno       | wledge   | and beli  | ef , tru | ue.          |
| Sworn to and subs  | cribed before me this<br>day of          | i           | 20                     |         |             |      |        |                    | _                                |            | Sig                      | gnature  | of Perso           | n Submit       | ting Rep | ort       |          | -            |
|  | Signatu                                  | ra          |                        |         |             |      | -<br>- |                    | _                                |            |                          |          | Prin               | ted Name       | •        |           |          | -            |
| My Commission Ex   | _  |             |                        |         |             |      |        |                    | _                                |            |                          |          | Ema                | il             |          |           |          | -            |
|  | мо                                       | D           | AY                     | YR      |             |      |        |                    |                                  | Area       | Code                     | ı        | Daytim             | e Teleph       | one Nu   | mber      |          |              |
| Part II- If this is  | a report of a cand                       | lidate's    | authorized             | Comn    | nitte       | e, C | andid  | ate shal           | l sig                            | ın her     | e.                       |          |                    |                |          |           |          |              |
| I swear (or affirm)<br>No 320) as amende                   | that to the best of n                    | ny knowle   | edge and beli          | ef this | polit       | ical | comm   | ittee has          | not v                            | violate    | d any                    | provisi  | ons of the         | e act of J     | une 3,19 | 937 (P.L  | . 1333   | 3,           |
| Sworn to and subsc   | ribed before me this                     |             |                        |         |             |      |        |                    | _                                |            |                          | Si       | gnature o          | of Candid      | ate      |           |          | - [          |
|  | day of                                   |             |                        |         |             |      | -      |                    | _                                |            |                          |          | Printe             | d Name         |          |           |          | -            |
|  | Signature                                |             |                        |         |             |      | -      |                    |                                  |            |                          |          |                    |                |          |           |          | _            |
| My Commission Exp  | ires                                     |             |                        |         |             |      |        |                    |                                  |            |                          |          | Ema                | il             |          |           |          |              |
|  | МО                                       | D           | AY                     | YR      | 1           |      | •      |                    | -                                | Area Co    | ode                      |          | Da                 | aytime T       | elephon  | e Numb    | er       | <sup>-</sup> |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | Period  |               |           |
|--|-----------|---------|---------------|-----------|
| Students First PAC   | From:     | 1/1/201 | <u>.8</u> To: | 3/26/2018 |
| 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)   |           |         | \$            | 60,000.00 |
| TOTAL for the Reporting  | ) Period  | (3)     | \$            | 60,000.00 |
| 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 |           |         | \$            | 60,000.00 |

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

|                           | his Part to itemize only<br>with an aggregate valu |                  |                  |    |      |      |    |        |
|---------------------------|--|------------------|------------------|----|------|------|----|--------|
| Name of Filing Comm       | ittee or Candidate                                 |                  | Reporting Period |    |      |      |    |        |
|                           |  |                  | From: To         |    |      | ):   |    |        |
|                           |  | -                |                  |    | DATE |      |    | AMOUNT |
| Full Name of Contribution | ng Committee                                       |                  |                  | 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

## 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     |                   | Rep      |    |      |      |    |        |
|--------------------------------------|-------|-------------------|----------|----|------|------|----|--------|
|                                      |       |                   | From: To |    |      | 0:   |    |        |
|                                      |       |                   |          |    | 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.

Name of Filing Committee or Candidate

(Exclude contributions from political committees reported in Part C.)

