leset Form	 F	rint For	m

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	Committee	to Ele	ct 7akac	;a 51;a	erif for Erie	School Nicector
Street Address	2702	_	Ave	ic one	1111 101 -111	Screet Bitecial
City Erie	~ 100	State	PA	Zip Code	16504	
Type of Report (Place x under report type)		,	·			·
1-6 th Tuesday 2- 2 nd Friday 3- 30 Day Post Pre-Primary Pre-Primary Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY) 05/16/2023	Year	2023	Amendment Report		Termination Report	
Summary of Receipts and From Date	To Date			For	Office Use Only	
Expenditures 05/02/2023	06/05	12023				
A. Amount Brought Forward From Last Report			<u>ja Mija antik kinda kinda anting Ka</u>		5	1923
B. Total Monetary Contributions and Receipts	\$ 0	<u>/</u>			E E	<u></u>
(From Schedule I) C. Total Funds Available	\$,	l		AT	JUN 15
(Sum of Lines A and B) D. Total Expenditures	\$ 5.0	20			용털	
(From Schedule III)		7			Į	PH 12:
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 5.0	\mathcal{D}			ISTRATION	25
F. Value of In-Kind Contributions Received	- c	5.91			×	5
(From Schedule II) G. Unpaid Debts and Obligations	\$ 75	0.71				
(From Schedule IV)		A(C: 1 . 1) C				
Part 1- If this is a Committee report, treasurer sign he			ndidate sign here.		7.	
I swear (or affirm) that this report, including the attac Sworn to and subscribed before me this	hed schedules on	paper, is to the I	best of my knowled	ge and belief tr	ue, correct and comple	ce.
day of 20	٠,	7	Hilip	4/	2	
	· _	_		of Person Subm	itting report	_
Signature	· .		1 11 11 11 11 11 11 11 11 11 11 11 11 1	Printed Nam	e	
My Commission expires	_	8	14	88	12-2473	
MO. DAY YR.		А	rea Code	Day	time Telephone Numbe	r
Part II- If this is a report of a Candidate's Authorized C I swear (or affirm) that to the best of my knowledge a	committee , candid nd belief this polit	date shall sign he ical committee l	ere. nas not violated any	provisions of t	he Act of June 3, 1937 (P.L. 1333, NO.320) as
amended.					4	
Sworn to and subscribed before me this				1 0	\mathcal{A}	
day of20	. 1	•	Sign	ature of Candio	date - 1 ×	_
Signature		-		Ballar Printed Name	. (/ .	_
My Commission expires	, 1	Я	14		97-73 OV	
MO. DAY YR.	-	_ _ 0	rea Code	Dayt	ime Telephone Number	_

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

92-3105827	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 0
Total for the reporting period (2)	\$ 0
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 8
All Other Contributions (Part D)	\$ 8
Total for the reporting period (3)	\$ 0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	5 B
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)	\$ 0

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 92-	3105827	
		Amount

					Amount
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee			- <u></u>		tay.
House #	Street Address	<u>.</u>		Date [MM/DD/YYYY]	\$
City	I	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributing	, ,		Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Marine (
Full Name of Co Committee	intributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	In Winds of Land	State	Zip Code	Date [MM/DD/YYYY]	\$
		147 5 18		177 Hours with 11 HE 187 (HET)	- :
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address	7,7811		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					14 24 13 45
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				to the property of the second second	1 1
l			· 1		1 1

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: 92-	827	'	···	-	·	
						

Full Name of Contrib				Develop of the second	
. Si Harrie G CCIIII				Date [MM/DD/YYYY]	
House#	Street Address			Date [MM/DD/YYYY]	
				Type Hatte	
City		State	Zip Code	Date [MM/DD/YYYY]	IN SCOT
Full Name of Contrib	utor		a liggiganid and ratio, INEE, § 10 or	Date [MM/DD/YYYY]	**************************************
				The second secon	
House # .	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code		
				Oate [MM/DD/YYYY]	5
Full Name of Contrib	utor			Date [MM/DD/YYYY]	·s
House #	Street Address	.		Date [MM/DD/YYYY]	S
The second secon		102.0072			
City		State	Zip Code	Date [MM/DD/YYYY]	Š
	SMERIN Charmen				
Full Name of Contrib	utor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
Gity	「「「「「「」」」 「「「」」 「「「」」 「「「」 「「」 「「」 「「」	State	Zip Code	Date [MM/DD/YYYY]	\$
	A Section Company				
Full Name of Contribu	itor			Date [MM/DD/YYYY]	\$
House#		-			
nduse #	Street Address			Date [MM/DD/YYYY]	1
City	Falls and the second		- PCC/25/MCP4/5/107 13		
	:	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribu	tor		the contract of the problem body of the contract of	Date [MM/DD/YYYY]	\$300 \$300 \$300 \$300 \$300 \$300 \$300 \$300
House #	Street Address			Date [MM/DD/YYYY]	\$
	sint is			· · · · · · · · · · · · · · · · · · ·	
City			Zip Code	Date [MM/DD/YYYY]	S
				1. 2.	

