### Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification  Number		Report Filed B (Mark X)	y Candid	ate	Commi	itee	Lobbyist	
Name of Filing Committe Lobbyist	e, Candidate or	City of Erie to Ele	ect Zakaria Shari	F	Dang op af hydrog agency access		Transfer and trans	
Street Address		2702 East Ave						
<b>City</b> Erie			State	PA	Zip Cod	<b>e</b> 16504		
Type of Report (Place x ur	nder report type)							
1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Fr				6- 30 Day	Post 7- Annu			
Pre-Primary Pre-Prim	ary Primary	Pre- Election	Pre- Election	Election		Pre-Electi	on Post-Election	
			$\times$					
Date Of Election (MM/DD/YYYY)	11/02/2021	Year	2021	Amendm Report	ent.	Terminati Report	on C	
Summary of Receipts and	From Date	To Date	§ Politica			For Office Use C	only	
Expenditures	06/07/2021	10,	/18/2021			na ang ang		
A. Amount Brought Forw	ard From Last Repor	\$	0.01					
B. Total Monetary Contril (From Schedule I)	butions and Receipts	\$	734.98		ERI	E COLLAIT		
C. Total Funds Available (Sum of Lines A and B)		\$	734.99	1	<i>0c</i> 1	~ 0141 y		
D. Total Expenditures (From Schedule III)		\$	72.65	1	VOTERD	ZZ 2021		
E. Ending Cash Balance (Subtract Line D from Line	• C)	\$	662.34		-11 K	E COUNTY 22 <b>2021</b> EGISTRATION	٧	
F. Value of In-Kind Contri (From Schedule II)		\$ 1	L,485.71	1				
G. Unpaid Debts and Obli (From Schedule IV)	gations	\$	0					
			Affidavit Se		• • • • • • •			
Part 1- If this is a Committee I swear (or affirm) that this re						lief true correct ar	ad complete	
Sworn to and subscribed before		circa scricadics of	, paper, is to the	best of my ki	=		ia compiete.	
day of	20	- '1	_		Ely CM			
		_	E	Sign izabeth C Nav		Submitting report		
Signature			_		Printed	Name		
My Commission expires		_	_	14		528-1726		
Mo	O. DAY YR.		ı	Area Code		Daytime Telepho	one Number	
Part II- If this is a report of a C								
I swear (or affirm) that to the amended.	best of my knowledge	and belief this pol	itical committee	has not viola	ted any provision	s of the Act of Jun	e 3, 1937 (P.L. 1333, NO.320)	as
Sworn to and subscribed befo	ore me this				/	^		
day of	20	* 1			Me			
day oi	2V	-  ,	3		Signature of C	andidate		
Signature		-	<u>Z</u> :	akaria Sharif	Printed Na	ame		
My Commission expires		. *						
мо	. DAY YR.	_	-	Area Code	- -	Daytime Telephor	ne Number	

#### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number		-	
	<del></del>		

1. Uniternized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 398.61
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)	\$ 336.37
Total for the reporting period (2)	\$ 336.37
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 0
All Other Contributions (Part D)	\$ 0
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)	\$ 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)	\$ 734.98

#### 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

	<b>1</b>			
			Laconomica esta provincia de la companya de la comp	Amount
Full Name of Contributing  Committee			Date [MM/DD/YYYY] \$	
House # Street Address	. W		Date [MM/DD/YYYY] S	
	State	Zip Gode	Data [MM/DD/YYYY] \$	
Full Name of Contributing Committee	and the second s		Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] S	
City	State	-Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing Committee			Date [MM/DD/YYYY] 5	
House # Street Address	Bill Columnia a	Jacobson See Supplement on Assault	Date [MM/DD/YYYY] \$	
	State:	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing  Committee			Date [MM/DD/YYYY] S	
House # Street Address			Date [MM/DD/YYYY] \$	
	State	Zip Code	Date [MM/DD/MYY]	
Full Name of Contributing  Committee  House # Street Address			Date [MM/DD/YYYY] \$	
			Date [MM/DD/YYYY] \$	
	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.)

