Commonwealth of Pennsylvania - Campaign Finance Report

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

Number イメ-メルク58& (N	port Filed By Cand Nark X)	idate	Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	umittee to flee	+ Takacia	Sharif for Erie Si	had it inches
	702 East F		Directly 101	AWI K SILLLIA
City Erie	State	····	Zip Code 16504	
Type of Report (Place x under report type)				
1-6 th Tuesday 2-2 nd Friday 3-30 Day Post 4-6 Pre-Primary Pre-Primary Pre-	th Tuesday 5- 2 nd Frida - Election Pre- Election		7- Annual Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
Date Of Election	2023	Amendment Report	Termination Report	
Summary of Receipts and From Date Expenditures 10/24/2023	To Date (1/27/2023		For Office Use Only	
A. Amount Brought Forward From Last Report	\$ 5.00	The state of the s	20 Control to Ampril 10 Control to American American	<u> Visiolites e l'Antonomic de riginale de la colonia de la</u>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ \$	_	#0_ 5_3 	2023 DEC
C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III)	\$ 500 \$ Ø	+		DEC - 7
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 5.00	7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
F. Value of In-Kind Contributions Received (From Schedule II)	\$ Ø			<u>အ</u> 03
G. Unpaid Debts and Obligations (From Schedule IV)	\$ Ø			
Part 1- If this is a Committee report, treasurer sign here. I	Affidavit f this is a Candidate report		<u>.</u>	·
I swear (or affirm) that this report, including the attached			dge and belief true, correct and compl	ete.
Sworn to and subscribed before me this	•	DH.	7 5//	
day of	_	Signature	of Person Submitting report	· · · · · · · · · · · · · · · · · · ·
Signature	.		Printed Name	
My Commission expires MO. DAY YR.		8/4 Area Code	882-2473 Daytime Telephone Numk	 oer
Part II- If this is a report of a Candidate's Authorized Com	mittee, candidate shall sig	n here		
I swear (or affirm) that to the best of my knowledge and b amended.			y provisions of the Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subscribed before me this			1h	
day of20	·	Sig	nature of Candidate	
Signature	,		Printed Name	
My Commission expires	. 1	8)4	297-7304	
MO. DAY YR.		Area Code	Daytime Telephone Number	 er

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number 92-7105827				
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	1884 - 1884 - CARD - Management Colored State (1884 - 1884 -			

1. Uniternized 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)	\$ Ø
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.

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Full Name of C	-ontributing	•		Date [MM/DD/YYYY] \$	
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House #	Street Address			Date [MM/DD/YYYY] \$	
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City		State	Zip Code	Date [MM/DD/YYYY] \$	
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Full Name of C Committee	ontributing		_	Date [MM/DD/YYYY] \$	
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City		State.	Zip Code	Date [MM/DD/YYYY] \$	
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House #	Street Address			Date [MM/DD/YYYY] \$	
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City		State	Zip Code	Date [MM/DD/YYYY] 5	
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Full Name of Co Committee	υπτι ρυτιη ξ			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
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City	-	State	Zip Code	Date [MIM/DD/YYYY] \$	
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Full Name of Co Committee	entributing	_		Date [MM/DD/YYYY] \$	
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Jacuse #	Street Address			Date [MM/DD/YYYY] \$	•
7		The second second	Company To the Company of the Compan	101_2Nac_012_10	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
					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: 92-3105827

Full Name of Contrib				Pate [MM//DD///////)	\$
House #	Street Address				(\$.
City.		State	Zip:Code	17.7	3.
Full Name of Contrib	utor (·		Date [MM/DD/YYYY]	(\$
House #	Street Address	A	11.00	Pate (MM/, DD/, YYYY)	S
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Füll Name of Contrib	itor		*		5
House∉#.	Street Address			Date [MM/DD/YYYY]	•
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Full Name of Contribu	No.			*Date (MM//DD/AYYY)	\$
House#	Street Address	·		Date:[MM/DD/YYYY]	\$
City.	Spirit from \$10 may be performed about the companies and	State	Zjp.Code		(C)
Full Name of Contribu				Date [MM/DD/YYYY]	\$
House#	Street Address			Date:[MM/DD/YYYY]	\$
Gity	Fiscoverian	State	Zip Cöde		\$\$\text{\$\frac{1}{2}}\$
Full Name of Contribu	Y Table			Date [MM/DD/YYYY]:	
House#	Street Address			Date [MM/DD/YYYY]	\$
Gity		State	Zip Code	Date [MM/DD/YYYY]	5

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.

