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 20	10165				port ed B		CANI	DIC	DATE		COM	1ITTEE	✓ [LOB	BYIST		
Name of Filing C	committee, Cand	lidate or L	obbyist:		Stud	dent	s Firs	t PAC										
Street Address:																		
City:	Wynnewoo	d						State:		PA			Zip Cod	096				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FR	IDAY PRE Y	-	2. X	30 DA		P	OST-	3.		AMENDM REPORT?	Yes	N	0	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FR	IDAY PR ON	E	5.	30 DA		P	OST-	6.		TERMINA REPORT?		Yes	N	0	\
report type)	ANNUAL REPO	RT 7.	Year 20)23				NG MET CHECK		_			PAPER		√	DISK	ETTE	
Name of Office S	ought by Candi	date:	•		Ī			DATE	OF	ELE	СТІО	N	District Number	Office Code	Par	ty Cod	Cour	
								МО		DAY	YE	AR			ОТІ	ł	46	
								1	11		7	2023		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		МО	DAY	YEAI	R			МО		DAY	ΥI	AR	FO	R OFFIC	E USE	ONLY		
Expenditures	trom:		3	28 2	2023	Т	0		5		1	2023						
A. Amount Bro	ught Forward F	rom Last F	Report				\$				39,0	002.34						
B. Total Moneta	ary Contribution	ns And Red	eipts (F	rom Sche	edule	I)	\$					0.00						
C. Total Funds	Available (Sum	Of Lines A	and B)				\$				39,0	002.34						
D. Total Expend	ditures (From S	chedule I	II)				\$				20,0	16.26						
E. Ending Cash	Balance (Subtr	act Line D	From Li	ne C)			\$				18,9	86.08						
F. Value Of In-	Kind Contribution	ons Receiv	ed (Fror	n Schedı	ıle II	()	\$					0.00						
G. Unpaid Debt	s And Obligatio	ns (From	Schedule	e IV)			\$					0.00						
				AF	FIDA	\VI	T SE	CTIO	V									
PART I - If this is				_								_			.11		:-e	
I swear (or affirm) correct and comple		ncluaing th	e attacned	a scneaule	s file	a on	paper	or by ele	ectro	onic me	eaium	, are to t	ne best o	my knov	vieage	and be	ier, tr	ue
Sworn to and subs	cribed before me	this	20						-		S	ignature	of Perso	n Submitt	ing Re _l	ort		
	Sign	ature	_				-		-				Print	ed Name				
My Commission Ex	rpires						_		-				Emai	I				
	МО	D	AY	YR	l					Are	a Coc	le	Daytim	e Teleph	one Nu	mber		ᆜ
Part II- If this is	a report of a ca	andidate's	authoriz	zed Comi	mitte	e, C	andid	ate sha	II s	ign he	ere.							
I swear (or affirm) No 320) as amende		of my knowl	edge and	belief this	s polit	tical	comm	ittee has	s no	t violat	ed an	y provisi	ions of the	act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subsc	ribed before me tl day of	nis	20									Si	ignature o	f Candida	ite			_
							-						Printe	d Name				-
M. C	Signatu	re					-		_				Emai	ıı				_
My Commission Exp							_						Lind					_
	МО	D	AY	YI	₹					Area	Code		Da	ytime Te	lephor	e Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
Students First PAC	From:	<u>3/28/202</u>	<u>3</u> To:	<u>5/1/2023</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	g 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	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar 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				orting F	Period			
			Fron	n:		То	!	
		·			DATE			AMOUNT
Full Name of Contributing Committee				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

Name of Filing Commit	tee or Candidate		Reporting	Period			
			From:		To	o:	
		I		DATE			AMOUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)			İ		

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		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	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	2			Rep	orting Pe	riod			
				Fror	n:		To) :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address								7	
City	State	Zi	p Code (Plus	s 4)					
Employer Name	•				Occupa	tion	-	-	
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumr	mary 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 of	or Candidate		Report	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							\neg	
City	State	Zip Code (I	Plus 4)					
Receipt Description	•	•			1	•	•	
Futor Coand Total of Bank	Cabadula I Detailed	Commence De	Cookie					PAGE TOTAL
Enter Grand Total of Part I	e on Schedule I, Detailed	Summary 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 Peri	od	
Students First PAC	From:	3/28/2023 To:	5/1/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR	ł.	
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 Cand	lame of Filing Committee or Candidate Rep					Reporting Period				
	From:			То:						
				DATE			AMOUNT			
Full Name of Contributor			МО	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				Rep	orting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address				-					\$	0.00
City	State	;	Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.										0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period			
Students First PAC			From	<u>3/2</u>	8/2023	То:	5/1/2023
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Donavan for Philly			1-10				
Mailing Address			4	19	2023	\$	10,000.00
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19110	contribu	ution			
To Whom Paid			мо	DAY	YEAR		
Friends of Jason Alexander			"		ILAK		
Mailing Address			4	19	2023	\$	10,000.00
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19138	contribu	ution			
To Whom Paid			мо	DAY	YEAR		
U.S. Postal Service			MO	DAT	TEAK		
Mailing Address	Mailing Address			4	2023	\$	16.26
City Gladwyn	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	