Commonwealth of Pennsylvania - Campaign Finance Report

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

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Filer Identificati Number	on					5h042359373	ort Filed ark X)	1 By	Ca	ndida	te			Comn	ittee			X	Lob	byist	
Name of Filing (Lobbyist	Comr	nitte	e, Ca	ndidate	or	City	City of Erie to Elect Zakaria Sharif														
Street Address 2702 East Ave																					
City		Erie							Sta	ite	PA			Zip Co	de	1650	04				<u>.</u> .
Type of Report (Place	e x un	der r	eport ty	/pe)				•												
1- 6 th Tuesday	2- 2	2 nd Fr	iday	3-30 C	ay Post	4- 6¹	h Tuesda	y 5	– 2 nd Fr	iday	***********	0 Day l	ost	7- Anr	ual	200 200 200 200 200		nd Friday		cial 30	
Pre-Primary	Pre	Prim	ary	Primai	Ÿ	Pre-	Election	P	re- Ele	ction	Ele	tion				Pre	Elect	ion	Pos	t-Elect	ion
				\geq																	
Date Of Election (MM/DD/YYYY)	200200000000000000000000000000000000000			05/18	3/2021	Yea	r		2021		Am Rep	endme lort	nt			Teri Rep	minat ort	ion			
Summary of Rec Expenditures	ceipt	s and		From	Date		To Da	ite	**************************************	\$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		10 10 10 10 10 10 10 10 10 10 10 10 10 1			For	Office	Use	Only		78281 6651 200 100 100 100 100 100 100 100 100 100	
					03/2021		(06/07	7/2021												
A. Amount Brou						10000000000000000000000000000000000000	\$	237	73.10												
B. Total Moneta (From Schedule	1)		outio	ns and	Receipts		\$	32	3.57												
C. Total Funds A (Sum of Lines A	and	B)					2696.67														
D. Total Expend (From Schedule	III)					\$ 2696.66				ERIE COUNTY											
E. Ending Cash E (Subtract Line D	fron	n Line	*********				9.01				JUN 1 5 2021										
F. Value of In-Ki (From Schedule	JI)				ived	\$ 3431.44				VOTER REGISTRATION											
G. Unpaid Debts (From Schedule		Obli	gatio	ns			\$	0													
							.1			vit Sed											
Part 1- If this is a C I swear (or affirm)	that	i ittee this re	repor port,	t, treasu including	rer sign h g the atta	ere. It	this is a C chedules	on pa	date rep aper, is t	ort, ca the	best o	te sign r if my kno	iere. owledg	ge and b	elief tr	ue, co	rrect a	and compl	ete.		
Sworn to and subs												Ca		_	A		_				
day of_				20_		_ 1 -			_	Signature of Barron Submitting report											
						Elizat			izabe	Signature of Person Submitting report zabeth C Nawrocki											
	Signa	ture				_				Printed Name											
My Commission ex	xpires			BAY		_			_	114 528-1726											
	MO. DAY YR. Area Code Daytime Telephone Number																				
Part II- If this is a r	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																				
I swear (or affirm) amended.	that	to the	best	of my kn	owledge	and be	elief this p	olitic	al comm	nittee l	has no	ot violate	ed any	provisio	ns of t	he Act	ul to :	ne 3, 1937	(P.L. 1)	333, NC	.320) as
Sworn to and subs	cribe	d befo	re m	e this																	
day of 20 Signature of Candidate																					
	Signa	ture					. !						'	Printed I	vame						
My Commission ex	xpires	MO		DAY	YR.	_				A	rea C	ode			Dayt	ime Te	lepho	ne Numb	er		



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.

	Eril to E	didate, or Lobby 1904 ZaKaria		arif	
☐ 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 Tuesday 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 (DD/MM/YYYY)

Elizabeth C Nawrocki

Printed Name

Location (City/State/Country)



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement 210 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 (DD/MM/YYYY)

6-16-2021

Printed Name

Zakaria Shant

Location (City/State/Country)

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	 	

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		1000 1000 1000 1000 1000 1000 1000 100	
Total for the reporting period (1)	\$	65.25
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	2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	258.32
Total for the reporting period (3	3)	\$	0
. 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period (4	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)		\$	323.57

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				
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Full Name of Con Committee	tributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] 5	The state of the s
Gity.		State	Zip Code	Date [MM/DD/YYYY] 5	economic de la companya de la compan
Full Name of Con Committee	tilbuting			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
Giy	SARSE STATUEL GALLIUM STÄRFER	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee	tributing	1		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
Giy	Pagezanieraesapigigii	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
GIV		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee	tributing			Date [MM/DD/YYYY] \$	
House /	Street Address			Date [MM/DD/YYYY] \$	
City	स्टिन्स <u>चित्रस्य स्ट</u> ास्ट्रास्ट्रस्य	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Com Committee				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
Gity	The state of the s	State	Zip Code	Date [MM/DD/YYYY] \$	

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.)

