Commonwealth of Pennsylvania

Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number :	2010165	**Report Filed By :**	**CANDIDATE**	**COMMITTEE** ✓	**LOBBYIST**
Name of Filing Committee, Candidate or Lobbyist:	STUDENTS FIRST PAC				
Street Address:	PO BOX 416				
City:	WYNNEWOOD	**State:**	PA	**Zip Code:**	19096-0000

TYPE OF REPORT (place X to the right of report type)										
	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	✓	No
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. **X**	TERMINATION REPORT?	Yes		No ✓
	ANNUAL REPORT	7.	**Year** 2020		**FILING METHOD ( ) CHECK ONE**		**PAPER**	✓	**DISKETTE**	

Name of Office Sought by Candidate:	**DATE OF ELECTION** MO	DAY	YEAR	**District Number**	**Office Code**	**Party Code**	**County Code**
	11	3	2020		(SEE INSTRUCTIONS FOR CODES)		

Summary of Receipts and Expenditures from:	MO	DAY	YEAR		MO	DAY	YEAR	**FOR OFFICE USE ONLY**
	10	20	2020	**TO**	11	23	2020	

A. Amount Brought Forward From Last Report	$	322,401.96
B. Total Monetary Contributions And Receipts (From Schedule I)	$	9,000,000.00
C. Total Funds Available (Sum Of Lines A and B)	$	9,322,401.96
D. Total Expenditures (From Schedule III)	$	8,500,110.15
E. Ending Cash Balance (Subtract Line D From Line C)	$	822,291.81
F. Value Of In-Kind Contributions Received (From Schedule II)	$	0.00
G. Unpaid Debts And Obligations (From Schedule IV)	$	0.00

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief , true correct and complete.

Sworn to and subscribed before me this _____ **day of** _____ **20** _____

_____ **Signature**

My Commission Expires _____ **MO** **DAY** **YR**

_____ **Signature of Person Submitting Report**

_____ **Printed Name**

_____ **Email**

Area Code **Daytime Telephone Number**

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this _____ **day of** _____ **20** _____

_____ **Signature**

My Commission Expires _____ **MO** **DAY** **YR**

_____ **Signature of Candidate**

_____ **Printed Name**

_____ **Email**

Area Code **Daytime Telephone Number**

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
STUDENTS FIRST PAC	From: 10/20/2020 To: 11/23/2020

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)	$ 9,000,000.00
TOTAL for the Reporting Period (3)	$ 9,000,000.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	$ 9,000,000.00

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	Reporting Period From: To:

Full Name of Contributing Committee			MO	DAY	YEAR	DATE	AMOUNT
Mailing Address							$ 0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
$ 0.00

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

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 From: To:

Full Name of Contributor			MO	DAY	YEAR	DATE	AMOUNT
Mailing Address							$ 0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
$ 0.00

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

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: To:

Full Name of Contributing Committee			DATE MO	DAY	YEAR	AMOUNT
Mailing Address						$ 0.00
City	State	Zip Code (Plus 4)				

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
$ 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: 10/20/2020 To: 11/23/2020

Full Name of Contributor			DATE MO	DAY	YEAR	AMOUNT
Jeffrey Yass			11	18	2020	$ 9,000,000.00
Mailing Address 401 City Ave						
City Bala Cynwyd	State PA	Zip Code (Plus 4) 19004				
Employer Name Self Employed			Occupation Self Employed			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)			
401 city ave	Bala Cynwyd	PA	19004			

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
$ 9,000,000.00

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 Candidate	Reporting Period From: To:

			DATE			AMOUNT
Full Name			MO	DAY	YEAR	$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
$ 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: 10/20/2020 To: 11/23/2020

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF $50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	**(1)**	$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF $50.01 TO $250.00 (FROM PART F)		
TOTAL for the Reporting Period	**(2)**	$ 0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER $250.00 (FROM PART G)		
TOTAL for the Reporting Period	**(3)**	$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		$ 0.00

SCHEDULE II
PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF $50.01 TO $250.00

Name of Filing Committee or Candidate	Reporting Period From: To:

Full Name of Contributor			DATE MO	DAY	YEAR	AMOUNT
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 Detailed Summary Page, Section 2.

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: To:

Full Name of Contributor			MO	DAY	YEAR	DATE / AMOUNT
Mailing Address						$ 0.00
City	State	Zip Code(Plus 4)				
Employer of Contributor			Occupation			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution		

	PAGE TOTAL
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	0.00

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
STUDENTS FIRST PAC	From 10/20/2020 To: 11/23/2020

To Whom Paid	Mailing Address	City	State	Zip Code (Plus 4)	Date MO	Date DAY	Date YEAR	Description of Expenditure	Amount
Commonwealth Children's Choice Fund	420 N. Third St	Harrisburg	PA	17101	11	17	2020	Legal Advertisement	$ 96.25
Commonwealth Children's Choice Fund	420 N. Third St	Harrisburg	PA	17101	10	22	2020	Certified Mailing	$ 13.90
Commonwealth Children's Choice Fund	420 N. Third St	Harrisburg	PA	17101	11	18	2020	Contribution	$ 8,500,000.00

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	PAGE TOTAL
	$ 8,500,110.15