

	(Note: 11					i legible. It shol		•		_	
Filer Identification Number			ort Filed E ork X)	Зу Са	ndida	ite	Committee	·	X	Lobbyist	
Name of Filing Committee, Ca Lobbyist	ndidate or	City o	of Erie to E	Elect Zaka	ria Sh	arif					
Street Address		2702	East Ave)							
City Erie	<u> </u>			Sta	ate	PA	Zip Code	16504			
Type of Report (Place x under r	report type)										
1- 6 th Tuesday 2- 2 nd Friday Pre-Primary Pre-Primary	The second of th	The section	Tuesday lection	5- 2 nd Fr Pre- Ele		6- 30 Day Post Election	7- Annual	Special 2 ⁿ Pre-Electi		Special 30 Post-Electi	
]	X					
Date Of Election (MM/DD/YYYY)	11/02/2021	Year		2021	1	Amendment Report		Terminati Report	ion	X	
Summary of Receipts and Expenditures	From Date		To Date				For	Office Use (Only		
	10/19/2021			/22/2021				· · · . · · .		<u> </u>	. <u> </u>
A. Amount Brought Forward F	rom Last Report	\$		662.34				_	7		
B. Total Monetary Contributio (From Schedule I)	ns and Receipts		. ;	301.22				ERIE	COUN	Ť	
C. Total Funds Available (Sum of Lines A and B)		\$		963.56		DEC 0.1. 2027			ा । - े - विकास		
D. Total Expenditures (From Schedule III)		\$		963.56		VOTER REGISTRES			4 2 th		
E. Ending Cash Balance (Subtract Line D from Line C)		\$		0			se n		(G.24K)		
			1	1185.80				į.	usu s	unang kunto	
G. Unpaid Debts and Obligations \$ (From Schedule IV)											
David If this is a Committee repor	* **** clan ha	16 +1	Te to a Can		vit Sec			,			
Part 1- If this is a Committee report I swear (or affirm) that this report,							ge and belief to	ue, correct a	nd comple	te.	
Sworn to and subscribed before me					-						
day of	20	_	1			Signature	aur-				
					Eli	Signature d Zabeth C Nawrocl	of Person Subm ki	itting report			
Signature		-					Printed Nam	e			
My Commission expires		_	·		81	4	528	-1726			
MO.	DAY YR.				Α	rea Code	Day	rtime Telepho	one Numbe	er	
Part II- If this is a report of a Candid	late's Authorized (Commi	ttee, candi	idate shall	sign he	ere.					
I swear (or affirm) that to the best of amended.	of my knowledge a	nd beli	ef this poli	itical comm	nittee l	has not violated any	provisions of t	he Act of Jun	e 3, 1937 (P.L. 1333, NO.	320) as
Sworn to and subscribed before me	e this						Mr	-	_		
daγ of	20	-	1			Sign	ature of Candio	date 1	7		
Signature		-	j,			- Eu	Maria Printed Name	Shar			
My Commission expires			. •		ς	214	3	97-7	304		
MO.	DAY YR.	-			A	rea Code	Dayt	ime Telephor	ne Number	•	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

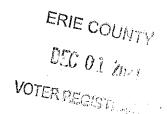
Filer Identification Number			
· · · · · · · · · · · · · · · · · · ·	 		

1.Uniternized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period (1	.) \$	9	99.39
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		(4) (4) (4) (5)	
Contributions Received from Political Committees (Part A)	,	;	
All Other Contributions (Part B)	1	2	201.83
Total for the reporting period (2	2) 9	3	
3. Contributions Over \$250.00 (From Part C and Part D)		STATE CONTRACTOR CONTRACTOR TO JOSE	
Contributions Received from Political Committees (Part C)		۶	
All Other Contributions (Part D)	- :	>	
Total for the reporting period (3	3) 5	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		Carried St.	
Total for the reporting period (4	1)	\$	
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)	- 1	\$ 3	301.22