Fire (Dentification Warner)				
Full Name of Contributor			Date (MM/DD/MAA)	
House # Stre	set Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
			Date (MM/DD/YYYY) \$	
Full Name of Contributor			The Control of the Co	
House# Stre	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/AYYA] \$	
Full Name of Contributor	Recompany and Audit Server	Primation in the collect investment or only one opposition	Date [MM/DD/YYYY] \$	
House # Stri	eet Address		Date [MM/DD/YYYY] \$	
- City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date IMM/DD/MAM S	
House # Stre	eet-Address		Date [MM/DD/YYYY] \$	
		Process of the Proces	Recovered they if it is that where to remove the part to the Addition of the A	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Stre	et Address		Date [MM/DD/AWY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor	PANISA PENERAL PERE	ANAKARILANDIANI	Date [MM/DD/YYYY] \$	
House # Stre	et Address		Date [MM/DD/AYYY] \$	
City	State	Zip Rode	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 Number:				
		. ,		- 0
Full Name of			Date [MM/DD/YYYY]	
Contributing Committee			1311 (1971) Company To Company of the Mark Company on the Company of the Company	
House # Street Address			Date [MM/DD/YYYY]	\$
Efty	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of			Date [MM/DD/YYYY]	
Contributing Committee		,	X412 GAIN 257	
House# Street Address			Date [MM/DD/YYYY]	\$
				546 206
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of			Date [MM/DD/YYYY]	<u> </u>
Contributing Committee			<u> </u>	
House # Street Address			Date [MM/DD/YYYY]	**************************************
			CONTRACTOR DECORPORATION AND ADMINISTRATION AND ADM	
City	State	Zip Code	Date [MM/OD/YYYY]	\$
Full Name of		100.00:40.35.090.00	Date [MM/DD/YYYY]	\$
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	\$
Glty	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of	procession	122222314411444444444444441	Date MM/DD/YYYY	K
Contributing Committee				
House # Street Address			Date (MM/DD/YYYY)	\$
	The state of the s	Burea / 2 error variance of contributions of		ii i
City	State	Zip Code	Date [MM/DD/YYYY]	
Etil Name of	**************************************	beconsisted and the same of th	Date MM/DD/YYYY	5
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	5
	MANUA SEALOUNAVANAS			
City City	State	Zip Code	Date [MM/DD/YYYY]	

All Other Contributions

see affached

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:

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 Place of Business			
Full Name of Contributor			Date (MM/DD/YYYY) \$
House # Street Address		-	Date (MM//DD/AYYY) \$
Gity.	State	Zip Gode	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) 5
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]
	State	Zip Code	Date [MM/DD/AYYY] S
Employer Name		<u>-</u>	Occupation
Employer Mailing Address / Principal Place of Business			 -

Jeffress, Andrea

4500 W 38th St

Ε

.

16506

5/15/2021

\$258.32 ECU Zakaria Shar Obgyn Assoc

hvsician

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	ber:			
Full Name				
House#	Stre	eet Address	 -	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		(100 mod Mar (100 mod 10 m)		Missireot
Full Name				
House #	Stre	set Address		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Stre	et Address		
City		State	Zip Code	Date [MM/DD/XYYY] \$
Receipt Description		PET A COMPANY OF A		The control of the co
Full Name				
House #	Stre	et Address	,	
Gity and the second sec		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Extra to the control of the	1	
Full Name				
House#	Stre	et Address	÷ .	
City		State	Zip Code .	Date [MM/DD/YYYY] \$
Receipt Description		最近被抗烈性缺陷 		diskir)
Full Name				
House #	Stre	et Address		
City		State	Zip. Code	Date [MM/DD/YYYY] \$
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			
1. UNITEMIZED IN-KIND CONT	RIBUTIONS RECEIVED-VALUE OF \$50).00 C	DR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	68.09
2. IN-KIND CONTRIBUTIONS R	ECEIVED-VALUE OF \$50.01 TO \$250.	00 (F	ROM PART F)
TOTAL for the reporting period	(2)	\$	108.11
3. IN-KIND CONTRIBUTION REC	CEIVED-VALUE OVER \$250.00 (FROM	I PAR	T-G)
TOTAL for the reporting period	(3)	\$	3255.24
TOTAL VALUE OF IN-KIND CONTRIBUT		\$	
PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)			3431.44

