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 :		Rep File	port		CANDI	DATE		СОМ	ITTEE	✓	LOBE	BYIST					
Name of Filing C	Committee, Cand	idate or L	obbyist:		Stuc	dent	s Firs	t PAC									
Street Address:	P.O. Box 41	.6															
City:	Wynnewood	i				State: PA						Zip Cod	le: 19	9096			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2	2. X	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	•	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	y pri	<u>-</u> !	5.	30 DA ELECT		POST-	6.		TERMINATION Yes REPORT?				•	/
report type)	ANNUAL REPOR	7.	Year 2019					IG METHO				PAPER		/	DISKE	TTE	
Name of Office S	- Sought by Candi	date:						DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
					мо	DAY	YE	AR			ОТН	ı					
								11		5	2019		(SEE IN	INSTRUCTIONS FOR CODES)			
Summary of Expenditures	Receipts and	МО	DAY	YEAR		_	_	МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
			4 2	2	019	ı	0	5		6	2019						
A. Amount Bro	ught Forward Fr	om Last F	Report				\$			12,5	38.76						
B. Total Monetary Contributions And Receipts (From Schedule I)											0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 12,538.76																	
D. Total Expenditures (From Schedule III) \$ 6.85																	
E. Ending Cash Balance (Subtract Line D From Line C)										12,5	31.91						
F. Value Of In-	Kind Contribution	ns Receiv	red (From S	chedu	le II	()	\$				0.00						
G. Unpaid Debt	s And Obligation	ns (From	Schedule IV	')			\$				0.00			1			
				AFF	IDA	\VI	T SE	CTION									
PART I - If this is		•	_														
I swear (or affirm) correct and comple		ncluding th	e attached scl	hedule	s filed	d on	paper (or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge	and belie	ef , tru	ıe.
Sworn to and subs	cribed before me t day of	his	20							S	ignature	of Perso	n Submit	ting Rep	ort		_
							- -					Prin	ted Name	<u> </u>			_
My Commission Ex	Signa opires	iture										Ema	il				-
	мо	D	AY	YR			-		Are	ea Cod	e	Daytim	e Teleph	none Nu	mber		_
Part II- If this is	a report of a ca	ndidate's	authorized	Comn	nitte	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		f my knowl	edge and beli	ef this	polit	tical	commi	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me th	is									s	ignature o	of Candid	ate			- [
	day of						_					Drint-	d Name				_
	Signatur	·e					-					rinte	u ivaine				_
My Commission Exp	_	-										Ema	il				_
	МО	D	AY	YR	1		•		Area	Code		Da	aytime T	elephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	J Period		
Students First PAC	From:	4/2/201	<u>9</u> To:	5/6/2019
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

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Committee or Candidate				porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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

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 Filling Committee of Candidate					Reporting Period From: To:					
			l		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 Rep			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.

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

Name of Filing Committee or Candidate	Reporting Period								
Fro						To	То:		
				D	ATE		А	MOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City State Zip Code (Plus 4)									
Employer Name		•		Occupa	tion		•		
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Cod	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	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 Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		А	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	l Summary Page.	Section	4.			P	AGE TOTAL
	2, 2000		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	l	
Students First PAC	From:	<u>4/2/2019</u> To:	<u>5/6/2019</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Candidate Re				g Period			
	From:						
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y 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				
						From:			То:		
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(F	Plus 4)							
Employer of Contributor			•			Occupa	ation		•		
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions De Summary Page, Section 3.				taile	ed				PAGE TOTAL 0.00		
Summary Page, Section 3.										0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
Students First PAC	From	5/6/2019					
		AMOUNT					
To Whom Paid U.S. Postal Service	мо	DAY	YEAR				
Mailing Address 50 E. Wynnewood F	kd		4	8	2019	\$	6.85
City Wynnewood State Zip Code (Plus 4) PA 19096				otion of Exp d Mailing	enditure		
Enter Crand Total of Evneuditures	on Dogo 1. Donowh	Cover Page Thom D					PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	6.85