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



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 C	ommittee, Car	ndidate, or Lobb	yist	<u>.</u>	· · · · · · · · · · · · · · · · · · ·	
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 Tuesday 2 ^r		Cycle 5 2 nd Friday Pre-Election	
Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Specia				
his form is submitt submitted with a declare under per nat the accompan	ed with a Candid report by a com nalty of perjury o lying Campaign	th a Committee re date report, the ca tributing lobbyist, under the law of t Finance Report is	indidate i the lobby the Comn	must sign h yist must si nonwealth	nere. If this repoi ign here.	
Signature of Treasurer, Candidate, or Lobbyist Elizabeth C Nawrocki			11/30/2021 Date (DD/MM/YYYY) City of Erie			

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)

Printed Name

Zakaria Sharif

Location (City/State/Country)

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.

本語文章集が監督者のJanuary Manager	Santagett, varett sessionerrer i	F-1.			Amount
Full Name of Cor Committee	ntriputing			Date [MM/DD/YYYY]	(\$) (4) (3)
House #	Street Address	5		Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	·\$.
Full Name of Cor Committee	itributing	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Table 1997 of the STATE	Date [MM/DD/YYYY]	a. \$ 7. W.2
House #	Street Address			Date [MM/DD/YYYY]	\$3 \$1
City		State	Zip Code	Date [MM/DD/YYYY]	(6)
Full Name of Cor Committee	tributing	PASSET 200.55	1800 service, deservice di	Date [MM/DD/YYYY]	\$
House #	Street Address	20 (A.E.) (10 (Date [MM/DD/YYYY]	**************************************
City	panengengengan kelalan	State	Zip Code	Date [MM/DD/YYYY)	
Full Name of Con Committee				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	passana aras mpd 10 fs. S	State	Zip Code	Date [MM/DD/YYYY]	**************************************
Full Name of Con Committee	tributing	TWE MINANGE OF AS	The second section of the second sections	Date [MM/DD/YYYY]	**************************************
House #	Street Address			Date [MM/DD/YYYY]	<u>\$</u>
City	[53.436.45.66.46.46.46.46.46.46.46.46.46.46.46.46.	State	Zip Code	Date [MM/DD/YYYY]	<u>\$</u>
Full Name of Con Committee	tributing		The second secon	Date [MM/DD/YYYY]	**************************************
House #	Street Address			Date [MM/DD/YYYY]	\$. 5. 6.
City	<u>produces para de la compa</u>	State	Zip Code	Date [MM/DD/YYYY]	S

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:

			BETCHMMYELVANAA (BET	
Full Name of Contributor?	·		Date (MM/Db/MMM) \$	機能強調
ricuses:			Date [MM/DD/YWY]	
		Zip/Códę	(Date (MM/DD/MYM)) \$	
FULL NETWEIGH CONTRIBUTOR			apate (MM/pp/////)	
			Date (MM/DD/AYAY)	
i (1915) Street Addiness				
[[] [] [] [] [] [] [] [] [] [Stale	Zip Code	Pate (MM/DD/AXXX) is	
Hallarine of contributor			MODICAL MINING POPAGA AND ART	
HOUSE Street Address			SECTION OF SECTION AND SECTION OF	
Time-security commenced sections	State	Zipi Godes	ARBICANNIA PYSANAS (F.	
TiellaNameadAconfributóia.			EPERGALANA MANAGARAN S	
Höjuseia Street Additess		·	Date (MM/DD/SSSS)	
CIV.	Salch	Zip.Code	ADAGEMM/PP/AMMIR	
ганняльн <u>ие соместь при</u> сом			MPETCALAUVAPDYAAXAAME	
Street Address			abate (WW/DD/WW)	
ieity)	State	Zip Gode	//Date(IMM//DP//YY/Y)	172 2.5 3.7
Full Name of Contributor			# DEACH (MICANE) AS AS AN AS AS	
House # Street Address			Date (MM/DD///////)	
GIV.	State	Zip Code	Pate IMM/dd/MMI ated	N/23

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.