Reporting Period

| Students First PAC   |                    |                                   |            | Fron                         | n:                           | 1/1/2   | <u>018</u> To | ):                | 3/26/2018   |  |
|--|--------------------|-----------------------------------|------------|------------------------------|------------------------------|---------|---------------|-------------------|-------------|--|
|  |                    |                                   |            |                              | DA                           | TE      |               | ,                 | AMOUNT      |  |
| <b>Full Name of Contributor</b> Joel Greenberg             |                    |                                   |            |                              | мо                           | DAY     | YEAR          |                   |             |  |
| Mailing 401 City Ave. Suite 2                              | 20                 |                                   |            |                              | _                            | _       |               | \$                | 20,000.00   |  |
| City Bala Cynwyd   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19004 |            | 2                            | 9                            | 2018    |               |                   |             |  |
| Employer Name Susquehanna Internat                         | ional Group        |                                   |            | Occupat                      | ion<br>N                     | 1anagin | g Direc       | g Director        |             |  |
| Employer Mailing Address/Principal Place<br>Business       | e of               |                                   | City       |                              | State                        |         |               | Zip Code (Plus 4) |             |  |
| 401 City AvenueSuite 220 Bala Cynwyd                       |                    |                                   |            | PA                           |                              | 1900    | 4             |                   |             |  |
| Full Name of Contributor Arthur Dantchik                   |                    |                                   |            | мо                           | DAY                          | YEAR    |               |                   |             |  |
| Mailing<br>Address 401 City Avenue suite 220               |                    |                                   |            |                              |                              |         | \$            | 20,000.00         |             |  |
| City Bala Cynwyd   | <b>State</b><br>PA | <b>Zip</b><br>190                 | Code (Plus | 4)                           | 2                            | 9       | 2018          |                   |             |  |
| Employer Name susquehanna Internat                         | ional Group        |                                   |            |                              | Occupation Managing Director |         |               |                   |             |  |
| Employer Mailing Address/Principal Place<br>Business       | e of               |                                   | City       |                              |                              | State   |               | Zip Co            | de (Plus 4) |  |
| 401 City AvenueSuite 220                                   |                    |                                   | Bala Cyn   | wyd                          |                              | PA      |               | 1900              | 4           |  |
| Full Name of Contributor Jeffrey Yass                      |                    |                                   |            |                              | МО                           | DAY     | YEAR          |                   |             |  |
| Mailing 401 City Avenue Suit                               | e 220              |                                   |            |                              |                              |         |               | \$                | 20,000.00   |  |
| City Bala Cynwyd   | State<br>PA        | <b>Zip</b><br>190                 | Code (Plus | 4)                           | 2                            | 9       | 2018          |                   |             |  |
| Employer Name Susquehanna International Group              |                    |                                   |            | Occupation Managing Director |                              |         |               | tor               |             |  |
| Employer Mailing Address/Principal Place of Business  City |                    |                                   | City       |                              |                              | State   |               | Zip Code (Plus 4) |             |  |
| Business   |                    |                                   | Bala Cyn   | wyd PA                       |                              |         | 19004         |                   |             |  |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL

60,000.00

\$

## 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 Car | ndidate              |                | Report  | ing Perio | od  |      |    |           |
|---------------------------------|----------------------|----------------|---------|-----------|-----|------|----|-----------|
|                                 |                      |                | From:   |           |     | To:  |    |           |
|                                 |                      |                |         | D         | ATE |      | A  | MOUNT     |
| Full Name                       |                      |                |         | мо        | DAY | YEAR |    |           |
| Mailing Address                 |                      |                |         |           |     |      | \$ | 0.00      |
| City                            | State                | Zip Code (     | Plus 4) |           |     |      |    |           |
| Receipt Description             | ·                    | ·              |         |           |     |      |    |           |
| Enter Grand Total of Part E on  | Schedule T. Detailed | d Summary Page | Section | 4         |     |      | P  | AGE TOTAL |
|                                 | 2, <b>200</b> 0000   |                | 22300   |           |     |      | \$ | 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>1/1/2018</u> <b>To:</b> | <u>3/26/2018</u> |  |  |  |  |  |  |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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 Candid | ate                |                       | Reportin |           |      |           |            |
|------------------------------------|--------------------|-----------------------|----------|-----------|------|-----------|------------|
|                                    |                    |                       | 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 S   | chedule II, In-Kir | nd Contributions Deta | iled Sun | nmary Pag | je,  |           | PAGE TOTAL |
| Section 2.                         |                    |                       |          |           |      | \$        | 0.00       |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate               |             |        |               |      | Reporting | Period    |        |       |                 |
|---|-------------|--------|---------------|------|-----------|-----------|--------|-------|-----------------|
|   |             |        |               |      | From:     |           | То:    |       |                 |
|   |             |        |               |      |           | DATE      |        |       | AMOUNT          |
| Full Name of Contributor                            |             |        |               |      | мо        | DAY       | YEAR   |       |                 |
| Mailing Address                                     |             |        |               |      |           |           |        | \$    | 0.00            |
| City  | State       |        | Zip Code(Plus | 4)   |           |           |        |       |                 |
| Employer of Contributor                             |             |        |               |      | Occupa    | ation     |        |       |                 |
| Employer Mailing Address/Principal Plad<br>Business | ce of       | City   | Sta           | ite  | Zip<br>4) | Code(Plus | Descri | ption | of Contribution |
| Enter Grand Total of Part G on Sch                  | edule II, I | n-Kind | Contributions | Deta | ailed     |           |        |       | PAGE TOTAL      |
| Summary Page, Section 3.                            |             |        |               |      |           |           |        |       | 0.00            |

