

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	Sy Candida	ite	Committee		X	Lobbyist
Name of Filing Committee, Candidate or Lobbyist		L. Glad	Zakana S	Chase () - G->-	Sal I	N
Street Address		East Ave		JURUL 4	or Elice	JUNGOI	Pilkrap(
City Erie	JAIUA E	State	PA .	Zip Code	1/-501		
Type of Report (Place x under report type)			ıH		16504	1	
	4- 6th Tuesday	5- 2 nd Friday	6- 30 Day Post	7- Annual	Special 2 nd	Eriday :	Special 30 Day
Pre-Primary Pre-Primary Primary	Pre- Election	Pre- Election	1 = -		Pre-Election		Post-Election
Date Of Election (MM/DD/YYYY) 11/07/2023	Year	2023	Amendment Report		Termination Report)n	X
Summary of Receipts and From Date	To Date			For	Office Use O	nly	
11/28/202	3 12/31	1/2023					
A. Amount Brought Forward From Last Repor	\$ 5.0						- 1
B. Total Monetary Contributions and Receipt (From Schedule I)	: <	×.30				40) (1 ¹⁰⁾	<u></u>
C. Total Funds Available	\$ 5.3	30				() () () () () () () () () ()	Page that
(Sum of Lines A and B) D. Total Expenditures	, c					100 1 1 3 100 7 3 7 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	530 330
(From Schedule III)	5.3	<u> </u>					CTJ
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 0	5				4.19 (1.19	em ways
F. Value of In-Kind Contributions Received	\$ 0	 ე				and the second	Top of the state o
(From Schedule II) G. Unpaid Debts and Obligations	\$ 0	<u>, </u>					The state of the s
(From Schedule IV)	<u> </u>)				w.S.	පි
Part 1- If this is a Committee report, treasurer sign	ere. If this is a Can	Affidavit Se I didate report, c					
I swear (or affirm) that this report, including the atta				ige and belief to	rue, correct an	d complete	
Sworn to and subscribed before me this			11.1.0	, 5/	>		
day of20	- `	_		of Person Subn	nitting report		_
Signature	- †	_		Printed Nam			_
-	۱ ,	,	QILI		" "2-24"	77	
My Commission expires			Area Code		ytime Telepho	<u>دـ ر</u> ne Number	_
Part II. If this is a report of a familiantal Authorise	Committee ca-	idata chall siss 5	era				
Part II- If this is a report of a Candidate's Authorized I swear (or affirm) that to the best of my knowledge amended.				y provisions of	the Act of June	3, 1937 (P	L. 1333, NO.320) as
Sworn to and subscribed before me this		•		/			
day of20	_ · i	_				-	_
	_		Sign Full	nature of Candi	Sham	7	_
Signature	_ [_		Printed Name	<i>a</i> =		_
My Commission expires	_	_	814	_3	77-7	304	_
MO. DAY YR.		•	Area Code	Day	time Telephon	e Number	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	92-3105827	

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$ 0.30
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)	-	\$
Total for the reporting period (2	2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
Total for the reporting period (3	3)	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4	4)	\$
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	\$ 0.30

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.

					Amount
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address	1		Date [MM/DD/YYYY]	\$
City	p. go are a De T.	State	Zip Code	Date [MM/DD/YYYY]	\$
		<u> </u>			
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address	1	***************************************	Date [MM/DD/YYYY]	\$
engerverig Liverige					
City	Late Market	State	Zip Code	Date [MM/DD/YYYY]	\$
				A STATE OF THE STA	
Full Name of Co	ntributing	parasas 1	man at the second second	Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address	T		Date [MM/DD/YYYY]	\$
	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Frank Control [1111]	
City		C+3+5	7in Codo	Date [MM/DD/YYYY]	
		State	Zip Code	Pare [iviiv/DD/YYYY]	\$
Full Name of Co	ntributing	(x x t	Technic Control	Date [MM/DD/YYYY]	\$
Committee				Care Dana Contitution	
House #	Street Address	1		Date [MM/DD/YYYY]	\$
		[<u> </u>	7:4
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
			*****	See Franchisch [11]	4 `
Full Name of Co	ntributing	10 to 10 for		Date [MM/DD/YYYY]	\$
Full Name of Col Committee	a second			Dars [MIM/DD/AAAA]	111
		1			
House #	Street Address	<u> </u>		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
et () () () () () () () () () (CD N			
Full Name of Cor	ntributing			Date [MM/DD/YYYY]	\$
Committee	Table 1	,			
louse #	Street Address	_ 		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					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 - 31 05827

