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			Repor Filed I		CA	MDI	DATE		COM	AITTEE	V	LUI	DD T.	131	
Name of Filing C	ommittee, Candid	ate or L	obbyist:		Studen	ts Firs	t PAC	2			•						
Street Address:																	
City:	Wynnewood						State	e:	PA			Zip Co	de: 19	9096			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 DA		P	POST-	3.		AMENDN REPORT		Yes		No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5. X	30 DA		P	POST-	6.		TERMINATION REPORT?		Yes		No	\
report type)	ANNUAL REPORT	7.	Year 2018				NG MI					PAPER		\mathbf{V}	D)	ISKET	ΓE
Name of Office S	ought by Candida	te:					DAT	ΈO	F ELEC	CTIO	N	District Number	Office Code	Pa	arty	Code C	ounty ode
							МО		DAY	YE	AR						
								11		6	2018		(SEE IN	ISTRUCT	TIONS	FOR CO	DES)
Summary of Expenditures	Receipts and from:	МО	DAY	YEAR		-0	МО		DAY		EAR	FC	R OFFI	CE US	E OI	NLY	
9 18 2018 TO 10						2	22	2018									
A. Amount Brought Forward From Last Report B. Total Monetary Contributions And Receipts (From Schedule I					11 7\	\$				30,6	0.00						
	-			n Scned	uie 1)	\$											
	Available (Sum Of					\$					598.10						
D. Total Expenditures (From Schedule III)					\$					306.70							
	Balance (Subtrac				- 77\	\$				5,3	91.40						
	Kind Contributions s And Obligations				e 11)	\$					0.00						
d. Olipaid Debi	s And Obligations	(TTOILL S	chedule 1			\$					0.00						
DADT I If this is	a Committee von	out tuos	aurar alam		IDAVI				mort o	a media	data sis	n have					
	that this report, inc	-	_								_		f my kno	wledg	e and	d belief	, true
-	cribed before me this	5								s	Signature	of Perso	n Submit	ting R	eport	t	
	day of — ————					_											
	Signatu	re				_						Prin	ted Nam	е			
My Commission Ex	·		A.V.			_		•		- 6		Ema					
Doub II If this is	MO		AY	YR	:	` d: d		hall .		a Cod	ie	Daytin	ne Telep	none N	umb	er	
	a report of a cand				•				_		y provis	ions of th	e act of J	lune 3,	1937	7 (P.L. 1	.333,
	ribed before me this										9	ignature	of Candid	late			[
	day of		_ 20			_											
	Signature.					_						Printe	ed Name				
My Commission Exp	Signature ires							,				Ema	il				_
	МО	D	AY	YR		-			Area (Code		D	aytime 1	Telepho	one N	Number	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Detailed Sammary Lag	_			
Name of Filing Committee or Candidate	Reporting	Period		
Students First PAC	From:	9/18/201	<u>8</u> To:	10/22/2018
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)			\$	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

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 Committe	ee or Candidate		Re	porting	Period			
			Fr	om:		То	:	
					DATE			AMOUNT
Full Name of Contributing	Committee			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.

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 cor	ntributions fro	om politi	cal commi	ttees r	eported	in Part	A)	
Name of Filing Committee or Can	didate			Reporting	Period			
From: To:) :			
			ı		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.

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 Cai	ndidate		Reporting	Period				
			From:			То:		
				DA	TE		Α	AMOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		0.00
Mailing Address							- \$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	on Schedule I, Detaile	d Summary 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			Rep	orting Pe	riod			
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	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		Report	ing Peri	od			
			From:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	4.			\$	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 Perio	d						
Students First PAC	From:	<u>9/18/2018</u> To:	10/22/2018					
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	TF)							
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 Ca	ndidate		Reporting Period					
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						- \$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•				
				_	Г			
Enter Grand Total of Part F of Section 2.	n Schedule II, In-Ki	nd Contributions Detai	led Sum	ımary Pa	ge,		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			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	ee or Candidate Reporting Period				
Students First PAC	From	9/18/2018	То:	10/22/2018	
		DATE		AMOUNT	

				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
California Secretary of State			MO		ILAK		
Mailing Address			10	15	2018	\$	300.00
City Sacremento	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	CA	95814	Filing Fe	ee			
To Whom Paid			мо	DAY	YEAR		
Republican Party of Pennsylv	ania		MO	DAI	ILAK		
Mailing Address			9	19	2018	\$	25,000.00
City Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	171089984	Contrib	ution			
To Whom Paid			МО	DAY	YEAR		
US Postal Service			MO	DAT	ILAK		
Mailing Address			9	24	2018	\$	6.70
City bala cynwyd	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19004	Certified	d Mailing			
							PAGE TOTAL
Enter Grand Total of Expe	nditures on Page 1, Re	port Cover Page, Item D).			\$	25,306.70