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 Number:	92-31058	27	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$
	Address		Date [MM/DD/YYYY] \$
Gity	State	ZIp Code	Date [MM/DD/YYYY] 5
Full Name of Contributing Committee House # Street	elega o visco que		Date [MM/DD/YYYY]/5
City	Address State	In the constitution of the	Date [MM/DD/YYYY] \$
Füll Name of Contributing Committee		Žip Code	Date [MM/DD/YYYY] \$
House # Street /	Address	<u> </u>	Date [MM/DD/YYYY] \$
Sity	State	Zip Code	Date [MM/DD/YYYY] \$
ull Name of ontributing Committee	1. 這樣的概念	过度。通过温静。超	Date [MM/DD/YYYY] 5
louse # Street A	ddress		Date [MM/DD/YYYY] \$
ity Ill Name of	State	Zip Codé	Date [MM/DD/YYYY] \$
ontributing Committee ouse # Street Ac	ldress		Date [MM//DD/YYYY] \$
iy	State	Zip Code	Date [MM/DD/YYYY] \$

Full Name of

House #

City

Contributing Committee

Street Address

State

Zip Code

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

PART D

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)

Filer Identification Number: 92-3105827			
Sakata and the sakata	Filer Identification Numbers	12-5105027	

Full Name of Cont	ributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
5.		[1784.014.000]		33	
Gity:		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	
	Address / Business				
Full Name of Cont	ibutor			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
Gity		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	Ден (1916) до 1916 година Ден (1916) до 1916 година	Million Assistantian List	Pritacia Salama Batta Salama Batta Salama	Occupation	
Employer Mailing Principal Place of I					
Full Name of Conti	ibutor	·		Date [MM/DD/YYYY] \$	
House #	Street Address	· <u></u>		Date [MM/DD/YYYY] \$	
		[20]E0.0-100001	Popular consistent and respect		
City		State	Zip Code	Date [MM/DD//YYYY] \$	
				Occupation	
Employer Mailing Principal Place of E					
Full Name of Conti	ibutor			Date [MM/DD/YYYY] \$	
	824 ANEED 204				
House #	Street Address			Date IMM/DD/yyyyl	
House #	Street:Address			Date [MM/DD/YYYY] \$	<u></u>
House #	Street Address	State	Zip Code	Date [MM/DD/YYYY] \$	
	Street Address	State	Zip Code		
City		State	#5041+5 \$316H	Date [MM/DD/YYYY]	

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 Num	92-3105	827		
	and MONOTORY			
Full Name				
House #	Street Address			•
City, and sine makes		State	Zip 📢	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
Citý		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		NEW YORK THE PARTY OF THE PARTY		[]
Füll Name	Diagram of the control of the contro			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
		15 15 15 15 15 15 15 15 15 15 15 15 15 1		1861 1864 247
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
ACCOMMON TO THE RESIDENCE OF THE PERSON OF T			Code	
Receipt Description				
Füll Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name				
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		
City		State	Zip	Date [MM/DD/YYYY] S
But weighter			Code	
Receipt Description				

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	7-310588	27		
			Section district	
1. UNITEMIZED IN-KIND CONTR	IBUTIONS RECEIVED-VA	LUE OR \$50.00 OR L	ESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	44.17	
22. IN-KIND CONTRIBUTIONS REC	CEIVED-VALUE OF \$50:0	LTO \$250.00 (FRON	APART F) Last the second secon	
TOTAL for the reporting period	(2)	\$		STORY OF A SHADOW TRANSPORT OF THE STORY OF
3. (N-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$250	0.00 (FROM PART G		
TOTAL for the reporting period	(3)	\$	1,241.74	等數數數數 有限但某事的人称的分詞的基本學的的人的特別的學生與自己的
TOTAL VALUE OF IN-KIND CONTRIBUTION (Add and enter amount totals for Page 1, Report Cover Page, Item F)			,285.91	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	A	
Province could be recision and white provinces to be a first constructed by		
	W: 1 / 1 / 1 / 1 / 1	
	1 ~ / ~ 3 1 1 1 7 1 6 7 1	

Full Name of Contribu	itorii 21 tais			Date (MM/DD/YYYY)	\$
House #	Street Address			Date [MM/DD/YYYY]	.
Gity		State	Zip Code	Date [MM/DD/YYYY]	\$
	and the forest contracts the growing and the con-				
Description of Contrib		:			
Full Name of Contribu	tor.			Date IMM/DD/YYYYI	\$
House #	Street Address			Date [MM/DD/YYYY]	
City	SCOUNTERPORT ASSETTMENT OF THE	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	iution		ECOROSPIASE CENTRAL		Add 10
Full Name of Contribu	tor.			Date [MM/DD/YYYY]	.
House #	Street Address			Date [MM/DD/YYYY]	\$
Giy	PROBLEM STATEMENT OF THE STATEMENT OF TH	State	Zip Code	Date [MM/DD/YYYY]	13.5g 13.5g 14.5g 16.5g
Description of Contrib		,			
Full Name of Contribu	COT			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	*
City.		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	g residenten biske int ist.				
Full Name of Contribu	tor			Date [MM/DD/YYYY]	100 100 100 100 100 100 100 100 100 100
House #	Street Address			Date [MM/DD/YYYY]	
City.	alle då ella skirgunge et summer regum - me -	State	Zip Code	Date [MM/DD/YYYY]	200 Marie 1
Description of Contrib	ution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	00 3105000	11. J. 11.	
Filer (dentification Number:	92-3105827		

