

## Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification 92-3105827	Report Filed B	y Candida	te	Committee	X	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Committe	e to Ele	ct Zakac	ia Shari	f for Frie S	ichool Director
Street Address		East F			<u> </u>	1-
City	& 10 &	State	PA	Zip Code	16504	
Type of Report (Place x under report type)						,
1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6-30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY) 05/16/2023	Year		Amendment Report		Termination Report	
Summary of Receipts and Expenditures OI/01/2023	05/01/			For	Office Use Only	
A. Amount Brought Forward From Last Report		5			: :	
B. Total Monetary Contributions and Receipts (From Schedule I) C. Total Funds Available (Sum of Lines A and B)	\$ 5.	00	,			2023 KAY
D. Total Expenditures (From Schedule III) E. Ending Cash Balance	\$ \$	Ø				5 PH
(Subtract Line D from Line C) F, Value of In-Kind Contributions Received (From Schedule II) G. Unpaid Debts and Obligations	\$ 305	.73			RATION	<u>.</u>
(From Schedule IV)	s \$ R	)				
Part 1- If this is a Committee report, treasurer sign h	ana léabhlaía a Can	Affidavit Sec				
I swear (or affirm) that this report, including the atta				ge and belief tr	ue, correct and complet	te.
Sworn to and subscribed before me this day of 20			HI/V		ے	
20	_			of Person Subm		_
Signature	_ , ]	_	Su.	Printed Name		_
My Commission expires MO. DAY YR.	_	A	rea Code		82-2473 time Telephone Numbe	ır
Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.						
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.						
Sworn to and subscribed before me this		•	Alta			
day of20	- '].	$\subseteq$		ature of Candid	late F	_
Signature	- [		<u> </u>	Printed Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_
My Commission expires MO. DAY YR.	_	A	rea Code		7-7304 ime Telephone Number	_

#### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number 92-3105827				
	Filer Identification Number 92	" > 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 5.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ Ø
All Other Contributions (Part B)	\$ Ø
Total for the reporting period (2)	\$ 8
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ Ø
All Other Contributions (Part D)	\$ Ø
Total for the reporting period (3)	\$ Ø
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$ 0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$ 5.00

#### 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.

Filer Identification Number

			***		Amount
Full Name of Co	ontributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
Algeria (T. T. T					
City	100 100 100 100 100 100 100 100 100 100	State	Zip Code	Date [MM/DD/YYYY] \$	
			-ip code	Pare finitial DD/ (1.1.1)	··
Full Name of Co	ontributing	<u> </u>	1 1 1 1 1 1 1 1 1	Date [MM/DD/YYYY] \$	
Committee				Sacr hanal political 2	4
Ugosa e	lei			Short Shannish with	
House #	Street Address			Date [MM/DD/YYYY] \$	
					<u> </u>
City		State	Zip Code	Date [MM/DD/YYYY] \$	
			to a second		
Full Name of Co	ontributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	1
				**************************************	
City		State	7in Code	Date INSES (DD Kenns	
		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	intribution	[BUILTE		Page Francisco	1
Full Name of Co Committee	on mutilify			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	<u>                                     </u>
	- A CEL FINGIESS			Asia found and 1111117 2	
Circum	<u> Pirasi Litt</u>	ipi.	1 mg 2 - 20 4		
City		State	Zip Code	Date [MM/DD/YYYY] \$	:
		1 1 1	et en		
Full Name of Co	ontributing			Date [MM/DD/YYYY] \$	
Committee	Participated and the second				
House #	Street Address			Date [MM/DD/YYYY] \$	:
					:
City		State	Zip Code	Date [MM/DD/YYYY] \$	
			-ip coue	Date [MIMI/DD/1714]	
Full Name of Co	Intributing	1344	1 1 1 1 1 1 1 1	Date [MM/DD/YYYY] \$	
ruii Name of Co Committee	- crus encutarity			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	-
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Jueet Address			Date [MIM/DD/1111]	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
7 × 3 d		France H		[	

#### PART B

### **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:		
Filer Identification Number:	9)-3(0)877	
	10 000	

Full Name of Contri	butor			Date [MM/DD/YYYY]	5 S
					(2) (5) (2) (3)
House #	Street-Address			Date [MM/DD/YYYY]	Š
City.	Control Control	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contril				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	Š
Gity		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contrib	Jutor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contrib				Date [MM/DD/YYYY)]	\$
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contrib				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$ 1
City		State	Zip Code	Date [MM/DD/YYYYY]	\$
Full Name of Contrib	<b>T</b>			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$ .