វង្សនៃវិទ្រាស់ស្រីស្រីស្រីស្រីស្រី

fell (Maintero) Gogdfiled tips (Sommittee #1			#Pate IMM/DD/\\\\	\$
House # Street Address			Section of the sectio	5
	State	Zip Gode,	· 一种,我们就是一个人的,我们就是一个人的,我们就是一个人的。	\$
Tallive ine of Lon Gauting Committee			Date (MM/DD/XXXX)	5
HOUSE Street Address				*
(GityA)	/State	Zip Code		(4)
:10 48:m(20 6 : 0: n:6 0:1):3€0mm[1:€4]				\$ 3 2 2 2 2 2
(EDISCH) Street Address			(Inc. 2 Inc. Control of Control o	
(CIT)	State	Zip:Cade	Pate IMM/DP/AAAAI	
callyane of Contributing committee			Space iMM/DIP//////i	
Street Address	-		ACCEPTANCE TO A TOTAL CONTROL AND A SECOND CONTROL CON	
ediy (State	Zip Code		\$.
Falliname of committee:			Date (MM//DD///Y/)	
Trouse 4: Street Address	TOPE OF MINERING	DOWN CARPER DO LESS OF THE		
(dey.	State	Zip Code	S	\$
Full Name of Contributing Committee				\$
House # Street Address				\$
City	State	Zip Code	Date [MM/DD/XYXY]	\$

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:				
4Fillstame of Contributor		. <u> </u>	Date (MM/DD/XYYY)	
Höuse # Street Address			Date [MM/DD/YYYY] \$	
	State	Zip Code	Date (MM/DD/YYYY) 33	_
Employer Name Employer Malling Address://			Occupation	
RijntipaliPlace of Business (FUI) Name of Contributor			Date [MM/DD/YYYY] 9	
Rouse # Street Address	The state of the s		Date [MM/DD/YYYY] \$	
GIV	State	Zip Code	Date (MM/DD/YYYY)	
Employer Name Employer Mailing Address / Principal Place of Business			Occupation	
kulbasime aksoniribitaj:	<u>.</u>	<u>.</u> ,	*Pate(MIM/PD/AYAY)	
House # Street Address			3 Date (MM/DD/MYY1)	
grys.	State 4	Zip Code	Date (MM/DD/MYY) SS	
Employer Name Employer Malling Address// Principal Place of Business			C secupation	
Full Name of Contributor.	₹C		Date (MIN/DD/YYYY) \$	
House # Street Address	6		Date [MM/DD/YYYY]	
(City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailing Address / Principal Place of Business			Occupation	

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.

Allfridentification (tonleas)				
Foll Name House # \$16 Git \$ Response percention is	et Address	State	ZIP Code	Date (MM/DD/AMA)
eti Recelpt cesta (ption)	et Address	State	Zip scode:	Pate (MIM/DD/MMM)
Jett greespi-Pikülistor	el/Address	State.	77ip Goode	Date(MM/DD/AAAM) \$7
Clty Receipte besstjätien	er Address	Siate	ZZÍDA EGGGE	DATE (IVIM/DD/YYYY) S
City 53 Récéipt Description	el vaccinass	State	Zíp Code	Date [MM/DD/YYYY] \$
Foll Name House # Stre City Receipt Description	et Address	State	Zip Code	Date [MM/DD/YYYY] \$

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 CONTRIBUTIONS RECEIVED-VALUE OF \$50).00 C	R LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$	36.60
INEKINDEGONIRIBUNIONERREGENIEDAVARUEO RESEORMETO SESTORMETO SESTOR	alog/Ei	ROMPARTE
TOTAL for the reporting period (2)	\$	128.67
	2224 (10.744	
3. = IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	1 PAK	[[G]
TOTAL for the reporting period (3)	\$	1020.53
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter	\$	
on Page 1, Report Cover Page, Item F)		1185.80

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	Filer Identification Number:				
		Filer identification Number:		 	