Filer Identification Number:

	·			
Full Name of Contributor	SEE ATTACHED		Date [MM/DD/YYYY] \$	
House # Street	Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor				
ruii Name or Contributor			Date [MM/DD/YYYY] \$	
House # Street	Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street			Date [MM/DD/YYYY] \$	
Street	Address			
City	State	Zip Code	Date [MM/DD/YYYY] \$	
	State	210 code		
Full Name of Contributor			Date [MIM/DD/YYYY] \$	
Tur Hame or Contributor			Date (MM)/OD/ (T (1))	
House # Street	Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor	processing continues a request		Date [MM/DD/YYYY] \$	
House # Street	Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street	Address		Date [MM/DD/YYYY] \$	
E distribution				
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 Number:

		<u>.</u>		
Full Name of			Date [MM/DD/YYYY] 5	
Contributing Committee				
House # Street	: Address		Date [MM/DD/YYYY] \$	* · · · ·
A second	e provide out		to the second se	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee			Vac party 2011111	
House # Street	: Address		Date [MM/DD/YYYY] \$	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/WWY] 1\$	
CONTRIDUCING COMMITTEE				
House # Street	Address		Date [MM/DD/YYYY] \$	
1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1				
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of	-		Date [MM/DD/YYYY] \$	<del></del>
Contributing Committee				
House # Street	Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
Contributing Committee				!
House # Street	Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee				
House # Street	Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
		Lip tout		

#### 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:

		<u></u>		
Full Name of Contributor	-		sate [MM/DD/YYYY] \$	
House # Street Addres		ares.cop	ate [MM/DD/YYYY] \$	
City Employer Name	State Zip Co		ate [MM/DD/YYYY] \$	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			ate (MM/DD/YYYY) .\$	
House # Street Address		December 2	ate [MM/DD/YYYY] \$	
City Employer Name	State Zip Co	Hajira Badha ta	ate [MM/DD/YYYY] \$	
Employer Mailing Address / Principal Place of Business			TEST STEERS	
Full Name of Contributor		·	ate [MM/DD/YYYY] \$	
House # Street Address		delicità de	ate [MM/DD/YYYY] \$	
City  Employer Name	State Zip Co		ate [MM/DD/YYYY] \$	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor	3	On the second	ate [MM/DD/YYYY] \$	
House # Street Address		33.00-000	ate [MM/DD/YYYY] 5	
City  Employer Name	State Zip Co		ate [MM/DD/YYYY] \$	
Employer Mailing Address / Principal Place of Business				

#### PART E

### **Other Receipts**

#### REFUNDS, INTREST 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:				
				·	
Full Name					
House #	Stree	et Address			**
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		<del></del>		Couc	
A PART OF THE PART					
Full Name					
House #	Stree	et Address			
City H. T. T.			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				10000000000000000000000000000000000000	Semiconial Communication Commu
Full Name					
House #	Stree	et Address	<del> </del>		
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description					
Full Name					
House #	Stree	et Address			Posterior references and the second s
City			State.	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description					
Full Name					
House #	Stree	et Address			
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description					
Full Name					
	Stree	et Address	L 2		
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description					

#### SCHEDULE II

### **IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED**

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

***			<u> </u>
Filer Identification Number:			
extended as the title of the control of the last of			
<ol> <li>UNITEMIZED IN-KIND CONT</li> </ol>	RIBUTIONS RECEIVED-VALUE OF \$51	0.00 C	OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	164.28
2. IN-KIND CONTRIBUTIONS R	ECEIVED-VALUE OF \$50.01 TO \$250.	00 (F	ROM PART F)
TOTAL fauth a constitution and a	(2)		
TOTAL for the reporting period	(2)	\$	116.62
EN MOUTH PRINTING COMM M	CEIVED-VALUE OVER \$250.00 (FROM	a Dan	T C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5. IN KIND CONTRIBOTION RE	CEIVED-VALDE OVER 3230.00 (FROM	n PAR	
TOTAL for the reporting period	(3)	Ś	
To the condition of the condition	(-)	•	1,027.75
	-		
TOTAL VALUE OF IN-KIND CONTRIBUT	TIONS 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	)		1,485.71

### SCHEDULE II PART F

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

VALUE OF \$50.01 TO \$250

		*AESE OF \$30101 TO \$		
Filer Identification Number:		•		
Full Name of Contributor	SEE ATTACHED		Date (MM/DD/YYYY) \$	<b>-</b>
House # Stree	t Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution	Legion de la company		i useracia	-
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Stree	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
The state of the s	t Address		Date [MM/DD/YYYY] \$	
City  Description of Contribution	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	et Address		Date [MM/DD/YYYY] \$	
City Description of Contribution	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	t Address		Date [MM/DD/YYYY] \$	
City  Description of Contribution	State	Zip Code	Date [MM/DD/YYYY] \$	

## SCHEDULE II Part G

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

**VALUE OVER \$250** 

Filer Identification Number:		
Full Name of Contributor	SEE ATTACHED	Date (MIM/DB/AYYY4)   \$
House # Street	Address	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / P Place of Business		Description of Contribution
Full Name of Contributor		Date (MIM/DD/YYYY) \$
House'# Street A	And the state of t	Date [MIM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / P Place of Business	HICIDAL TO THE PROPERTY OF THE	Description : of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street A		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Pr Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street A		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name  Employer Mailing Address / Pi	Hinchmal	Occupation Description
Place of Business		of Contribution