Full Name of Contr	ibutor			Date [MM/DD/YYYY]	\$
				ACCOMMENSATION OF THE STATE OF	
House #	Street Address	<u>.</u>		Date [MM/DD/YYYY]	
City		State	Zip Gode	Date [MM/DD/YYYY]	`\$
Full Name of Contr	ibutor	•		Date [MM/DD/YYYY]	S
	4 (5 kg) 40 Septim				
House #	Street Address			Date [MM/DD/YYYY]	S
	Carlo Bullion	The Assertance			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contr	butor.			Date [MM/DD/YYYY]	
House#	Street Address			Date [MM/DD/YYYY]	ंड
City.		State	Zip Code	Date [MM/DD/YYYY]	ं\$ ः
Control of the Lorentz					
Full Name of Contri	butor			Date [MM/DD/YYYY]	•
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	Ś
	ECC-SCOOL		Section (1995) in the 1990 (1995) Property of the 1990 (1995) (NI-strain vov v	
Full Name of Contri	DUCOE			Date [MM/DD/YYYY]	\$
House #	Street Address		1994 F1 4	Date [MM/DD/YYYY]	S.
City		State	ZIP Code	Date [MM/DD/YYYY]	\$ 0.000 miles
Full Name of Contri	butor.	, Asserban selecti	Contribute of the disperse 4	Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
Gity		State	Zip Code	Date [MM/DD/YYYY]	8 de 1
					1/61 6 (#)

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:

Filer Identification Number: 9	2-310582	7		
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Ad	dress		Date [MM/DD/YYYY] \$	
City	State	ZIp Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	Entraneome Text	panter (c. al. ii al barret)	Date [MM/DD/YYYY] \$	
House # Street Ad	dress		Date [MM/DD/YYYY] \$	
Gity.	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing Committee House # Street Ad	0(1945)		Date [MW/DD/YYYY] \$	
House # Street Ad	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			Date [MM/DD/YYYY] \$	<u></u>
Contributing Committee House # Street Ad	dress		Date [MM/DD/YYYY] S	
City.	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Ad			Date [MM/DD/YYYY] \$	
City.	State	Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Contributing Committee	Геога, Удочило (1	Alexander of the asset of the	Date [MM/DD/YYYY] \$	
House # Street Ad	3,54,8		Date [MM/DD/YYYY] \$	
Citý	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:	92-3105827	
1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		

			·	
Full Name of Contributor		•	Date [MM/DD/YYYY] \$	
House # Stree	t'Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailing Address /			Occupation	****
Principal Place of Business	Maria de la companya			
Full Name of Contributor	derfolkten (et en) och		Date [MM/DD/YYYY] \$	
House # Street	t Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/XXXY] \$	
Employer Name Employer Mailing Address /			Occupation	
Principal Place of Business				
	C1456040606082			
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Full Name of Contributor.	25** W 1992 No. 1 × 1		Date [MM/DD/YYYY] \$	
House # Stree	t Address		Date [MM/DD/YYYY]	
House # Stree	State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
City Employer Name Employer Mailing Address /	State (Zip Code	Date [MM/DD/YYYY]	
House # Street City Employer Name	State (Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
City Employer Name Employer Mailing Address /	State (Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Date [MM/DD/YYYY] \$	
House # Street City Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street	State		Date [MM/DD/YYYY] \$ Occupation Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
House # Street City Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street	State	Zip Code	Date [MM/DD/YYYY] \$ Occupation Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
House # Street City Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street	State State State		Date [MM/DD/YYYY] \$ Occupation Date [MM/DD/YYYY] \$ 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 Number:	92-3105827	

Full Name				
House #	Street Address			No. de de
City, State of the city of the		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Trees, graph and Tr	ASSESSED CONTROLS	(4) 1
Full Name				
House #	Street Address			<u>.</u> .
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		•	and the second s	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$.
Receipt Description		Production and deal	- O C Li Sa Born Adam - L	1997-414
Full Name				
House #	Street 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