Part					
State Zip Code Date (MM/DD/YYY) S	Full Name of Contributor			Date [MM/DD/YYYY] \$	
ESILINATING OF CONTRIBUTION ESILINATING OF CONTRIBUTION Street Address Street Address Street Address Street Address Street Address Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Street Address Date [MM/DD/YYYY] \$ Street Address Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	House # Street Address			Date [MM/DD/YYYY] \$	
Date IMM/DD/YYYY S	City	State	Zip Code	Date [MM/DD/YYYY] \$	
Date MM/DD/YYYY S	Description of Contribution				
PG Se f Street Address Date [MM/DD/YYYY] \$	Fill Value of Contributors	*****		Date [MM/DD/YYYY] \$	
State Zip Code Date [MM/DD/YYYY] S		· · · · · · · · · · · · · · · · · · ·			***
Date MM/DD/YYYY S	Unouse:# Street Address				
Date (MM/DD/YYYY) S	Crty.	State	Zip Code	Date [MM/DD/YYYY] \$	
House # Street Address Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$	Description of Contribution		NASIASE SPECIAL		
City State Zip Code Date Da	iii) Vamed Contibuto			Date (MM/DD/YYYY)	
City State Zip Code Date Da					
Description of Contributor Date [MM/DD/YYYY] S	House #. Street Address			Date [MM/DD/MY] S	
Full Name of Contributor Date [MM/DD/YYYY] S	(dity	State	Zip Code	Date [MM/DD/MAAI] S	
House # Street Address Date [MM/DD/YYYY] S	Description of Contribution		[20] 改变公司经济发现的明显(20]		
City State Zip Code Date [MM/DD/YYYY] S	Full Name of contributor			Dáte [MM/DD/YYYY] S	
City State Zip Code Date [MM/DD/YYYY] S					
City State Zip Code Date [MM/DD/YYYY] \$				Date (MM/DD/AYY)	
Date [MM/DD/YYYY] S House # Street Address Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S		State	/Zip Code	Date [MM/DD/YYYY) 75	
Date [MM/DD/YYYY] S House # Street Address Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S	Description of Contribution	A A A A A A A A A A A A A A A A A A A	- Name Control of Control of Control	l Bosonij	
City State Zip Code Date [MM/DD/YYYY] \$				Date [MM/DD/YYYY] \$	
City State Zip Code Date [MM/DD/YYYY] \$					
	House # Street Address			Date [MM/DD/YYYY] \$	
<u>を記される</u>	City		Zip Code		
	Description of Contribution	P\$ 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	14		

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
FUII Name of Contributor	Date [MM/DD/YYYY]
House:# Street Address	Date [MM/DD/YYYY] i\$
City State Zip Code :	Date (MM/DD/YYYY) \$
Employer Name	Occupation
Employer Mailing Address // Principal () Place of Business ()	Description of Contribution
Epith Jame Of Contributor	Date [MM/DD/XXXXI] \$
Street/Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date (MM/DD/YYYY)
TEMPLOYER Name	Occupation:
Employer Malling Address / Principal Place of Business	Description of Contribution
Stauju (in merá i contributó).	coate [[MM/Jolo/AYYY] = 451 \$5
Street Address	Date (MM/DD/YYYY) \$
Gify State Zip Code	Date [MM/DD/XXXY)] S
Employer Name	Occupation.
Employer Malling Address / Principal Place of Business	Description of Contribution
Full!Name:of:€ontributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] 5
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution

Statement of Expenditures

Filer identification Number:		

To Whom Paid				Date [MM/DD/WYY] \$
House #	Street Address			Description of Expenditure
City.	(Indiana to a H, is Intigated	State	Zijî Code	The state of the s
O Whom Palit				Date [MM/DD/YYYY] \$
A CONTROL	Street Address			Description of Expenditure
Citi/	(Marie Marie	State	Zip Gode	
a cayhempelisa B				Date [MM//DD/AYYY1] \$
House #	Street Address			Description of Expenditure
edivs.		State	Žip Code	
) (E Whom Paid				Date [MM/DD/AYYY] \$
Aftouse#	Street Address			Description of Expenditure
Zeliy Sele		State	Zie Gode	·
arowhomeatery				Date (MM/DD/AYYY) U S
				TO SOME BUT THE PROPERTY OF TH
Thouser?	Street Address			Description of Expenditure
House # Gity	Street Address	State	Zip Code	Description of Expenditure
Thouser?	Street Address	State		Description of Expenditure Date [MM/DD/YYYY] \$
House #	Street Address Street Address		Code	Description of Expenditure
House# Etty To Whom Paid House # City		State		Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure
House # House # City	Street Address	State	Code Zip	Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$
House # City To Whom Paid City To Whom Paid		State	Zip Code	Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure
Highself Gity To Whom Paid House # City To Whom Paid Gity Gity Gity	Street Address	State	Code Zip	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Description of Expenditure
Hibuse # Eity To Whom Paid Gity To Whom Paid Fo Whom Paid	Street Address	State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure
House # Gity House # City To Whom Paid To Whom Paid Gity Gity	Street Address	State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Description of Expenditure

