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				port ed B		CANDI	DATE		СОМ	4ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Candid	ate or L	obbyist:	•	STU	JDEN	ITS FI	RST PAC									
Street Address:	PO BOX 416																
City:	WYNNEWOOI)						State:	PA			Zip Cod	de: 19	9096-0	000		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	ND FRIDAY PRE- RIMARY 2. 30 PR				ARY	POST-	3. X		AMENDM REPORT		Yes	No		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION				30 DA ELECT		POST- 6.			TERMINA REPORT		Yes	No	•	/
report type)	ANNUAL REPORT	7.	Year 2019					IG METH				PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	ought by Candida	te:	-					DATE C	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Coun	ty
								МО	DAY	YE	AR		10000	OTI	1		
								11		5	2019		(SEE IN	STRUCTI	ONS FOR (CODES)	
	Receipts and	МО	DAY	YEAR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	irom:		5 7	20	019	Т	0	6		10	2019						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			12,5	31.91						
B. Total Monetary Contributions And Receipts (From Schedule I)							\$				0.00						
C. Total Funds Available (Sum Of Lines A and B)							\$			12,5	31.91						
D. Total Expenditures (From Schedule III)							\$				6.85						
E. Ending Cash Balance (Subtract Line D From Line C)						\$			12,5	25.06							
F. Value Of In-	Kind Contribution	s Receiv	ed (From Scl	hedu	le II	I)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00						
				AFF	IDA	AVI	T SE	CTION									
PART I - If this is	a Committee rep	ort, trea	surer sign h	ere. 1	[f th	nis is	a Can	ididate r	eport, o	candio	late sig	ın here.					
I swear (or affirm) correct and comple	that this report, inc ete.	luding the	attached sche	edules	file	d on	paper (or by elect	ronic m	edium,	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ıe.
Sworn to and subs	cribed before me thi day of	s	20							s	ignature	of Perso	n Submit	ting Re _l	oort		
	Signatu	ıre					-					Prin	ted Name	•			
My Commission Ex	rpires						_					Ema	il				
	МО	D	AY	YR					Are	ea Cod	e	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized C	Comm	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	ny knowl	edge and belief	f this	polit	tical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333	s,
Sworn to and subsc	ribed before me this day of		20								S	ignature o	of Candid	ate			-
	— — — — — — — — — — — — — — — — — — —						_					Printe	d Name				-
My Commission Exp	Signature						-					Ema	il				-
my commission exp																	
	МО	D	AY	YR					Area	Code		Da	aytime T	elephor	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period							
STUDENTS FIRST PAC	From:	<u>5/7/201</u>	<u>9</u> To:	6/10/2019					
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor									
TOTAL for the Reporting Period (1)									
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	\$	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	J Period	(4)	\$	0.00					
			Ī						
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 on with an aggregate val								
Name of Filing Committee or Candidate Rep			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)						
	•					-	Г	PAGE TOTAL	

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 of Camulate				eporting Period rom: 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.

lame of Filing Committee or Candidate			Reporting	Period								
			From:			То:						
				DA	TE		Α	MOUNT				
Full Name of Contributing Commit	tee			мо	DAY	YEAR						
Mailing Address							\$	0.00				
City	State	Zip Cod	e (Plus 4)									
								PAGE TOTAL				
Enter Grand Total of Part C on S	Schedule I, Detail	ed 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.)

Reporting Period					
NT					
0.00					
Occupation					
Zip Code (Plus 4)					
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	Name of Filing Committee or Candidate			orting Period					
			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 o	on Schedule I. Detailed	l Summary Page	Section	4			P/	AGE TOTAL	
	Juliana 1/ Butanet	. January rage,		••			\$	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> To:	6/10/2019							
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 PART 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 Candidat	Name of Filing Committee or Candidate				Reporting Period					
	Fr					From: To:				
		DATE			AMOUNT					
Full Name of Contributor	МО	DAY	YEAR							
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)								
Description of Contribution:	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				Reporting Period							
					Fro	om:	m: To:				
					•		DATE AMOUNT				
Full Name of Contributor						МО	DAY	YEAR			
Mailing Address									\$ \$	0.00	
City	State		Zip Code(I	Plus 4)							
Employer of Contributor						Occupation					
Employer Mailing Address/Principal Place of Business			City State			Zip Code(Plus 4)		Descr	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.									PAGE TOTAL 0.00		

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candi	Reporting Period						
STUDENTS FIRST PAC	From	<u>5/1</u>	7/2019	То:	<u>6/10/2019</u>		
				DATE			AMOUNT
To Whom Paid U.S. Postal Service			мо	DAY	YEAR		
Mailing Address 50 E. Wynnewood rd			5	10	2019	\$	6.85
City Wynnewood	Descrip	tion of Exp	enditure	•			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

\$ 6.85

19096

certified mailing

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