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			Repor Filed I		CA	MDI	DATE		COM	AITTEE	Y	LUBB	1131	
Name of Filing C	ommittee, Candid	ate or L	obbyist:		Studen	ts Firs	t PAC	2	•							
Street Address:																
City:	Wynnewood						State	e:	PA			Zip Co	de: 19	096		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 DA		P	POST-	3.		AMENDN REPORT		Yes	No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.						TERMIN/ REPORT		Yes	No	✓	
report type)	ANNUAL REPORT	7.	Year 2022				NG MI CHEC					PAPER		\checkmark	DISKET	ГТЕ
Name of Office S	- Sought by Candida	te:					DAT	ΈO	F ELEC	CTIO	N	District Number	Office Code	Part	y Code	County Code
							МО		DAY	YE	AR			ОТН	•	46
				11		8	2022		(SEE IN	STRUCTIO	NS FOR C	ODES)				
	Receipts and	МО	DAY	YEAR			МО		DAY	YE	AR	FC	R OFFI	CE USE	ONLY	
Expenditures from: 10 25 2022								11	2	28	2022					
A. Amount Bro	ught Forward Fron	n Last R	eport			\$				137,0	70.00					
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sched	dule I)	\$	1				0.00					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$;		4	137,0	70.00					
D. Total Expend	ditures (From Sch	edule II	I)			\$;				15.70					
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		\$			4	37,0	54.30					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	e II)	\$;				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)		\$,				0.00			'		
					IDAVI											
I swear (or affirm)	that this report, incl		_						-		_		f my knov	wledge a	nd belie	ef , true
Sworn to and subs	ete. cribed before me this												61.00			
	day of		20			_				S	ignature	of Perso	n Submit	ting Rep	ort	
	Signatu	re				_						Prin	ted Name	•		
My Commission Ex	xpires					_		,				Ema	il			
	МО	D	AY	YR					Are	a Cod	le	Daytin	e Teleph	one Nur	nber	
	a report of a cand				•											
No 320) as amende		ny knowle	edge and bel	ief this	political	comm	iittee i	nas n	ot violat	ed an	y provis	ions of th	e act of J	une 3,19	37 (P.L.	1333,
Sworn to and subsc	ribed before me this day of		20								S	ignature (of Candida	ate	_	
						_						Printe	d Name			
My Commission Exp	Signature ires					-						Ema	il			<u> </u>
	МО	D	AY	YR		_			Area	Code		D	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
Students First PAC	From:	10/25/202	<u>2</u> To:	11/28/2022
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

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				
				From:		То	!	
			•		DATE			AMOUNT
Full Name of Contributing Co	ommittee			МО	DAY	YEAR		
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.

Name of Filing Committee or Candidate Reporting Period							
		Fr	om:		To	o :	
				DATE			AMOUNT
Full Name of Contribut	or		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
						l	
			<u> </u>				PAGE TOTAL

9/3/2025 8:42:17 PM

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		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOT	AL
Enter Grand Total of Part C on School	dule I, Detailed Sun	nmary 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	Reporting Period					
Fro						To):		
				D	ATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address							7		
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupa	tion				
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			\$	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	ing Peri	od			
			From:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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 Per	iod							
Students First PAC	From:	<u>10/25/2022</u> To:	11/28/2022						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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 Candidate Re			Reporting Period					
F						То:		
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address						7 \$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•	•			
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary 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	Period					
					m:		To:	То:		
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi _l	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

15.70

STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	Reporting Period						
Students First PAC	From	10/2	To: <u>11/28/2</u>				
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
U.S. Postal Service			1.10				
Mailing Address			10	26	2022	\$	15.70
City Merion Station	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	Certified	d Mailings					
							PAGE TOTAL

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