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	12-702021		÷	•	
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Full Name of Contributing Committee			Date MM/DD/MM/	
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Full Name of Contributing Committee			Date [MM//DD/XYYY)] S	
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Full/Name of Contributing Committee	Sign fine Recoverage Control		Date (MM/DD/M/Y)	医
House # Street Address			Date [MM/DD/YYYY] 5	
licity .	State	. Zip Code	Date [MM/DD/YYYY] \$	
Eull Name of Contributing Committee	A CONTRACT OF THE PARTY OF THE	Telegram variables to the control of	Date [MM/DD/XXXY] S	
House#. Street Address			Pate (MIM/DD/YYYY) 3	
City	State	Zip Code	Date [MIM/DD/YYYY] 3	
Full-Name of Contributing Committee		Company of the Compan	Date [MM/DD/YYYY] 5	
House # Street Address		:	Date [MM/DD/YYYY] 5	
City.	State	Zip Code.	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:		
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	1/3	· ·
	11-31030-71	
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Annual designation of the second seco		

Full Name of Contributor			Date [MM/DD/YYYY] \$	
THOUSE # Str	ee), Address		ijDate (MM/DD/YYYY) \$5	
City	State	Žip Code	Date(MM/DD/YYYY) S	
Employer Name	Terrane strategic material		*Occupation	
Employer Walling Addres Principal Place of Busines	\$			
Full Name of Contributor			Date [MIV/DD/XXXX) \$	
	eet Address	Saar-Stelling Space 1994 P. 1994	Date [MM/QD/YYYY] 33 S	
Čítý.	State	ZIp:Code	Date [MM/DD/YYYY] \$	
Employer/Name	The state of the s		Occupation	
Employer Mailing Address Principal Place of Busines	9 .		· · · · · · · · · · · · · · · · · · ·	
Full Name of Contributor			Date [MM/DD/XXXX] \$	
	eet Address		Date [MM/DD/YYYY] \$	
CITY	State	Zip Code	Date IMM/DD/YYYY] \$	
Employer Name	And the second s		Occupation	.,,,,
Employer Mailing Address Brindpal Place of Busines	Ś			
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	eet.Address		/Date:[MM/JDD/YYYY] \$	
City	State	Zip Code	Date [MM/,DD/YYXY] S.	
EmployeriName			Occupation .	
Employer Mailing Addres Principal Place of Busines			•	

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.

FileridemificationNumbers	92-31058	27			
Full Name	THE RELIES OF THE RESIDENCE OF THE RESID				·
	et-Address	·			
Gity.	Self-Recording to	State	Zip . Code	Date [MM/DD/XYYY] \$	
Receipt Description					
Full Name				·	- · · · · · · · · · · · · · · · · · · ·
www.company.com	and the state of t				
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City		State	Zip Code »	Date [MM/DD/YYYY] \$	
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Full Name			· · · · ·		
	- The Control of the	1			
	t Address	and the same of	Ent = Microbiascond Schregological Communication		,
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Receipt Description		12.00		55357	· .
Eull Name					·
	t-Address		den en la proposició de la formación de la for	TOO DESCRIPTION OF THE PROPERTY OF THE PROPERT	
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Full Name		yanna di			
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	(Address	enantelenantelen de Sign	formez anasco y diserral	The control result in the same and the same in the sam	
Gity		State	Zip Code	Date [MM//DD/YYYY] S	
Receipt Description	1999				

SCHEDULE II

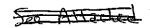
IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number: 96	2-310582	27
AL UNITEMIZED IN NIND CONTR	IBU HONS REGEIVED W	VALUE OF \$50.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$ 0
2 IN-KIND CONTRIBUTIONS REC	SEIVED-VALUE OF \$50	D.O1-ITO \$250.00 (FROM PART F)
TOTAL for the reporting period	(2)	\$
3. IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$2	250.00 (FROM PART G)
TOTAL for the reporting period	(3)	\$ 0
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)		

SCHEDULE II PART F

In-Kind Contributions Received



VALUE OF \$50.01 TO \$250

Filer (dentification Number: (12	-31	0	5827		_		

Full Name of Contrib	utor			Date [MM/DD/YYY)]	5 通
			- The state of the		
House:#.	Street Address			Date [MM/DD/XXXX]	/
City	ZATALA BARANA	State	Zip Code	Date [MM/DD/YYYY]	<u> </u>
	The state of the s				
Description of Contrib					
Full Name of Contribu					\$
	Street Address			*Date [MM/DD/YYYY] . \$	
City.	Tro Wants	State	Zip Code	Date [MM/DD/YYYY], \$	
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Full Name of Contribu				Date [MM/DD/YYYY] \$	
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City	The state of the s	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contrib			·		
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	Street Address			Date [MM/DD/XYYY] S	
City Description of Contribu		State	Zip Code	Date [MM/DD/XYYY] .S	
Description of Contrib	ution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