# Statement of Expenditures

/ et la see at an la	
Hier dentification Number:	,
	,
	,
	,
	,

To Whom Paid				Date [MIM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		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			Description of Expenditure
City		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]\$
	Street Address			Description of Expenditure
City		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			Description of Expenditure
City		State	Code	
To Whom Paid			-	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	

#### 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:			•	
Name of Creditor				Outstanding Balance of Debt
	et Address		E DEBT INCURRED	\$
		( )	MM/DD/YYYY]	
City		State	Žip Code	
Description of Debt			I cour	
Name of Creditor				Outstanding Balance of Debt
House # Stre	et Address	00.7590.000.000.000	E DEBT INCURRED	
			MM/DD/YYYY]	
City		State	Zip Code	
Description of Debt				- N
Name of Creditor				Outstanding Balance of Debt
House # Stre	et Address		E DEBT INCURRED VIM/DD/YYYY]	\$
		<u> </u>	AUNITORY ET ET	
City		State	Žip Code	
Description of Debt			Since decontribution of the control	1934/9934
Name of Creditor				Outstanding Balance of Debt
House # Stre	et Address		E DEBT INCURRED VIM/DD/YYYY]	\$
City		State	Zip	
Description of Debt			Code	
Name of Creditor House # Stre	et Address	- PAT	E DEBT INCURRED	Outstanding Balance of Debt
	Et. Adulto33	107001.01000000000000000000000000000000	VIM/DD/YYYY]	
City		State	Zip	
Description of Debt		San Nellandara	Code	
Name of Creditor				Outstanding Balance of Debt
	et Address	DAT	E DEBT INCURRED	5
			MW/DD/XXXX	
City		State	Zip	
Description of Debt			Code	

ART B: All other contr	PART B: All other contributions \$50.01-\$250		***************************************					i estimante i	
Nwachukwu, Martha	2635 Chestnut St Apt 1	Erie	PA	16508	10/18/2021	\$51.83		Pennsylvania Un	Pennsylvania Uni Community Organizer
Porter, Ron	1065 Fulton St	Aurora	8	80010	9/8/2021	\$77.64		Self Employed Consultant	Consultant
Wallach Hanson, Alex † 260 38th St	260 38th St	Pittsburgh	PΑ	15201	9/9/2021	\$103.45		Pittsburgh Unite	Pittsburgh United Community Organizer
Hoblos, Rabih	4102 Aveniel Ct	Erie	PA	16506	9/11/2021	\$103.45		Not Employed Not Employed	Not Employed
ART F: In-Kind Cont	PART F: In-Kind Contributions \$50.01-\$250					WITH THE RETAIN THE RESIDENCE AND THE ARCHITECTURE TO CHARGE		Construction to behalf consistent of the second of the sec	
PA United PAC	523 Hastings St. Pittsburgh, PA 15206	6/10/2021	\$53.1	\$53.18 EveryAction subscription charges EveryActi	ription charges	EveryAction	PO Box 392264 Pittsburgh, PA 15251	5251	
PA United PAC	523 Hastings St. Pittsburgh, PA 15206	10/5/2021	\$63.4	\$63.44 Staples - printing		Staples	1924 Keystone Drive Erie, PA 16509	hive	
PART G: In-Kind Contributions over \$250	tributions over \$250		100			PART AND THE REPORT OF THE PART OF THE PAR			
PA United PAC	523 Hastings St. Pittsburgh, PA 15206	10/18/2021	\$1,027.7	\$1,027.75 Staff time	***************************************	PA United	841 California Ave. Pittsburgh, PA 15212	re. 5212	
SCHEDULE III: Expenditures	ditures	O. A D. C.	A 111 A limit of a contract of	THE TAX OF THE PARTY AND ADDRESS AND ADDRE		den i irla eliter assastiva acci varan acci sentra ele	The second Philipping of the second s	And the set of a sense of the set	
10/18/2021	10/18/2021 Sequal Consulting	PO Box 5288 Pittsburgh, PA 15206 Erie VBM postca	Erie VBM posto	ਬ 72,65			A label de sel escari como el las mendes como escarios escarios.		

ERIE COUNTY

1111 22 2021

VOTER REGISTRATION

### 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.

730 11 (3)	Name of Filing Committee, Candidate, or Lobbyist  City of Erie to Elect Zakaria Sharif  Reporting Cycle Name							
☐ <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	□ <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	☐ <b>Cycle 3</b> 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-Specia	l Election	_	cle 9 est-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

Elizabeth C. Nawrocki

City of Erie

10/20/2021

**Printed Name** 

Location (City/State/Country)

Date (DD/MM/YYYY)



#### **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)

Zakaria Sharif

**Printed Name** 

Location (City/State/Country)

Evil PA Uknited States