#### 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 over \$250.00 in the reporting period.

Filer Identification N	umber: 92 - 3	310582	.7		
Full Name of			•	Date [MM/DD/YYYY] \$	
Contributing Com	mittee	٠			
House #	Street Address			Date [MM/DD/YYYY] \$	
City	· volumentation	State	Zip Code	Date [MM/DD/YYYY] \$	
	(TAGE STORMS)				<u></u>
Full Name of Contributing Com	nittee			Date [MM/DD/YYYY] # \$	
House #	Street Address	<u>.</u>		Date [MM/DD/YYYY] \$	
		herman surf	1,000,000		
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of	ANK SAMPACA		<b>的情况图目标识</b>	Date (MM/DD/YYYY) \$	
Contributing Comr	nittee			14 20 30 1 2 00 5 7 7 10 2 11 2 1 1 2 2 2 2 3 2 3 2 3 3 2 3 3 3 3	
House #	Street Address		<del></del>	Date [MM/DD/YYYY] \$	
11.					
City		State	Zip Code	Date [MM/DD/XXXY] \$	
Full Name of Contributing Comm				Date [MM/DD/YYYY] \$	
			·		
House #	Street Address			Date [MM/DD/XYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Comm	nittee			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
, ouse #				Date [MM/DD/YYYY] \$	
City	TV - rest - MTC4 - 1993 with Walland C1990 WWI	State	Zip Code	Date [MM/DD/YYYY] \$	
Füll Name of		RM18880CT		Pate [MM/DD/YYYY] \$	
Contributing Comn	nittee				•
House/#	Street Address			Date [MM/DD/YYYY] \$	
5 (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		Par Allyna II.		超進	
City		State	Zip Code	Date [MM/DD/YYYY] \$	

## All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

		-	•	-
Fileridentification Number:	92-3105827			

Full Name of Contributor			Date [MM/DD/YYYY] \$.
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation:
Employer Mailing Address / Company Principal Place of Business			
Full Name of Contributor.			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date/[MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			•
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MW/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House #1 Street Address			Date [MM/DD/YYYY] \$
Gty	State	Zip Code	Date [MW/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			•

#### **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.

Filer Identification Number	ber:	92-3105827		
Full Name				
Hause:#	Stre	et Address		
Cty		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		NOS PECTUALISTICAL	<u> </u>	[2664]
Full Name				
House(#	Stre	et Address		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				,
Full Name				
House #	Stre	et Address		
City	<u>Last</u>	State	Zip.	Date [MM/DD/YYYY] \$
			Code	
Receipt Description		Para distribution		<b>報</b> 籍
Full Name				
Charles and Charles		A Company of the Comp	١.	77
	Stree	et Address		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
sacy from the first				
Full Name				
House #	10015.20	et Address		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			STHER CASED	Brist 1
Full Name				
	Stre	et Address		
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	Date [MM/DD/YYYY] \$
Receipt Description		[ 2007-1989 do 1989-4-1989 de 1989-4-1989 de 1989-4-1989 de 1989-4-1989 de 1989-4-1989 de 1989-4-1989 de 1989-	Jones   1 Section   1	Yeld

#### 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

Filer Identification Number: 96	1-310585	27
INITEMIZED NEKIND CONTR	(BUTTONIC BEGGIVEN VA	ALUE OF \$50:00 OR LESS PER CONTRIBUTOR
		AEOEOF 53.00 OKESSIFER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$ 60.36
2; / IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.	01 TO \$250.00 (FROM PART/F)
TOTAL for the reporting period	(2)	\$   245.37
3. IN-KIND CONTRIBUTION REC	IVED VALUE OVER \$25	50:00 (FROM PART G)
TOTAL for the reporting period	(3)	\$ Ø
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals f		
on Page 1, Report Cover Page, Item F)		305.73

#### SCHEDULE II PART F

## In-Kind Contributions Received

See Attached

VALUE OF \$50.01 TO \$250

Filer Identification Number:	97-7105027	
Filer Identification Number:	12,2103021	

Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street A	21-10-22-21		Date [MM/DD/YYYY] \$
	daress		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution		Total No. 2, 101 Str. Print Pr	J2338/J
Full Name of Contributor	····		Date [MM/DD/YYYY] \$
	mis 21 /65//tyd		
House # Street Ad	ddress		Date [MM/DD/YYYY]   \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution			
Full Name of Contributor			Date [MW/DD/YYYY]   \$
House # Street Ac	idress		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution		11.5 H 4 Sain 2 Lt 2.5 HB 4.7 C 4 74 13/27 H	BERGET
Full Name of Contributor			Date [MM/DD/YYYY]
House # . Street A	ddress		Date [MM/DD/YYYY) \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Ac	ddress		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution		per contract contracts and early amount for \$\)	.l. [System]

PA United PAC 523 Hastings S	•		
Pittsburgh, PA			•
Zakaria Sharif d	campaign		
		: ·	
were the water than the second			
v			
čakaje Vieni.			
<u>Date</u>	<u>Amount</u>	<u>Description</u>	
2/20/23	`	EveryAction	
3/10/23	Control of the contro	Staff hours	•
3/24/23	(	Staff hours	
4/7/23 4/21/23		Staff hours Staff hours	
	¥110.7		
	\$305.73		

## SCHEDULE II Part G

### **In-Kind Contributions Received**

**VALUE OVER \$250** 

None

EXPERIENCE AND ADDRESS OF A STATE	_	
Filer Identification Number:	/ ·	
Filer identification Number:		
	"'	
CALCULATION AND A REPORT OF THE PROPERTY OF TH	1 M 2 1 D D D D M 1	
Chillian Makes as a constant of the	1/2 2 2 2 2 2 2	
	1/	

