

Commonwealth of Pennsylvania

Campaign Finance Report

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

Filer Identification Number : 2010165		Report Filed By :	CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST					
Name of Filing Committee, Candidate or Lobbyist: Students First PAC										
Street Address: P.O. Box 416										
City: Wynnewood			State: PA	Zip Code: 19096						
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1. <input checked="" type="checkbox"/>	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2018	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO	DAY	YEAR				
				11	6	2018	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		1	1	2018	TO	3	26	2018		
A. Amount Brought Forward From Last Report				\$		2,119.03				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		60,000.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		62,119.03				
D. Total Expenditures (From Schedule III)				\$		18,696.32				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		43,422.71				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		0.00				

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20 _____

Signature

My Commission Expires _____
MO DAY YR

Signature of Person Submitting Report

Printed Name

Email

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this _____ day of _____ 20 _____

Signature

My Commission Expires _____
MO DAY YR

Signature of Candidate

Printed Name

Email

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Students First PAC	From: <u>1/1/2018</u> To: <u>3/26/2018</u>

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 60,000.00
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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
	From: To:
DATE AMOUNT	

Full Name of Contributing Committee	MO	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 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 Candidate	Reporting Period
	From: _____ To: _____

				DATE	AMOUNT
Full Name of Contributor					
Mailing Address	MO	DAY	YEAR		
City	State	Zip Code (Plus 4)			\$ 0.00

PAGE TOTAL
\$ 0.00

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: To:

	DATE			AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 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 Students First PAC	Reporting Period From: <u>1/1/2018</u> To: <u>3/26/2018</u>
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	DATE			AMOUNT
Full Name of Contributor Jeffrey Yass	MO	DAY	YEAR	\$ 20,000.00
Mailing Address 401 City Avenue Suite 220	2	9	2018	
City Bala Cynwyd State PA Zip Code (Plus 4) 19004				
Employer Name Susquehanna International Group	Occupation Managing Director			
Employer Mailing Address/Principal Place of Business 401 City Avenue Suite 220	City Bala Cynwyd		State PA	Zip Code (Plus 4) 19004
Full Name of Contributor Arthur Dantchik	MO	DAY	YEAR	\$ 20,000.00
Mailing Address 401 City Avenue suite 220	2	9	2018	
City Bala Cynwyd State PA Zip Code (Plus 4) 19004				
Employer Name susquehanna International Group	Occupation Managing Director			
Employer Mailing Address/Principal Place of Business 401 City Avenue Suite 220	City Bala Cynwyd		State PA	Zip Code (Plus 4) 19004
Full Name of Contributor Joel Greenberg	MO	DAY	YEAR	\$ 20,000.00
Mailing Address 401 City Ave. Suite 220	2	9	2018	
City Bala Cynwyd State PA Zip Code (Plus 4) 19004				
Employer Name Susquehanna International Group	Occupation Managing Director			
Employer Mailing Address/Principal Place of Business 401 City Avenue Suite 220	City Bala Cynwyd		State PA	Zip Code (Plus 4) 19004

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

PAGE TOTAL
\$ 60,000.00

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
	From: _____ To: _____

				DATE	AMOUNT
Full Name	MO	DAY	YEAR		
				\$	0.00
Mailing Address					
City	State	Zip Code (Plus 4)			
Receipt Description					

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

PAGE TOTAL
\$ 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 Students First PAC	Reporting Period From: <u>1/1/2018</u> To: <u>3/26/2018</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)	\$ 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: _____ To: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Description of Contribution:				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.				PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period From: _____ To: _____
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address				\$ 0.00	
City	State	Zip Code(Plus 4)			
Employer of Contributor	Occupation				
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	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 Candidate	Reporting Period
Students First PAC	From <u>1/1/2018</u> To: <u>3/26/2018</u>

				DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR		
California Secretary of State	1	11	2018	\$	50.00
Mailing Address 1500 11th St Rm 495					
City Sacramento				Description of Expenditure	
State CA				Annual Fee	
Zip Code (Plus 4) 95814					
To Whom Paid	MO	DAY	YEAR		
Treasurer, Lower Merion Township	1	17	2018	\$	20.00
Mailing Address PO Box 41505					
City Lower Merion				Description of Expenditure	
State PA				2018 business license registration	
Zip Code (Plus 4) 191011505					
To Whom Paid	MO	DAY	YEAR		
Education Opportunity PAC	2	13	2018	\$	17,500.00
Mailing Address 20 N. Market St Suite 800					
City Harrisburg				Description of Expenditure	
State PA				Contribution	
Zip Code (Plus 4) 17101					
To Whom Paid	MO	DAY	YEAR		
US Postal Service	2	28	2018	\$	112.00
Mailing Address 50 Wynnewood rd					
City Wynnewood				Description of Expenditure	
State PA				PO Box renewal Fee	
Zip Code (Plus 4) 19096					
To Whom Paid	MO	DAY	YEAR		
Citizens for Pat Browne	3	20	2018	\$	1,000.00
Mailing Address PO Box 624					
City Harrisburg				Description of Expenditure	
State PA				Contribution	
Zip Code (Plus 4) 17108					
To Whom Paid	MO	DAY	YEAR		
US Postal Service	1	30	2018	\$	6.70
Mailing Address 1 union ave					
City bala cynwyd				Description of Expenditure	
State PA				Certified mailing	
Zip Code (Plus 4) 19004					

To Whom Paid US Postal Service			MO	DAY	YEAR	\$ 7.62
Mailing Address 1 union ave			3	14	2018	
City bala cynwyd	State PA	Zip Code (Plus 4) 19004	Description of Expenditure Certified mailing			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 18,696.32