1. UNITEMIZED IN KIND CONTR	RIBUTIONS RECEIVED-VAI	UE OF \$50.00 OR LESS PER CONTRIBUTOR	
OTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS RE	GEIVED-VALUE OF \$50.0	TO \$250.00 (FROM PART F)	
OTAL for the reporting period	(2)	\$	
3; IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$250	00 (FROM PART G)	
OTAL for the reporting period	(3)	\$	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

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Filer Identification Number:	$\alpha \sim 1$	^ ~ ~ ~ ~		
	47 (7)5877		
	10-21	UJUKI		
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ではないまないに、おきたいにないのとはなるなが、多くになっているようと、から、という。				

Full Name of Contrib	utor			Date [MM/DD/YYYY]	\$
	10.1				
House #	Street Address			Date [MM/DD/YYYY]	\$ \$
				per la proposition de la company de la compa	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					5 % 2 mg 5 % 3 mg 5 % 3 mg
Description of Contr	Printing				
Full Name of Contrib	utor			Date [MM/DD/YYYY]	5
House #	Street Address			Date [MM/DD/YYYY]	\$
					を2005 1984 1985 1984 1985 1984 1985 1986
City	Participated by the State of Company	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contr	ibution				
Full Name of Contrib	utor			Date [MM/DD/YYYY]	\$
grand to rule.					
House #	Street Address			Date [MM/DD/YYYY]	S
Citỳ.	EXTROMOR CONTROL OF STREET OF STREET	State	Zip Code	Date [MM/DD/YYYY]	\$ \$ 1
Description of Contr	bution				
Full Name of Contrib	utor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	13,200,000,000,000,000,000,000	State	Zip Code	Date [MM/DD/YYYY]	
Description of Contr	Bution				
Full Name of Contrib	utor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City	1	State	Zip Code	Date [MM/DD/YYYY]	2010
	• De la la de GWSS (1.19 Kapywish (n. 2.15.15)				5 () () () () () () () () () (
Description of Contr	bution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	92 2105827	
Filer identification Number:	72-5105021	

Full Name of Contributor		Date [MM/DD/YYYY] \$
		第23 125 125
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] S
Employer Name		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] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	1000 10	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	Table and the state of the stat	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] \$
Gity	State Zip, Code	Date [MM/DD/YYYY] 5
Employer Name	The state of the s	Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution

SCHEDULE III Statement of Expenditures

Filer Identification Number:		
Filer Identification Number:	// A -	
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	1/2 - 11/11/2/1	
	14 2103021	
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To Whom Paid		m u	Date [MM/DD/YYYY] \$
House # Street Address			Description of Expenditure
Gity	State	Zip Code	
To Whom Paid			Date (MM/DD/YYYY) \$
House # Street Address			Description of Expenditure
CRY	State	Zip Code	Triby the distributions with a recent fraction A. (More than purpose) and is students by a read in the artists
To Whom Paid-			Date [MM/DD/YYYY] 5
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	Ph. ann. Ann. d	In Company and I	Description of Expenditure
City	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$
House # Street Address	lika romanaku l	 	Description of Expenditure
City	State	Zip Code	
To Whom Paid			Date [MM/DD/YYY] \$
House # Street Address	Esting towns of All	ha saad sadad I	Description of Expenditure
City	State	Zip Code	

Thank You Cards

SOUDOILLAIR WIREE

Store# 2153
3604 Buffalo Road
Wesleyville PA 16510-1818

(314) 844-6037

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· · · · · · · · · · · · · · · · · · ·				Sub To SALES Total Cash				5.0() 0.3() 5.3() 5.3()

6693 02159 04 031 2 082822 12/30/23 11:54 Sales Associate: Sharon

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.

	<u>-</u>	 •	
Filer Identification Number:	A		
	リーフトへくをクラー		
	2-2102021		
	J. D. D. D. J.		

Name of Creditor	72,051		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State	Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State	Zip Code	
Description of Debt		p or management	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City	State	Zjp code	
Description of Debt		ware C. Librar (Ed. Complex F. Collas)	Horeig
Name of Creditor			Outstanding Balance of Debt
House;#	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	9
City	State	Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	S
City:	State	Ziń Cöde	
Description of Debt		Topology and an accord	1
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City	State	Zip Code	
Description of Debt		Heliotoria (Carantella)	Ko Sel



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 Longittee to Elect Zakariah 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-Specia	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 O1/30/2024 Date (MM/DD/YYYY)

Printed Name

Ecie/PA/US

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

Fakaire

Location (City/State/Country)