

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation StudentsFirst		3. FEC Identification Number C C90013129
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 825 K Street Second Floor		
(c) City, State and ZIP Code Sacramento CA 95814		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

M M / D D / Y Y Y Y Y Y	/	M M / D D / Y Y Y Y Y Y	/	M M / D D / Y Y Y Y Y Y
06		04		2012
THROUGH				
M M / D D / Y Y Y Y Y Y	/	M M / D D / Y Y Y Y Y Y	/	M M / D D / Y Y Y Y Y Y
06		04		2012

6. TOTAL CONTRIBUTIONS00

7. TOTAL INDEPENDENT EXPENDITURES 10608.76

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Angelia Dickens	<i>Angelia Dickens</i>	06/05/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:
 Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
StudentsFirst

Full Name (Last, First, Middle Initial) of Payee Prime New York		Date MM / DD / YYYY 06 / 04 / 2012
Mailing Address 233 Broadway Suite 702		Amount 948.76 Transaction ID : F57.000001
City New York	State NY	
Zip Code 10279		
Purpose of Expenditure List Rental	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Hakeem Jeffries		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 10608.76		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Century Direct LLC		Date MM / DD / YYYY 06 / 04 / 2012
Mailing Address 30-00 47th Avenue		Amount 6210.00 Transaction ID : F57.000002
City Long Island City	State NY	
Zip Code 11101		
Purpose of Expenditure Postage	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Hakeem Jeffries		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 10608.76		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Century Direct LLC		Date MM / DD / YYYY 06 / 04 / 2012
Mailing Address 30-00 47th Avenue		Amount 3450.00 Transaction ID : F57.000003
City Long Island City	State NY	
Zip Code 11101		
Purpose of Expenditure Printing - Estimated Cost	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Hakeem Jeffries		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 10608.76		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	10608.76
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	10608.76
(carry total from last page forward to Line 7)		