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1	,,,,,,

Filer Identification Number: 92-31	05827	
Fall Name of Contributo.		Date [MM/DD/YY/Y]
House #. Street Address		Date [MM/DD/YYYY] \$
City	State Zipicode	Date [MM/DD/YYYY] \$
Employer Name		-Occupation -
Employer Mailing Address / Principal		Description
Place of Business	·	ot Contribution
Full Name of Contributor		Date [MM/DD/MM]
Hause:# Street Address		Date (MM/DD/YYYM) 5
efy	State Zip Gode	Date [MM/DD/YYYY] 5
Employer Name	Post-surface (Table)	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)] 5.
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] \$
AHouse # Street/Address		Date [MM/DD/YYYY]
(City)	State Zip Code	Date [MM/DD/YYYY] % \$
Employer Name	person at the many of the first left	Occupation :
Employer Malling Address / Principal Place of Business		Description of Contribution

Statement of Expenditures

10		
Filer identification Number	92-3105827	

To Whom Paid			· ·	Date (MM/DD/YYYY) 5	·
House#	Street Address			Description of Expenditure	
City	:	/State	Zip Code	Sales and the sales and the sales are the sales and the sales are the sales and the sales are the sa	SERVICE SETTLES ASSESSED FOR COLORS
ito-Whom Paid -				Date (MM/DD/XYYY)	
House #	Street Address			Description of Expenditure	t de la companya de
Gity	PAYTACAMATANA	State	Zip Code	5.7000 7.1	TO THE PERSON OF
To:Whom Paid				Date [MM//DD//YYYY]	
House #	Street Address			Description of Expenditure	
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House #	Street Address	V 1 92 · V		Description of Expenditure.	
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House #	Street Address			Description of Expenditure	
Gity		State	Zip Gode	Comments of the Comments of th	The second secon
To Whom Paid				Date [MM/DD//YYYY] (\$	
House #	Street Address			Description of Expenditure	
(elity)		State	Zip Code		PARTY PLANTAGE CONTRACTOR CONTRAC
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	State	Zip	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.

Filer Identification Number:	973115877	* '	
	12-1103021	· · · · · · · · · · · · · · · · · · ·	<u>. </u>

Name of Greditor			Outstanding Balance of Debt
	et Address	DATE DEBT INCURRED [[MM/DD/YYYY]]	5
City	State	Zjp Code	
Description of Debt			
Name of Greditor			Outstanding:Balance of Debt
	et Address	DATE DEBT INCURRED [MM/DD/XYYY]	\$
City	State	Zip Code	
Description of Debt			
Name of Creditor House # Stre	et Address	DATE DEBTINGURRED	Outstanding Balance of Debt
	et/Address	[MM/DD/YYYY]	
City :	State	. Zip Code	
Description of Debt	Total desired and the second s		
Name of Creditor	Control of the Control		Outstanding Balance of Debt
House #	et Address	DATE DEBIT INCURRED [MM/DD/YYYY]	
City as	State	Zip Códe	
Description of Debt	Contraction	कार्यक्रिकेट स्थापनिक स्यापनिक स्थापनिक स्थापन	(Section)
Name of Creditor	विकासिकारिकार्यक्रिकार्यक्रिकार्यक्रिकार्यक्रिकार्यक्रिकार्यक्रिकार्यक्रिकार्यक्रिकार्यक्रिकार्यक्रिकार्यक्रिक विकासिकारिकारिकारिकारिकारिकारिकारिकारिकारिकार		Outstanding Balance of Debt
House # Stre	et Address	DATE:DEBT:INCURRED [MM/DD/YYYY]	\$
City	State	Zip Code	
Description of Debt		Designation of the state of the	1550.2551
Name of Creditor			Outstanding Balance of Debt
House;# Stre	et Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City 3.	State	Žip:	
Description of Debt		«Соде	



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 Zakana Sharif for Erie School Director Reporting Cycle Name						
☐ Cycle 1 6 th Tuesday Pre-Primary	☐ Cycle 2 2 nd Friday Pre-Primary	☐ 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-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)

Pholip Thomas Eric /PA/USA

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)

Printed Name

Location (City/State/Country)