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 :	Filer Identification 2010165 Re Number : Fil						CAN	NDII	DATE		СОМІ	MITTEE	✓	LOBI	BYIST		
	Committee, Candida	ate or L	obbyist:			-	rst PAC										
Street Address:																	
City:	Wynnewood						State: PA Zip Code:						de: 19	:: 19096			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2. X		DAY MARY	Р	OST-	3.		AMENDN REPORT		Yes	N	0	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	<u>-</u> 5.	30 ELE	DAY CTION	Ρ	POST- 6.			TERMIN REPORT	Yes	N	0	\checkmark	
report type)	t type) ANNUAL REPORT 7. Year 2021 FILING METHOD () CHECK ONE								PAPER	\checkmark	DISK	ETTE					
Name of Office	Sought by Candidat	te:					DAT	E O	F ELEC	CTIC	N	District Number	Office Code	Par	ty Code	Cou	
									DAY	YI	AR			OTH	ł	46	
								11		2	2021]	(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of Receipts and MO DAY YEAR							мо		DAY	YI	EAR	FC	OR OFFIC	E USE	ONLY		
Expenditures	s from:		3 30	2	021	го		5		3	2021						
A. Amount Bro	ought Forward From	n Last R	eport				\$		1	157,7	774.06						
B. Total Monet	tary Contributions /	And Rec	eipts (Fron	1 Sche	dule I)		\$				0.00	-					
C. Total Funds	Available (Sum Of	Lines A	and B)				\$		1	157,7	774.06	-					
D. Total Expen	ditures (From Sche	edule II	I)				\$			85,0	014.00						
	n Balance (Subtract			-			\$			72,7	60.06						
	-Kind Contributions		•		le II)		\$				0.00	-					
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	()			\$				0.00						_
							ECTIC										
	s a Committee report, incl												f my knov	vledge	and he	ief tı	rue i
correct and compl	lete.	-	uttueneu se	incuure.	o meu o	i pupe				.urum	, are to		, my knot	licuge		101 / 11	
Sworn to and subs	scribed before me this day of	5	20							5	Signaturo	e of Perso	n Submitt	ing Rep	oort		
						_						Prin	ted Name				-
My Commission E	Signatu xpires	re						-				Ema	il				-
	мо	D	AY	YR					Are	a Coc	le	Daytin	ne Teleph	one Nu	mber		_
Part II- If this is	a report of a canc	didate's	authorized	Comn	nittee,	Candi	date sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amend) that to the best of n ed.	ny knowle	edge and beli	ef this	politica	l com	mittee ha	as no	ot violat	ed an	ıy provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subscribed before me this day of 20											s	ignature (of Candida	ite			-
<u> </u>						_						Printe	ed Name				-
My Commission Ex	Signature pires					_		Email						-			
	мо	D	AY	YR	1				Area (Code		D	aytime Te	elephon	e Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period						
Students First PAC	<u>3/30/202</u>	2 <u>1</u> To:	<u>5/3/2021</u>				
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	J 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	J 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			
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

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				oorting l	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									
			Fror	m:		Тс):		
					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		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 Sched	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					
Fre						Т	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 Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 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: To:					
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•							
		_	.	_				PAGE TO	ΓAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumr	nary Page,	Section	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>3/30/2021</u> To:	<u>5/3/2021</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 PART	ſF)		
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					
F			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor				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				porting I	Period		
						То:	
					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	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	d			PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period					
Students First PAC			From	From <u>3/30/2021</u>			<u>5/3/2021</u>		
				AMOUNT					
To Whom Paid			мо	DAY	YEAR				
Comm. for Progressive Comr	nunities								
Mailing Address			4	23	2021	\$	25,000.00		
City Harrisburg State Zip Code (Plus 4)			Description of Expenditure						
PA 17108			Contrib	ution					
To Whom Paid	To Whom Paid			DAY	YEAR				
Comm. for Progressive Comr	nunities		мо						
Mailing Address			5	3	2021	\$	60,000.00		
City Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	17108	Contribution						
To Whom Paid			мо	DAY	YEAR				
U.S. Postal Service			no						
Mailing Address			4	5	2021	\$	14.00		
City Bala Cynwyd	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
PA 19004			Certifie	d mailing					
							PAGE TOTAL		
Enter Grand Total of Expe	nditures on Page 1, Re	port Cover Page, Item I).			\$	85,014.00		