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		:	CANDI	DATE		СОМ	4ITTEE	✓	LOBE	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:		Stude	nts I	First	t PAC									
Street Address:	P.O. Box 416																
City:	Wynnewood							State:	PA			Zip Cod	de: 19	9096			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.						ARY	POST- 3. X			AMENDM REPORT		Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION						POST- 6.			TERMINA REPORT		Yes	No	•	/
report type)	ANNUAL REPORT	7.	Year 2020					IG METHO				PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	Sought by Candida	te:			_			DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YE	AR		10000	OTH	<u> </u>	46	
								11		3	2020		(SEE IN	STRUCTIO	ONS FOR C	ODES)	
•	Receipts and	МО	DAY YI	EAR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	s trom:		5 19	20	020	то		6	:	22	2020						
A. Amount Bro	ught Forward Froi	n Last R	eport				\$			212,4	51.86						
B. Total Monet	ary Contributions	And Rec	eipts (From S	chec	dule I)	\$			850,0	00.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$		1,	062,4	51.86						
D. Total Expend	ditures (From Sch	edule II	I)				\$		1,	025,0	13.90						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			37,4	37.96						
F. Value Of In-	Kind Contribution:	s Receiv	ed (From Sche	edul	e II)		\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$				0.00						
			A	\FF	IDAV	ΊΤ	SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign hei	re. I	f this	is a	Can	ididate r	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and complete) that this report, inc ete.	luding the	attached sched	lules	filed o	n pa	per o	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	1e
Sworn to and subs	cribed before me this	5	20							S	ignature	of Perso	n Submit	ting Rep	ort		
	Signatu	re				_						Prin	ted Name	•			-
My Commission Ex	kpires											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 Co	mm	ittee,	Can	dida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowle	edge and belief	this	politica	al co	mmi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L	. 1333	s,
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate			-
	day of											Printe	d Name				-
	Signature					_											_
My Commission Exp	_											Ema	il				
	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	J Period		
Students First PAC	From:	5/19/202	<u>0</u> To:	6/22/2020
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)			\$	850,000.00
TOTAL for the Reporting	Period	(3)	\$	850,000.00
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 Page			\$	850,000.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Commit	tee or Candidate		Re	eporting	Period			
			Fr	om:		То	:	
					DATE			AMOUNT
Full Name of Contributing	g Committee			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

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 Fining Committee of Canadate			Rep Fro	oorting P	eriod	To	o:	
			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 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.)

Name of Filing Committee or Candidate			Rep	orting Pe	riod			
Students First PAC			Froi	m:	<u>5/19/2</u>	<u>020</u> To	To: 6/22/2020	
				D/	ATE		AMOUNT	
Full Name of Contributor Jeffrey Yass				МО	DAY	YEAR		
Mailing Address 401 City Ave Suite 220				6	1	2020	\$ 850,000.00	
City Bala Cynwyd	State PA	Zip Code (Pl	ıs 4)	6	1	2020		
Employer Name Self employed				Occupat	ion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code (Plus 4)	
401 City Ave		Bala Cy	nwyd		PA		19004	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	mmary Pago	e, Section	on 3.			PAGE TOTAL \$ 850,000.00	

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		A	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	d Summary Page	Section	4			P	AGE TOTAL
	2, 200 0000		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 Perio	d	
Students First PAC	From:	<u>5/19/2020</u> To:	<u>6/22/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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	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	late		Reportin	g 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:							
Enter Grand Total of Part F on S	Schedule II, In-Kir	nd Contributions Deta	iled Sum	ımary 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				Re	porting P	Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Kind (Contributions De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Candidate		Reportir	ng Period			
Students First PAC			From	<u>5/19</u>	9/2020	То:	6/22/2020
				DATE		AMOUNT	
To Whom Paid Williams for Senate			МО	DAY	YEAR		
Mailing Address P.O. Box 6	F.O. BOX 0313					\$	25,000.00
CityPhiladelphiaStateZip Code (Plus 4)PA19139				otion of Exp oution	enditure		
To Whom Paid Commonwealth Children's Choice Fund			МО	DAY	YEAR		
Mailing Address 420 N. Thi	rd St.		6	1	2020	\$	1,000,000.00
City Harrisburg	State PA	Zip Code (Plus 4) 17101	Descrip Contrib	otion of Exp	enditure		
To Whom Paid U.S. Postal Service			МО	DAY	YEAR		
Mailing Address 1 Union Ave.			5	22	2020	\$	13.90
State Zip Code (Plus 4) PA 19004			1	otion of Exp d Mailing	enditure		
							PAGE TOTAL

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

1,025,013.90