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 :	tion 2010)165			Repor Filed I		CANDI	DATE		СОМІ	MITTEE	✓	LOB	BYIST		
Name of Filing	Committee, Candio	late or L	obbyist:			-	IRST PAC	2								
Street Address:																
City:	WYNNEWOOI)					State:	PA			Zip Co	de: 19	096-0	000		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.	30 DA PRIM		POST- 3. X			AMENDN REPORT		Yes	✓ ^	lo]
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION				AY F TION	POST- 6.			TERMIN REPORT	Yes	Ν	lo	\checkmark	
report type)	ANNUAL REPORT	7.	Year 2019				NG METHO				PAPER		\checkmark	DISK	ETTE	
Name of Office	 Sought by Candida	te:					DATE O	F ELEC	CTIO	N	District Number	Office Code	Pa	ty Cod	e Cou Cod	
							мо	DAY	YE	AR			OTI	ł		
							11		5	2019]	(SEE INS	TRUCTI	ONS FO	R CODES	5)
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	YE	AR	FC	OR OFFIC	E USE	ONLY	(
Expenditure	s from:		5 7	2	019 T	0	6	1	.0	2019						
A. Amount Bro	ought Forward Fro	m Last R	eport			\$			12,5	531.91						
B. Total Monet	tary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$				0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)			\$			12,5	531.91						
D. Total Exper	nditures (From Sch	edule II	I)			\$				6.85						
E. Ending Casl	h Balance (Subtrac	t Line D	From Line	C)		\$			12,5	25.06	-					
F. Value Of In-	-Kind Contribution	s Receiv	ed (From S	chedu	le II)	\$				0.00	-					
G. Unpaid Deb	ts And Obligations	G (From S	Schedule I\	/)		\$				0.00						
				AFF	IDAVI	T SE	CTION									
	is a Committee rep	•	-					• •								
correct and comp	1) that this report, ind lete.	luding the	e attached sc	nedules	s filed on	paper	or by elect	ronic me	earum,	, are to	the best o	т ту кпоч	/leage	and be	lief , t	rue
Sworn to and sub	scribed before me th day of	S	20			_			s	ignaturo	e of Perso	n Submitt	ing Re	port		_
	Signati	ıre				-					Prin	ted Name				-
My Commission E	xpires					_					Ema	il				_
	МО	D	AY	YR				Are	a Cod	e	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	s a report of a can	didate's	authorized	Comm	nittee, C	Candid	ate shall	sign he	ere.							
I swear (or affirm No 320) as amend) that to the best of led.	my knowle	edge and bel	ief this	political	comm	iittee has n	ot violat	ed an	y provis	ions of th	e act of Ju	ine 3,1	937 (P	.L. 133	33,
Sworn to and subs	cribed before me this day of		20							s	ignature	of Candida	te			-
						_					Printe	ed Name				-
My Commission Ex	Signature pires					-					Ema	il				-
	мо	D	AY	YR		_		Area (Code		D	aytime Te	lephor	ne Num	ıber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** STUDENTS FIRST PAC From: <u>5/7/2019</u> **To:** 6/10/2019 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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	4)						
								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 Candidate					Reporting Period				
			From: Te			D:			
					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 Candidate			Reporting Period						
				То:					
				DA	TE		ŀ	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							- \$	0.00	
City	State	Zip Cod	e (Plus 4)						
					PAGE TOTAL				
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 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				Reporting Period						
From:				m:			То:			
				D	ATE		АМ	IOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Pl	ıs 4)							
Employer Name				Occupation						
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							P#	AGE TOTAL 0.00		

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:			То:				
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description	·	•					•			
		_						PAGE TO	TAL	
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4				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 Period											
STUDENTS FIRST PAC	From:	<u>5/7/2019</u> То:	<u>6/10/2019</u>									
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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			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 Scl Section 2.	nedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	je,		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:						
					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 Plac	City	State	e Zip	Code(Plus 4)	Descri	ption 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 Cano	lidate		Reporting Period					
STUDENTS FIRST PAC				<u>5/</u>	7/2019	То:	To: <u>6/10/2019</u>	
				DATE		AMOUNT		
To Whom Paid			мо	DAY	YEAR			
U.S. Postal Service								
Mailing Address			5	10	2019	\$	6.85	
City Wynnewood	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	19096	certified	d mailing				
							PAGE TOTAL	
inter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							6.85	