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:



is salbal a c					
Full Name of Contrib	jurar			Date [MM/DD/YYYY]	100 S 27 S
House #	Street Address			Date [MM/DD/YYYY]	
City	Billian and the state of the st	State	Zip Code	Date [MM/DD/YYYY]	3
i de la companya de l					
Description of Contr	ibution				
Full Name of Contrib	outor	A		Date [MM/DD/XYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	CONT. CR. LEWIS CO. LEWIS	State	Zip Code	Date [MM/DD/YYYY]	
Description of Contri	ibution				
Full Name of Contrib	iutor			Date [MM/DD/YYYY]	
					<u></u>
House #	Street Address			Date [MM/DD/YYYY]	5
City	E THE TOTAL CONTROL OF THE TOT	State	Zip Gode	Date [MM/DD/YYYY]	15 .
Description of Contr	ievają,		25/82/81		
				A VIETNAME CONTRACTOR OF THE PROPERTY OF THE P	.
Full Name of Contrib	utor			Date (MM/DD/YYYY)	\$ 6
House #	Street Address			Date [MM/DD/YYYY]	\$
			\$4 + 0, or \$10000000 \(\tau_0 \) (1000000000000000000000000000000000000		
City		State	Zip Code		4
Description of Contri	ibution				411
Full Name of Contrib				Date [MM/DD/YYYY]	(\$
Full Nation (1) Project				PAGE (MINISTER)	
House #	Street Address			Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY)	\$
	AND				
Description of Contri	bution				

\$108.11 Texting service 6/7/2021 523 Hastings St. Pittsburgh, PA 15206 PA United PAC

SCHEDULE II Part G

In-Kind Contributions Received



VALUE OVER \$250

Filer Identification Number:

allini kroduju de sidili sa velezni srškostki liti		
Full Name of Contributor		Date (MM/DD/YYYY)
House# Street Address		Date [MM/DD/YYYY] \$
		CERTAIN THE CONTRACT OF THE CO
CIKY	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		Description
Place of Business		of Contribution
Full Name of Contributor		Date IMM/DD/YYYYI
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	padara and a source and a sourc	Occupation
Employer Mailing Address / Principal		Description
Place of Business		of Contribution
Full Name of Contributor		Date [MM/DD/YYYY]
House # Street Address		Date [MM/DD/YYYY] \$
		man of the second secon
City.	State Zip Code	Date [MM/DD/1111] \$
Employer Name		Occupation
Employer Mailing Address / Principal		Description
Place of Business		of : Contribution .

PA United PAC	523 Hastings St. Pittsburgh, PA 15206	6/4/2021	\$812.34 Design, printing &
PA United PAC	523 Hastings St. Pittsburgh, PA 15206	6/4/2021	\$2,442.90 Staff hours

Statement of Expenditures



Filer Identification Number:			
Filer Identification Number:			

To Whom Paid				Date [MM/DD/YYYY] \$	
to whom kalo					
House #	Street Address			Description of Expenditur	e
City	Common or associate place file A Andrews Common Common Addition file of	State	Zip Code		
To Whom Paid		Notice Consequent (NATA)		Date [MM/DD/YYYY] \$	
House #	Street Address	• 40		Description of Expenditure	
City		State	Zip Code	Control (Control (Con	
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City	And Andrew Spirit Matter Visit Protection (VI	State	Zip Code		
To Whom Paid		Parameter American Street Stre		Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] S	
House #	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	Nga karangan Maria Kabupatèn Mala
City		State	Alp. Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
Citý		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		Siate	Zip Code		

Date	To Whom Paid	Mailing Address	Description	Amount
06/04/2021	Sequal Consulting	PO Box 5288 Pittsburgh, PA 15206	Design, printing {	\$2,696.66
	20.4.4.5.6.1.5.6.1.5.4.6.1.5.4.5.4.5.4.5.4.5.4.5.4.6.1.6.1.6.4.5.6.6.6.6.6.6.6.6.6.6.6.6.6.6.6.6.6	VAN NASA ANG PARANGANAN ANG ANG ANG ANG ANG ANG ANG ANG		A
				\$2.696.66

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 Numb	G ()		
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$1
City		State Zip Gode	
Description of Debt	pinner.	TOPPER AND	atorogic from I
Name of Creditor		Brokers Ton Annual 21 2 22 1 2 1 1 1 1 1 1 2 2 2 2 2 2 2	Outstanding Balance of Debt
House #	Street Address	DATE DEST INCURRED [MM/DD/YYYY]	
City		State Zíp Code	
Description of Debt			
Name of Creditor		DOMESTIC STATE OF THE STATE OF	Outstanding Balance of Debt
House #	Street Address	DATE DEST INCURRED [MM/DD/YYYY]	
City		State Zip Code	
Description of Debt			
Name of Creditor House #	Street Address	DATE DEBT INCURRED	Outstanding Balance of Debt \$
		[MM/DD/YYYY]	
City		State Zip Gode	
Description of Debt			
Name of Creditor		DATE DEBT INCURRED	Outstanding Balance of Debt
House #	Street Address	[MM/DD/YYYY]	
City		State Zip Code	
Description of Debt			
Name of Creditor		DATE DEBT INCURRED	Outstanding Balance of Debt \$ \$
House #	Street Address	[MM/DD/YYYY]	
City		State Zip Code	
Description of Debt			