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			Repo Filed		<i>'</i> :	CANDI	NDIDATE COMMITTEE \(\square \) LOBBYIST								
Name of Filing C	Committee, Candid	late or L	obbyist:		STUD	ENT	ΓS FI	RST PAC	<u> </u>								
Street Address:	PO BOX 416																
City:	WYNNEWOO!)						State:	PA			Zip Cod	ie: 19	9096-0	000		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	2.		BO DA		POST-	3.		AMENDM REPORT		Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5.		30 DA		POST-	6.		TERMINA REPORT		Yes	No	•	/
report type)	ANNUAL REPORT	7.	Year 2020					IG METH				PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	Sought by Candida	ite:						DATE C	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Count	ty
								МО	DAY	YI	AR	rumber			couc		
								11		3	2020		(SEE IN	STRUCTI	ONS FOR C	ODES)	
	Receipts and	МО	DAY Y	EAR				МО	DAY	DAY YEAR FOR OFFICE USE ON							
Expenditures	irom:		3 10	20	020	TC)	5	5	18	2020						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			212,4	165.76						
B. Total Moneta	ary Contributions	And Rec	eipts (From S	chec	dule I)	\$				0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			212,	165.76	65.76					
D. Total Expend	ditures (From Sch	edule II	I)				\$				13.90						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$		2	212,4	51.86						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edul	e II)		\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00			•			
			P	١FF	IDA۱	/IT	SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign he	re. I	f this	is a	Can	didate r	eport, d	andi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached sched	dules	filed o	on pa	aper o	or by elect	tronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ie,
Sworn to and subs	cribed before me thi day of	s	20							S	Signature	of Perso	n Submit	ting Rep	ort		_
	Signati	ıre	_			=						Prin	ted Name	9			_
My Commission Ex	cpires											Ema	il				_
	мо	D	AY	YR					Ar	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Co	omm	ittee,	Ca	ndida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of led.	ny knowl	edge and belief	this	politic	al c	ommi	ittee has r	ot viola	ted ar	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333	,
Sworn to and subsc	ribed before me this										S	ignature o	of Candid	ate			-
	day of					_						Printe	d Name				-
My Commission 5	Signature					_						Ema	il				-
My Commission Exp																	
	МО	D	AY	YR		_			Area	Code		Da	aytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

	_			
Name of Filing Committee or Candidate	Reporting	Period		
STUDENTS FIRST PAC	From:	3/10/202	<u>0</u> To:	5/18/2020
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

	this Part to itemize onl with an aggregate value		\$2) in the			
Nume of Fining Comm		From:			То	То:		
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	!	I			<u> </u>			DAGE 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 Filling Committee of Candidate			Reporting Period From: To:					
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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 Candi	date		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.)

lame of Filing Committee or Candidate Re			Rep	Reporting Period					
			Fron	n:		To	То:		
				D	ATE		АМ	OUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	5 4)						
Employer Name				Occupa	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PA \$	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	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
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. Detaile	d Summary Page	Section	4			PAG	E TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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	od	
STUDENTS FIRST PAC	From:	3/10/2020 To :	<u>5/18/2020</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 Candid	ame of Filing Committee or Candidate Re							
	Fro					To:	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 S	chedule II, In-Kir	nd Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTAL	
Section 2.						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$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)					
Employer of Contributor					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate		Reporting Period					
STUDENTS FIRST PAC	ı	From	<u>3/10</u>	<u>0/2020</u>	To:	5/18/2020	
			DATE			AMOUNT	
To Whom Paid		мо	DAY	YEAR			

				DATE			AMOUNT	
To Whom Paid U.S. Postal Service			МО	DAY	YEAR			
Mailing Address 1 Union Ave			3	17	2020	\$	13.90	
City Bala Cynwyd	State PA	Zip Code (Plus 4) 19004	Description of Expenditure Certified Mailings					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL	
Enter Grand Total of Expen	ditures on Page 1, Re	port cover Page, Item D	•			\$	13.90	