Full Name of Contributor			Date [MM/DD/YYYY] \$
The state of the s		T*0.	
House # Street Address			Date [MM/DD/YYYY]
City	State	Zip:Code	Date [MM/DD/YYYY] \$
Employer Name		FIGUREAU IN ASSESSMENT OF THE PROPERTY OF THE	Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor	•		Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Poster die Scorenius del 1 an 1 an 1 a	Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House# Street Address			Date [MM/DD/YYYY] \$
(City)	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution

# Statement of Expenditures

Filer Identification Number: 92-3105827

To Whom Paid			Date [MM/DD/YYYY] (\$
House # Street Address			Description of Expenditure
Gity .	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$
House # Street-Address			Description of Expenditure
City	State	Zip Code	
To Whom Paid	-		Date [MM/DD/YYYY] \$
House # Street Address	Take the second	Control of the contro	Description of Expenditure
City	State	Zip Code	
To Whom Paid	•		Date [MM/DD/YYYY] \$
House # Street Address	~*************************************	To the Conference	Description of Expenditure
City	State	Zip Code	
MAN An Mile and A market to the second of the contract of the		2-04-194-09-1-9-29-VI3-09-44	
To:Whom Paid		Trust the state of	Date [MM/DD/YYYY] \$
House:# Street Address		porterior and analyze invest	Date [MM/DD/YYYY] \$
House:# Street Address City	State	Zip Code	Description of Expenditure
House:# Street Address City To:Whom Paid	State		Description of Expenditure  Date [MM/DD/YYYY] \$
House # Street Address  City  To Whom Paid  House # Street Address		Code	Description of Expenditure
House:# Street Address  City  To Whom Paid  House:# Street Address  City	State		Description of Expenditure  Date [MM/DD/YYYY] \$  Description of Expenditure
House # Street Address  City  To Whom Paid  House # Street Address  City  To Whom Paid		Zip	Description of Expenditure  Date [MM/DD/YYYY] \$  Description of Expenditure  Date [MM/DD/YYYY] \$
House # Street Address  City  To Whom Paid  House # Street Address  City  To Whom Paid  House # Street Address	State	Zip Code	Description of Expenditure  Date [MM/DD/YYYY] \$  Description of Expenditure
House:# Street Address  City  To:Whom Paid  House:# Street Address  City  To:Whom Paid  House:# Street Address  City  City  City  To:Whom Paid		Zip	Date [MM/DD/YYYY] \$ Description of Expenditure  Date [MM/DD/YYYY] \$ Description of Expenditure
House # Street Address  City  To Whom Paid  House # Street Address  City  To Whom Paid  House # Street Address	State	Zip Code	Description of Expenditure  Date [MM/DD/YYYY] \$  Description of Expenditure  Date [MM/DD/YYYY] \$
House:# Street Address  City  To:Whom Paid  House:# Street Address  City  To:Whom Paid  House:# Street Address  City  City  City  To:Whom Paid	State	Zip Code	Date [MM/DD/YYYY] \$ Description of Expenditure  Date [MM/DD/YYYY] \$ Description of Expenditure

#### SCHEDULE IV

## **Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

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CHARLES A CONTRACTOR AND A CONTRACTOR AN		•••			
Filer Identification Number:	000				
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	1 971-51/55 X J				
	1 コイニノ いしつ ひへ	1			
	100 1000	•			

Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [IMM/DD/YYYY]	
City is		State Zip Code	·
Description of Debt		Chicago and Associated Linguistic participation of the Chicago and	1200.00
Name of Creditor		<del></del>	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	7 (	State Zip Code	·
Description of Debt		[Constant of the Constant of t	(Bisser /
Name of Creditor		LA (thi tithe and a find "amortion of tops defined by "a find a f	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/XYYY]	<b>\$</b>
City		State Zio Code	
Description of Debt		Fillight Strategies   Fillight Strategies 27.30.1	p. category
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	[MM/DD/YYYY]	3
City		State Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
!House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
		State Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/XYYY]	
City		State Zip Code	
Description of Debt		Company ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	1.00m



## Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

**Note:** Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports.** This form must be signed by hand where a signature is required.

Name of Filing Committee, Candidate, or Lobbyist Committee to Elect Zakaria Sharif for Eine School Director						
Reporting Cycle Name						
☐ <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	Cycle 2  2 <sup>nd</sup> Friday  Pre-Primary	☐ Cycle 3 30 Day Post Primary	6 <sup>th</sup> T	Cycle 4 uesday Election	☐ <b>Cycle 5</b> 2 <sup>nd</sup> Friday  Pre-Election	
Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8  2 <sup>nd</sup> Friday Pre-Special	Election	•	cle 9 ost-Special Election	

**Part I** - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

Date (MM/DD/YYYY)

Printed Name

Location (City/State/Country)



#### **Pennsylvania Department of State**

Bureau of Campaign Finance & Civic Engagement
500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance
• ra-stcampaignfinance@pa.gov

**Part II** - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

Date (MM/DD/YYYY)

Ere (PA / Eine

**Printed Name** 

Zallaric Sherif

Location (City/State/Country)