### STATEMENT OF EXPENDITURES

| Name of Filing Committee or Car                   | ndidate                               |                                       | Reportir                  | ng Period                             |           |     |           |
|---|---------------------------------------|---------------------------------------|---------------------------|---------------------------------------|-----------|-----|-----------|
| Students First PAC                                |                                       |                                       | From                      | <u>1/</u>                             | 1/2018    | То: | 3/26/2018 |
|   |                                       |                                       |                           | DATE                                  |           |     | AMOUNT    |
| <b>To Whom Paid</b> California Secretary of State |                                       |                                       | мо                        | DAY                                   | YEAR      |     |           |
| Mailing Address 1500 11th St                      | t Rm 495                              |                                       | 1                         | 11                                    | 2018      | \$  | 50.00     |
| <b>City</b> Sacremento                            | ento State Zip Code (Plus 4) CA 95814 |                                       |                           | Description of Expenditure Annual Fee |           |     |           |
| To Whom Paid Treasurer, Lower Merion Township     |                                       |                                       | мо                        | DAY                                   | YEAR      |     |           |
| Mailing Address PO Box 41505                      |                                       |                                       | 1                         | 17                                    | 2018      | \$  | 20.00     |
| City Lower Merion                                 | <b>State</b><br>PA                    | <b>Zip Code (Plus 4)</b><br>191011505 | Descrip<br>2018 b         |                                       |           |     |           |
| <b>To Whom Paid</b> Education Opportunity PAC     |                                       |                                       | мо                        | DAY                                   | YEAR      |     |           |
| Mailing Address 20 N. Market                      | St Suite 800                          |                                       | 2                         | 13                                    | 2018      | \$  | 17,500.00 |
| <b>City</b> Harrisburg                            | <b>State</b><br>PA                    | <b>Zip Code (Plus 4)</b> 17101        | <b>Descrip</b><br>Contrib | otion of Exp<br>oution                | penditure | 2   |           |
| <b>To Whom Paid</b> US Postal Service             |                                       |                                       | МО                        | DAY                                   | YEAR      |     |           |
| Mailing Address 50 Wynnewo                        | od rd                                 |                                       | 2                         | 28                                    | 2018      | \$  | 112.00    |
| <b>City</b> Wynnewood                             | <b>State</b><br>PA                    | <b>Zip Code (Plus 4)</b><br>19096     | <b>Descrip</b><br>PO Box  |                                       |           |     |           |
| <b>To Whom Paid</b> Citizens for Pat Browne       |                                       |                                       | МО                        | DAY                                   | YEAR      |     |           |
| Mailing Address PO Box 624                        |                                       |                                       | 3                         | 20                                    | 2018      | \$  | 1,000.00  |
| <b>City</b> Harrisburg                            | State                                 | Zip Code (Plus 4)                     | Descrip                   | otion of Exp                          | penditure | 2   |           |

17108

Contribution

PA

| To Whom Paid US Postal Service              | S Postal Service   |  |    | DAY  | YEAR       |    |           |  |
|---|--|--|----|--|------------|----|-----------|--|
| Mailing Address 1 union ave                 |  |  | 1  | 30   | 2018       | \$ | 6.70      |  |
| City bala cynwyd PA Zip Code (Plus 4) 19004 |  |  |    | Description of Expenditure Certified mailing |            |    |           |  |
| To Whom Paid US Postal Service              |  |  | МО | DAY  | YEAR       |    |           |  |
| Mailing Address 1 union ave                 |  |  | 3  | 14   | 2018       | \$ | 7.62      |  |
| <b>City</b> bala cynwyd                     | Description of Expenditure Certified mailing                           |  |    |  |            |    |           |  |
| Enter Grand Total of Evnend                 |  |  |    |  | PAGE TOTAL |    |           |  |
| Enter Grand Total of Expend                 | nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |  |    |  |            | \$ | 18,696.32 |  |