#### **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 E		CAN	ונט	DATE	CO	ММІТ	TEE		LUBE	1131	
Name of Filing C	ommittee, Candid	ate or L	obbyist:		Studen	ts Firs	t PAC						·			
Street Address:	P.O. Box 416						_									
City:	Wynnewood						State:		PA		Zi	ip Code	: 190	096		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. <b>X</b>	2ND FRIDA PRIMARY	Y PRE-	2.	30 DA		Р	POST- 3			IENDME PORT?	NT	Yes	No	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 DA		Р	POST- 6			RMINAT PORT?	TION	Yes	No	<b>\</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2021				NG MET				PA	PER			DISKE	TTE
Name of Office S	ought by Candida	te:	-		-		DATE	0	F ELEC	TION		strict ımber	Office Code	Par	ty Code	County Code
							МО		DAY	YEAR			•	ОТН		46
								11	2	20	21		(SEE INS	TRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR			МО		DAY	YEAR		FOR	OFFIC	E USE	ONLY	
Expenditures	from:		1 1	. 20	)21 <b>T</b>	0		3	29	20	21					
A. Amount Bro	ught Forward Fron	n Last R	eport			\$			82	22,227.9	91					
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$			1,50	00,000.0	00					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$			2,32	22,227.9	91					
D. Total Expend	ditures (From Sch	edule II	I)			\$			2,16	4,453.8	35					
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		\$			15	7,774.0	16					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	e II)	\$				0.0	00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)		\$				0.0	00		'			
				AFF	IDAVI	T SE	CTIO	N								
I swear (or affirm)	s a Committee report, incl	-	_						-		_		my know	ledge a	and belie	f , true
correct and comple	ete. cribed before me this															
	day of		20			_				Signat	ure of	Person	Submitti	ng Rep	ort	
	Signatu	re				_						Printe	d Name			
My Commission Ex	rpires					_						Email				
	МО	D.	AY	YR					Area	Code	D	Daytime	Telepho	ne Nu	nber	
	a report of a cand				•				_							4000
No 320) as amende		iy knowie	eage and bei	ier tnis	political	comm	iittee na	S NO	ot violate	a any pro	visions	s or tne	act or Ju	ne 3,15	937 (P.L.	1333,
Sworn to and subsc	ribed before me this day of		20								Signa	ature of	Candida	te		
						_						Printed	Name			
My Commission Exp	Signature ires											Email				-
	МО	D	AY	YR		-			Area Co	ode		Day	rtime Te	lephon	e Numbe	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	Period		
Students First PAC	From:	1/1/202	<u>1</u> To:	<u>3/29/2021</u>
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)			\$	1,500,000.00
TOTAL for the Reporting	Period	(3)	\$	1,500,000.00
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 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page			\$	1,500,000.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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.

**PAGE TOTAL \$**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 Filing Committee or	Candidate		Reporting Period					
			Fro	m:		To	<b>:</b>	
					DATE		А	MOUNT
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 Candi	date		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			Rep	orting Pe	riod			
Students First PAC			Fror	n:	1/1/2	<u>021</u> To	: <u>3/29/2</u>	<u>021</u>
				D/	ATE		AMOUNT	
Full Name of Contributor  Jeffrey Yass				МО	DAY	YEAR		
Mailing 401 City Ave					20	2021	<b>\$</b> 1,500,0	00.00
<b>City</b> Bala Cynwyd	<b>State</b> PA	Zip Code (Plu 19004	s 4)	1	20	2021		
Employer Name Self Employed				Occupat	tion		•	
Employer Mailing Address/Principal Place Business	e of	City		•	State		Zip Code (Plus 4)	)
401 city Ave		Bala Cyr	nwyd		PA		19004	
Enter Grand Total of Part C on Scheo	dule I, Detailed Su	mmary Page	, Sectio	on 3.			PAGE TOTA 1,500,000	
Employer Name Self Employed  Employer Mailing Address/Principal Place Business  401 city Ave	PA e of	City Bala Cyr	nwyd	Occupat	State		Zip Code (Plus 4) 19004  PAGE TOTA	AL

## 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		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		AI	MOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•		•		•	•	
Enter Grand Total of Part E o	on Schedule I. Detailed	d Summary Page	Section	4			PA	GE TOTAL
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammary rage,	500.011				\$	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:	<u>1/1/2021</u> <b>To:</b>	<u>3/29/2021</u>						
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 Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					Re	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</b> 0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reportir	ng Period						
Students First PAC			From	1/:	1/2021	То:	3/29/2021			
				DATE			AMOUNT			
<b>To Whom Paid</b> Treasurer Lower Merion Townsh	lip		мо	DAY	YEAR					
Mailing Address P.O. Box 41	505		1	6	2021	\$	20.00			
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19101	<b>Descrip</b> License	otion of Exp	enditure	<b>.</b>				
<b>To Whom Paid</b> Comm for Progressive Commun	ities		МО	DAY	YEAR					
Mailing Address PO Box 1023	3		1	20	\$	50,000.00				
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	Description of Expenditure contribution							
<b>To Whom Paid</b> Commonwealth Childrens Choic	e Fund	'	МО	DAY	YEAR					
Mailing Address 420 N. Third	Street		1	21	2021	\$ \$	2,000,000.00			
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	<b>Descrip</b> Contrib	otion of Expoution	enditure	·				
<b>To Whom Paid</b> Comm for Progressive Commun	ities		МО	DAY	YEAR					
Mailing Address PO Box 1023	3		2	16	2021	\$	25,000.00			
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	<b>Descrip</b> contrib	otion of Exp ution	enditure					
<b>To Whom Paid</b> US Postal Service			мо	DAY	YEAR					
Mailing Address 50 E Wynne	wood Rd		2	16	2021	\$	162.00			
						) Description of Expenditure				

19096

Renewal fee PO Box 416

PΑ

						TAGE 12
<b>To Whom Paid</b> Williams for Senate			мо	DAY	YEAR	
Mailing Address PO Box 631	3		2	19	2021	\$ 75,000.00
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19139	<b>Descrip</b> Contrib	otion of Expoution	penditure	
<b>To Whom Paid</b> Educational Opportunity PAC			МО	DAY	YEAR	
Mailing Address 20 N Marke	t St Suite 800		2	19	2021	\$ 14,250.00
City Harrisburg PA Zip Code (Plus 4) 17101			<b>Descrip</b> contrib	otion of Exp ution	penditure	
<b>To Whom Paid</b> US Postal Service			МО	DAY	YEAR	
Mailing Address 1 Union Ave	2		1	27	2021	\$ 14.00
<b>City</b> Bala Cynwyd	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19004	1	otion of Exp ed Mailing	penditure	
<b>To Whom Paid</b> US Postal Service			МО	DAY	YEAR	
Mailing Address 1 Union Ave	2		1	28	2021	\$ 7.85
<b>City</b> Bala Cynwyd	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19004	Description of Expenditu Certified Mailing			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$ <b>PAGE TOTAL</b> 2,164,453.85	