# **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat Number :	tion	20020	041			Repor Filed E		CANDI	DATE	СОМ	MITTEE	✓	LOBE	BYIST		
Name of Filing	Committee,	Candida	ate or L	obbyist:				ARIF FRIE	NDS OF	=						
Street Address:																
City:	PHILAI	DELPHIA	4					State:	PA <b>Zip Code:</b> 19121							
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1.	2ND FRID PRIMARY	AY PRE	- 2.	30 D PRIM		POST-	3.	AMENDI REPORT		Yes	No	$\checkmark$	
(place X to the right of	6TH TUESD PRE-ELECT		4.	2ND FRID ELECTION				AY I TION	POST-	6.	TERMIN REPORT		Yes	No	$\checkmark$	
report type)	ANNUAL R	REPORT	7. <b>X</b>	<b>Year</b> 202	1			NG METHO CHECK O			PAPER		$\checkmark$	DISKE	TTE	
Name of Office	Sought by C	Candidat	:e:					DATE O	OF ELEC	TION	District Number	Office Code	Par	ty Code	County Code	
								мо	DAY	YEAR	-1	-	DEN	1	51	
								11		2 2021		(SEE INS	STRUCTIO	ONS FOR	CODES)	
Summary of		and	мо	DAY	YEAF	2		мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY		
Expenditure	s from:			11 2	3 2	021 <b>T</b>	0	12	3	1 2021						
A. Amount Bro	ought Forwa	ard From	ı Last R	eport			\$			10,513.51						
B. Total Mone	tary Contrib	outions A	And Rec	eipts (Fro	m Sche	edule I)	\$	5		3,500.00						
C. Total Funds	s Available (	Sum Of	Lines A	and B)			\$	5		14,013.51						
D. Total Exper	nditures (Fr	om Sche	edule II	I)			\$	5		766.00						
E. Ending Cas	h Balance (S	Subtract	Line D	From Line	e C)		4	5		13,247.51	-					
F. Value Of In	-Kind Contri	ibutions	Receiv	ed (From	Schedu	le II)	4	5		0.00	4					
G. Unpaid Deb	ots And Oblig	gations	(From S	Schedule I	<b>V)</b>		4	5		0.00						
					AFF	IDAVI	T SE	CTION								
PART I - If this I swear (or affirm		-	•	-					• •		-		vlodao	and hali	of true	
correct and comp		port, men		e attacheu s	cheuule	s meu on	рареі	of by elect	i onic me	ululli, ale to	the best t	n my knov	vieuge		er, true	
Sworn to and sub	scribed befor day of	e me this		20						Signatur	e of Perso	on Submitt	ing Rep	oort		
		Signatur					_				Prir	ited Name	1			
My Commission E	Expires	Signatur	C .								Ema	il				
	м	0	D	AY	YR		_		Area	a Code	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	s a report o	of a cand	lidate's	authorize	d Comr	nittee, C	Candio	late shall	sign he	re.						
I swear (or affirm No 320) as amend		best of m	ıy knowle	edge and be	elief this	s political	comn	nittee has n	ot violate	ed any provis	sions of th	e act of Ju	ıne 3,19	937 (P.L	. 1333,	
Sworn to and subs	cribed before day of	me this		20						5	Signature	of Candida	ate			
							_				Printe	ed Name				
My Commission Fr	-	gnature					-		Email							
My Commission Ex	.pires						_									
		мо	D	AY	YF	ł			Area C	ode	D	aytime Te	elephon	e Numb	er	

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** STREET, SHARIF FRIENDS OF From: <u>11/23/2021</u> To: 12/31/2021 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 0.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 3,500.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 3,500.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 3,500.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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.

Name of Filing Committee or Candidate				Reporting Period						
				From: To:			:			
		·			DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								0.00		

PART B ALL OTHER CONTRIBUTIONS \$50.01 TO \$250.00 Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part A)										
Name of Filing Committee or Candida	te		Rep	orting P	eriod					
			From: Te			D:				
					DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address	_	_					\$	0.00		
City	State	Zip Code (Plus 4	)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$										

### PAGE 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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate R				Reporting Period						
STREET, SHARIF FRIENDS OF From:				<u>11/23/2021</u> <b>To:</b>			<u>12/31/2021</u>			
				DA	TE			AMOUNT		
Full Name of Contributing Committee					DAY	YEAR				
CVS PAC							\$	1,000.00		
Mailing Address				12	28	2021				
City Washington	State	Zip Cod	e (Plus 4)							
	DC	20004								
Full Name of Contributing Commi	ittee			мо	DAY	YEAR				
Phila. Motor World Auto PAC				no			\$	2,500.00		
Mailing Address				12	28	2021		,		
City Philadelphia	State	Zip Cod	e (Plus 4)		20	2021				
	PA	19138								
								PAGE TOTAL		
Enter Grand Total of Part C or	n 3.			\$	3,500.00					

## PART D ALL OTHER CONTRIBUTIONS

### OVER \$250.00

### Use this Part to itemize all other contributions with an aggregate value of

over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate				Reporting Period					
From:				n:		Т	:		
				DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							P#	<b>AGE TOTAL</b> 0.00	

## 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.

Name of Filing Committee or Candidate			Reporting Period						
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (	Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.							\$		0.00

### SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS

### THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THIN DURING THE REPORTING PERIOD.

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Perio	d									
STREET, SHARIF FRIENDS OF	From:	<u>11/23/2021</u> то:	<u>12/31/2021</u>								
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR											
TOTAL for the Reporting Pe	riod (1)	\$	0.00								
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	「 F)										
TOTAL for the Reporting Pe	riod (2)	\$	0.00								
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)											
TOTAL for the Reporting Pe	riod (3)	\$	0.00								
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	0.00								

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

### VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period						
				From:					
				DATE			AMOUNT		
Full Name of Contributor				DAY	YEAR				
Mailing Address	-	_				<b>\$</b>	0.00		
City	State	Zip Code (Plus 4)							
Description of Contribution:				•					
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, PAGE TOTAL Section 2.									
						\$	0.00		

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period					
						То:			
					DATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							<b>\$</b> 0.00		
City	State	Zip Code(Plus 4)							
Employer of Contributor		•		Occupa	tion		•		
Employer Mailing Address/Principal Plac	lity	State	e Zip	Code(Plus 4)	Descri	ption of Contribution			
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.							<b>PAGE TOTAL</b> 0.00		

# SCHEDULE III STATEMENT OF EXPENDITURES

Nam	e of Filing Committee or C	andidate			Reporting Period					
STRE	STREET, SHARIF FRIENDS OF				From	<u>11/23/2021</u>		То:	<u>12/31/2021</u>	
						DATE		AMOUNT		
To W	hom Paid				мо	DAY	YEAR			
William Hart										
Mailing Address				11	23	2021	\$	500.00		
City         Philadelphia         State         Zip Code (Plus 4)				Description of Expenditure						
		PA		19151	filing					
To Whom Paid Limestone Networks				мо	DAY	YEAR				
	ng Address				12	6	2021	\$	243.50	
City	Dallas	State		Zip Code (Plus 4)	Description of Expenditure					
		ТХ		75202	website					
	<b>hom Paid</b> Fargo				мо	DAY	YEAR			
	ng Address				12	2	2021	\$	22.50	
City	Philadelphia	State		Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
PA 19123				bank card merchant fees						
									PAGE TOTAL	
Ente	inter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							\$	766.00	