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 :				port ed B		CAND	IDATE		СОМ	4ITTEE	✓	LOBBYIST				
Name of Filing C	Committee, Candid	late or L	obbyist:		Stuc	dent	s Firs	t PAC								
Street Address:	P.O. Box 416															
City:	Wynnewood				State:				PA			Zip Cod	le: 19	9096		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	ND FRIDAY PRE- 2. RIMARY				Y ARY	POST-	3.		AMENDM REPORT?		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X						Y TON	POST-	POST- 6.			ATION	Yes	No	~
report type)	ANNUAL REPORT	7.	Year 2021					IG METH CHECK C				PAPER		\checkmark	DISKE	TTE
Name of Office S	Sought by Candida	ite:	•		-			DATE (OF ELE	CTIC	N	District Number	Office Code	Pari	ty Code	County Code
								МО	DAY	YI	AR		10000	ОТН		46
								1:	L	2	2021		(SEE IN	STRUCTIO	NS FOR C	ODES)
Summary of Expenditures	Receipts and	МО	DAY Y	'EAR				МО	DAY	ΥI	EAR	FO	R OFFI	CE USE	ONLY	
			6 8	20	021	Т	0	ć	9	13	2021					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			17,	746.06					
B. Total Monetary Contributions And Receipts (From Schedule I) \$									0.00							
C. Total Funds Available (Sum Of Lines A and B)							\$			17,	746.06					
D. Total Expend	ditures (From Sch	edule II	I)				\$				49.10					
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			17,6	96.96					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edu	e II	()	\$				0.00					
G. Unpaid Debt	ts And Obligations	(From	Schedule IV)				\$				0.00			•		
			,	AFF	IDA	١٧٢	T SE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign he	ere. 1	(f thi	is is	a Can	didate r	eport,	candi	date sig	ın here.				
I swear (or affirm) correct and complete) that this report, inc ete.	luding the	e attached sche	dules	filed	d on	paper o	or by elec	tronic m	edium	, are to t	he best o	f my kno	wledge a	nd belie	f , true
Sworn to and subs	cribed before me thi day of	s	20							5	ignature	of Perso	n Submit	ting Rep	ort	
	— Signati	ıre					- -					Prin	ted Name	e		
My Commission Ex	-											Ema	il			
	МО	D	AY	YR			_		Ar	ea Cod	le	Daytim	e Telepi	none Nur	nber	_
Part II- If this is	a report of a can	didate's	authorized Co	omn	itte	e, C	andida	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of e	ny knowl	edge and belief	this	polit	tical	commi	ittee has	not viola	ted an	y provis	ions of the	e act of J	une 3,19	37 (P.L.	1333,
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate		
	day of 		_ 20				_					Dulm*-	d Name			
	Signature						-					Printe	d Name			
My Commission Exp	_											Ema	il			
	МО	D	AY	YR			-		Area	Code		Da	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	Period		
Students First PAC	From:	6/8/202	<u>1</u> To:	9/13/2021
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 valu	-			-			
Name of Filing Comm	nittee or Candidate		Re	porting				
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•				-		DAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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 Canadate			Rep	Reporting Period					
F			Fro	From: To			o:		
					DATE		АМ	OUNT	
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 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.)

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate			orting Pe	riod				
			Fron	n:		To	То:		
				D	ATE		A	AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			1	PAGE 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	Candidate		Report	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
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 I. Detailed	l Summary Page.	Section	4.				PAGE TOTAL
The state of the s	on concedere 1, betained	. Janimary rage,	50000011	••			\$	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:	6/8/2021 To:	9/13/2021
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	ate		Reporting 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	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL	
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting	Period				
					From:			То:		
						DAT	E			AMOUNT
Full Name of Contributor					мо	DAY	,	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plus	4)						
Employer of Contributor					Оссир	ation				
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zi 4)	p Code(Pl)	us	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 C	andidate		Reporting Period						
Students First PAC			From	<u>6/8</u>	8/2021	То:	9/13/2021		
				DATE			AMOUNT		
To Whom Paid Harland Clarke			МО	DAY	YEAR				
Mailing Address 4020 City A	Ave		7	2	2021	\$	27.25		
City Phila State Zip Code (Plus 4) PA 19131				ption of Exp	penditure				
To Whom Paid U.S. Postal Service			МО	DAY	YEAR				
Mailing Address 1 Union Avo	e		6	17	2021	\$	14.00		
City Bala Cynwyd	State PA	Zip Code (Plus 4) 19004		ption of Exped mailing	penditure				
To Whom Paid U.S. Postal Service			МО	DAY	YEAR				
Mailing Address 1 Union Avo	е		6	29	2021	\$	7.85		
CityBala CynwydStateZip Code (Plus 4)PA19004				ption of Exp ed mailing	penditure				
Enter Grand Total of Expend	ditures on Page 1. Re	nort Cover Page Item [,				PAGE TOTAL		
Enter Grand Fotor of Expent	aitai es oii i age 1, ite	port cover ruge, rtem r	•			\$	49.10		