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 :	ion 20	10165			Repor Filed I		CANDI	DATE	C	ОММІТТЕ	E 🗸	LOB	BYIST	
	Committee, Cand	lidate or L	obbyist:		Studen	-	t PAC							
Street Address:	P.O. Box 41	16												
City:	Wynnewood	ł				State: PA Zip Code: 1					19096			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	- 2.	30 DA PRIMA		POST-	3.	AMEN REPO	DMENT RT?	Yes	Nc	· 🗸
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	ELECTION								TERMINATION Yes REPORT?			· 🗸
report type)	ANNUAL REPOR	RT 7.	Year 2020)			NG METHO CHECK O			PAPE	R		DISKE	TTE
Name of Office	L Sought by Candi	date:					DATE O	F ELEC	TION	Distri Numl			ty Code	County Code
							мо	DAY	YEAR			OT	1	46
									3 20)20	(SEE 1	INSTRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YEAR		FOR OFF	ICE USE	ONLY	
Expenditure	s from:		9 15	5 2	020 T	0	10	1	9 20)20				
A. Amount Bro	ought Forward Fi	om Last R	Report			\$		1	87,415	86				
B. Total Monet	ary Contribution	is And Red	ceipts (Froi	m Sche	dule I)	\$		2,150,000.00						
C. Total Funds	Available (Sum	Of Lines A	A and B)			\$		2,3	37,415	86				
D. Total Expen	ditures (From S	chedule II	II)			\$		2,0	15,013.	90				
E. Ending Casł	n Balance (Subtr	act Line D	From Line	C)		\$		3	22,401.	96				
F. Value Of In-	Kind Contributio	ons Receiv	ved (From S	Schedu	le II)	\$			0.	00				
G. Unpaid Deb	ts And Obligatio	ns (From	Schedule I	V)		\$	\$ 0.00							
				AFF	IDAVI	T SE	CTION							
PART I - If this i		• •	-							-				
I swear (or affirm correct and comp	i) that this report, i lete.	ncluding th	e attached so	chedule	s filed on	paper	or by elect	ronic me	dium, are	to the bes	t of my kn	owledge	and beli	ef , true
Sworn to and sub	scribed before me t day of	:his	20			_			Signa	ture of Pe	rson Subm	itting Re	port	
	Signa	ature				_				P	rinted Nan	ne		
My Commission E	xpires					_				E	mail			
	МО	D	AY	YR				Area	a Code	Day	time Tele	phone Nu	mber	
Part II- If this is	a report of a ca	ndidate's	authorized	d Comn	nittee, C	Candid	ate shall	sign he	re.					
I swear (or affirm No 320) as amend) that to the best o ed.	of my knowl	edge and be	lief this	political	comm	ittee has n	ot violate	ed any pr	ovisions of	the act of	June 3,1	937 (P.L	1333,
Sworn to and subs	cribed before me th day of	nis	20							Signatu	re of Candi	idate		
						_				Pri	nted Name	9		
My Commission Ex	Signatu	re				-				E	mail			
, EA						_								
	мо	D	DAY	YR	2			Area C	ode		Daytime	Telepho	ne Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** Students First PAC From: <u>9/15/2020</u> To: 10/19/2020 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 2,150,000.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 2,150,000.00 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 \$ 2,150,000.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PAGE 3

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:		:							
		·		DATE			AMOUNT			
Full Name of Contributing Con	nmittee		мо	DAY	YEAR					
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4))							
						Γ	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 Candidat	e		Rep	orting P	eriod			
From: To):	
					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						
			From:			То:			
				DA	TE		А	MOUNT	
Full Name of Contributing Commit	tee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
						ſ		PAGE TOTAL	
Enter Grand Total of Part C on	Schedule I, Detail	led Summary Pa	age, Sectio	n 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					
Students First PAC	From: <u>9/15/202</u>				20 To: <u>10/19/2020</u>				
				D/	ATE		AMOUNT		
Full Name of Contributor Jeffrey Yass				мо	DAY	YEAR			
Mailing 401 City Ave							\$ 2,150,000.00		
City Bala Cynwyd	State PA	Zip Code (Plus 19004	5 4)	9	25	2020			
Employer Name Self Employed			Occupation						
Employer Mailing Address/Principal Pla Business	ce of	City			State		Zip Code (Plus 4)		
401 City Ave Bala Cynwy					PA		19004		
Enter Grand Total of Part C on Sch	edule I, Detailed Su	ımmary Page,	Sectio	on 3.			PAGE TOTAL \$ 2,150,000.00		

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	Name of Filing Committee or Candidate			Reporting Period						
				From: To				:		
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR				
Mailing Address							\$	i	0.00	
City	State	Zip Code (Plus 4)							
Receipt Description					1	1				
Enter Grand Total of Part E	on Schodulo I. Dotailoc		Section	4				PAGE TOT	AL	
		i Suillilai y Page,	Section	-			\$		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>9/15/2020</u> то :	<u>10/19/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 R			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 Schedule II, In-Kind Contributions Details Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period						
					Fro	From: To:				
						DATE AMOU				
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State	Zip Code(Plus 4)								
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City State Business			State		Zip Code(Plus Descripti 4)			ption o	f Contribution	

Enter Grand Total of Part G on Schedule	II. In-Kind Co	ontributions De	ailed	PAGE TOTAL
Summary Page, Section 3.	,			0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reporti	ng Period				
Students First PAC			From	<u>9/1</u>	<u>5/2020</u>	То:	<u>10/19/2020</u>	
				DATE			AMOUNT	
To Whom Paid Commonwealth Children's Choice Fund				DAY	YEAR			
Mailing Address 420 N. Third St				28	2020	\$	2,000,000.00	
CityHarrisburgStateZip Code (Plus 4)PA17101				Description of Expenditure Contribution				
To Whom Paid Friends of Joe Torsella				DAY	YEAR			
Mailing Address PO Box 626			9	29	2020	\$	15,000.00	
City Flourtown	State PA	Zip Code (Plus 4) 19031	Descrip Contrib	otion of Exp oution	penditure	1		
To Whom Paid U.S. Postal Service			мо	DAY	YEAR			
Mailing Address 1 Union Ave			9	25	2020	\$	13.90	
CityBala CynwydStateZip Code (Plus 4)PA19004				otion of Ex ed mailing	penditure	1		
Enter Grand Total of Expend	itures on Page 1, Re	port Cover Page, Item [).				PAGE TOTAL	
						\$	2,015,013.90	