Full Name of Contributor		Date [MM/DD/YYYY] 5
House:# Street Address		Date [MM/DD/YYYY] \$
		Control of the Contro
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	N N	Occupation
Employer Mailing Address / Principal Place of Business		Description of
	C CONTRACTOR	Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/MMM] \$
Employer Name		Occupation
Employer Mailing Address / Principal	7	Description
Place of Business		of Contribution
Full Name of Contributors		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/MYY]
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal		Description
Place of Business		of Contribution
Full Name of Contributor	531	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	100 mg	
Place of Business		Description of
■ na materia preparati (prepa patiera periodo da la colonidade de la Saladia (patiera patiera de la Caladia (p	%I	Contribution

Statement of Expenditures

Filer identification Number:	92-310582
	10000

To Whom Paid				Date [MM/DD/YYYY] \$
	or a second seco			
	eet Address			Description of Expenditure
Gity	State		Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House # Str	eet Address			Description of Expenditure
Gity	State		Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
	eer Address			Description of Expenditure
City	State		Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House # Stro	eet Address			Description of Expenditure
City	State	2000 (48)	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
	eet Address			Description of Expenditure
City	State		Zip Code	
To Whom Paid		·		Date [MM/DD/XYYY] \$
	eet Address			Description of Expenditure
Gity	State	Local Control Control	Zip Code	
To Whom:Paid				Date [MM/DD/YYYY] \$
	eet Address			Description of Expenditure
Gity	State	A Company of the Comp	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
HARMAN AND AND AND AND AND AND AND AND AND A	eet Address			Description of Expenditure
City .	State		Zip Code	

Donor:	Cycle 3
PA United PAC 523 Hastings St. Pittsburgh, PA 15206	May 2 - June 5
Zakaria Sharif campaign	
	· · · · · · · · · · · · · · · · · · ·

<u>Date</u>	<u>Amount</u>	<u>Description</u>
5/2/23	\$12.08	Copies
5/5/23	\$61.58	Staff hours
5/5/23	\$43.44	GetThru (texting)
5/17/23	\$16.89	Sequal
5/17/23	\$115.56	Doorhangers
5/17/23	\$5.04	Doorhangers-postage
5/17/23	\$338.57	GOTV postcards
5/17/23	\$287.88	GOTV pcard postage
5/12/23	\$19.93	Coples
5/19/23	\$340.78	Staff hours
	\$1,241.74	

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.

92-3105827

Name of Greditor		Outstanding Balance of Debt
House #	Street Address DATE DEBT INCURRED [MM/DD/YYYY]	
	State Zip	
City	Code	別にある。 現代により (数分の)
Description of Debt		The state of the s
Name of Creditor	DATE DEBT INCURRED	Outstanding Balance of Debt
House #	Street Address [MM/pD/YYYY]	
City	State Zip	
Description of Debt	Code Code	PARTY TO THE PARTY
.		19.7.工作等加度的C.C.C. 新原件实力。50.5.1841年
Name of Creditor	DATE DEBT INCURRED	Outstanding Balance of Debt
House#	Street Address [MM/DD/YYYY]	
City	State Zip	
Description of Debt	Code	
Name of Creditor		Outstanding Balance of Debt
House#	Street Address DATE DEBT INCURRED	\$
	[MM/DD/MYY]	
City	State Zip Code	
Description of Debt	File designation of the second	
Name of Creditor		Outstanding Balance of Debt
House #	Street Address [MM/DD/YYYY]	\$
	State Zip	
City	Code	
Description of Debt		
Name of Creditor		Outstanding Balance of Debt
Name of Creditor	Street Address DATE DEBT INCURRED [MM/DD/XYXX]	Outstanding Balance of Debt
House #	Street Address DATE DEBT INCURRED [MM/DD/YYYY]	COLUMN TO SELECTION OF THE PARTY OF THE PART
	Street Address DATE DEBT INCURRED [MM/DD/YYYY] State Zip Code	COLUMN TO SELECTION OF THE PARTY OF THE PART



Pennsylvania Department of State

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

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 Erie School Director						
Reporting Cycle	e Name					
☐ Cycle 1 6 th Tuesday Pre-Primary	Cycle 2 2 nd Friday Pre-Primary	X Cycle 3 30 Day Post Primary	6 th T	Cycle 4 uesday Election	☐ Cycle 5 2 nd Friday Pre-Election	
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Specia	l 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

O6/15/2023

Date (MM/DD/YYYY

/homasErie/PA/EriePrinted NameLocation (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 (MINI/DD/YYYY)

Printed Name

Location (City/State/Country)