# **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 :	<b>ion</b> 201	0165			Report Filed B		CANDI	DATE	COM	IMITTEE		LOB	BYIST		
Name of Filing (	Committee, Candie	date or Lo	obbyist:	S	tudent	s Firs	t PAC								
Street Address:	P.O. Box 416	5													
City:	Wynnewood						State:	PA		Zip Co	<b>Zip Code:</b> 19096				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	30 DA PRIM		POST-	3.	AMENDN REPORT		Yes	No	· 🗸			
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	30 DA		POST-	6.	TERMIN/ REPORT		Yes	No	· 🗸			
report type)	ANNUAL REPORT	7. X	<b>Year</b> 2022				NG METHO CHECK O			PAPER			DISKE	TTE	
Name of Office S	⊥ Sought by Candida	ate:					DATE O	F ELEC	TION	District Number	Office Code	Pa	rty Code	County Code	
							мо	DAY	YEAR			ОТ	1	46	
							11		8 202	2	(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR			мо	DAY	YEAR	FC	R OFFIC	e use	ONLY		
Expenditures	s from:	1	L1 29	202	22 <b>T</b>	0	12	3	1 202	2					
A. Amount Bro	ught Forward Fro	m Last R	eport			\$		4	37,054.3	D					
B. Total Monet	ary Contributions	And Reco	eipts (Fron	n Sched	ule I)	\$			0.0	0					
C. Total Funds	Available (Sum O	f Lines A	and B)			\$		4	37,054.3	D					
D. Total Expen	ditures (From Sch	nedule III	I)			\$			15.70	D					
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)		\$		4	37,038.60	)					
F. Value Of In-	Kind Contribution	ns Receive	ed (From S	chedule	e II)	\$			0.00	)					
G. Unpaid Deb	ts And Obligation	s (From S	Schedule IV	/)		\$			0.00	כ					
				AFFI	DAVI	T SE	CTION								
	s a Committee rej		-					• •		-					
I swear (or affirm correct and compl	) that this report, ind ete.	cluding the	attached sc	hedules f	filed on	paper	or by elect	ronic me	dium, are to	o the best o	f my know	ledge	and beli	ef , true	
Sworn to and subs	scribed before me th day of 	is	20			_			Signatu	re of Perso	n Submitti	ng Re	port		
	Signat	ure				-				Prin	ted Name				
My Commission E	xpires					_				Ema	il				
	мо	DA	AY	YR				Area	a Code	Daytin	e Telepho	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Commi	ttee, C	andid	ate shall	sign he	re.						
I swear (or affirm) No 320) as amend	) that to the best of ed.	my knowle	edge and beli	ef this p	olitical	comm	ittee has n	ot violate	ed any prov	isions of th	e act of Ju	ne 3,1	937 (P.I	. 1333,	
Sworn to and subse	cribed before me this day of	5	20							Signature	of Candida	te			
						-				Printe	ed Name				
My Commission Exp	Signature					-				Ema	il				
										-					
	мо	DA	AY	YR				Area C	ode	D	aytime Te	lepho	ne Numb	er	

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** Students First PAC From: <u>11/29/2022</u> **To:** 12/31/2022 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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 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 \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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# 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.

PART A

Name of Filing Committee or Candidate			Reporting Period							
Fr			From	From: To:						
					DATE			AMOUNT		
Full Name of Contributing Committee			1	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 Fror	orting P	eriod	Τα	):	
					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 Committe	e			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detai	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	
	From:	То:

				D	ATE		АМС	DUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address						\$	0.00	
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion	-		
Employer Mailing Address/Principal Pl Business	ace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sch	iedule I, Detai	led Sumr	nary Page, Secti	on 3.			PAG	GE TOTAL
	-						\$	0.00

I

### 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	Name of Filing Committee or Candidate			Reporting Period						
Fr			From:			То:				
				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 Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	ΓAL	
		iiai y i uge,	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 Perio	d	
Students First PAC	From:	<u>11/29/2022</u> то:	<u>12/31/2022</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					
	From:			То:				
				DATE		АМО	UNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address	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 Detail 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						
					From: To:					
					DATE AMO					AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(	Plus 4)						
Employer of Contributor						Occupat	ion		•	
Employer Mailing Address/Principal Place of Business City State					Zip 4)	Code(Plus	Descri	ption of	Contribution	

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

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period								
Students First PAC	From	<u>11/29</u>	То:	<u>12/31/2022</u>					
		AMOUNT							
<b>To Whom Paid</b> U.S. Postal Service									
Mailing Address 1 Union Ave			12	6	2022	\$	15.70		
City Bala Cynwyd	City Bala Cynwyd State Zip Code (Plus 4)   PA 19004				Description of Expenditure Certified Mailings				
	- David David						PAGE TOTAL		
Enter Grand Total of Expenditures	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	15.70		