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:

and the second second second			
Name of Creditor	3		Outstanding Balance of Debt
	eet Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of Debt	S	Zip Code	
Alametor acidio acidente.	W A STANDARD NO ST	Controller of the Control of the Con	Outstanding Balance of Debt
	eet Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City Description of Debt	Si	zip Code	
Name of Creditor			Outstanding Balance of Debt
	eat Address	DATE DEBT INCURRED [MW/DD/YYYY]	.\$
City City	Signature of the state of the s	Zip Code	
Description of Debt. Name of Creditor.			Outstanding Balance of Debt
And Control	eet Address	DATE DEBT INCURRED	
City Description of Debt		tate Zip Gode	
			The state of the s
Name of Creditor		DATE DEBT INCURRED	Outstanding Balance of Debt \$ \$
	eet Address	[MM/DB/YYYY]	
City Description of Debt	S	tate Zip Code	
Name of Creditor			Outstanding Balance of Debt
	reet Address	DATE DEBT INCURRED	***
City		tate Zip Code	
Description of Debt			

Schedule I, Part B	Contributions	i v · · ·					
Full name of Contributor	Mailing Address	City	State	Zip	Date	Amount	
Lehman, Marguerite	2975 Hostetter Rd	San Jose	CA	95132	10/19/2021	\$51.83	
Myers, Gregory	4624 State St	Erie	PA	16509	10/26/2021	\$150.00	•
Schedule II, Parts F&G	In Kind Contributi	ons I				· : :	
Full name of Contributor	Mailing Address	Date	Amount	Description		Vendor	Address
	523 Hastings St. Pittsburgh, PA 1520	11/2/2021	\$8.52	Online donation f	ees	Paragon Solution	2141 East Broadway Rd, Ste 202 Tempe, AZ 85282
	523 Hastings St. Pittsburgh, PA 1520	11/10/2021	\$28.08	Banner		Sequal	PO Box 5288 Pittsburgh, PA 15206
	523 Hastings St. Pittsburgh, PA 1520	11/1/2021	\$53.07	EveryAction subs	scription charges	EveryAction	PO Box 392264 Pittsburgh, PA 15251
	523 Hastings St. Pittsburgh, PA 1520	11/15/2021	\$75.60	Texting service		GetThru	PO Box 2690 Alameda, CA 94501
	523 Hastings St. Pittsburgh, PA 1520	11/5/2021	\$1,020.53	Staff time		PA United	841 California Ave. Pittsburgh, PA 15212
							100
		total	\$1,185.80				
		Under 50	\$36.60	e e			: .
		50-250	\$128.67	-			
· · · · · · · · · · · · · · · · · · ·		over 250	\$1,020.53				
Schedule III	Expenditures						4.44
				:			
Date	To Whom Paid	Mailing Address	Description	Amount			•
11/18/2021	Molly Brechtel	820 Cranberry St. Erie, PA 16502	Reimb for Election party	\$56.99			
11/05/2021	PA United PAC	523 Hastings St. Pittsburgh, PA 15206		\$94.22		• • • •	
	PA United PAC	523 Hastings St. Pittsburgh, PA 15206	Reimb for staff time	\$812.35			
				\$963.56			

i	*
i	
-	
:	
1	
-	
!	
1	
:	
- 1	
-	
:	
:	
İ	
į	
İ	
ļ	