Campaign Finance Report

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

Filer Identificati Number :	on 2021	.0054				port ed B		CANDI	DATE		СОМ	4ITTEE	✓	LOBB	YIST	
Name of Filing C	Committee, Candid	ate or L	obbyist:		FRIE	END:	S OF	ILAN ZUF	R PAC							
Street Address:	5830 SOLWA	Y ST														
City:	PITTSBURGH							State:	PA			Zip Code: 15217				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- !	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No	
report type)	ANNUAL REPORT	7. X	Year 2021					IG METHO				PAPER DISKETTE				ΓΤΕ
Name of Office S	Sought by Candida	te:	_					DATE O	F ELE	CTIO	N	District Number	Office Code	Part	y Code	County Code
								МО	DAY	YE	AR	110111201	10000	D/R	I	
								11		2	2021		(SEE IN	STRUCTIO	NS FOR C	ODES)
	Receipts and	МО	DAY	YEAR	ł		'	МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY	
Expenditures	from:		11 23	20	021	T	0	12	,	31	2021					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$	-	(3	21,30	09.22)					
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	eI)	\$	0.00								
T							0.00									
D. Total Expenditures (From Schedule III) \$ 1,040.							40.78									
E. Ending Cash Balance (Subtract Line D From Line C) \$ 0.0						0.00										
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sc	hedu	le II	[)	\$		3	322,2	45.95					
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV))			\$				0.00			1		
				AFF	IDA	٩VI	ΓSE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign h	ere. 1	[f thi	is is	a Can	ididate re	eport, c	candio	late sig	ın here.				
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached sch	edules	filed	d on	paper o	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	ınd belie	f , true
Sworn to and subs	cribed before me thi day of	S	20							s	ignature	of Perso	n Submit	ting Rep	ort	
	Signatu	ıre					-					Prin	ted Name	e		
My Commission Ex	cpires						_					Ema	il			
	МО	D	AY	YR					Are	ea Cod	e	Daytim	e Teleph	none Nur	nber	
Part II- If this is	a report of a can	didate's	authorized (Comm	nitte	e, C	andida	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende	that to the best of e	ny knowl	edge and belie	f this	polit	tical	commi	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,19	37 (P.L.	1333,
Sworn to and subsc	ribed before me this										S	ignature o	of Candid	ate		
	day of ————————————————————————————————————						-					Printe	d Name			
	Signature						-									[
My Commission Exp	ires											Ema	il			
	мо	D	AY	YR			•		Area	Code		Daytime Telephone Number				

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period					
FRIENDS OF ILAN ZUR PAC	From:	11/23/202	2 <u>1</u> To:	12/31/2021			
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor							
TOTAL for the Reporting) Period	(1)	\$	0.00			
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)							
Contributions Received From Political Committees (Part A)			\$	0.00			
All Other Contributions (Part B)	All Other Contributions (Part B)						
TOTAL for the Reporting	(2)	\$	0.00				
3. Contributions Received Over \$250.00 (From Part C and Part D)							
Contributions Received From Political Committees (Part C)			\$	0.00			
All Other Contributions (Part D)			\$	0.00			
TOTAL for the Reporting	Period	(3)	\$	0.00			
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)							
TOTAL for the Reporting) Period	(4)	\$	0.00			
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00			

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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.

0.00

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 Candi	From: To:							
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$0.00

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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

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 Candida	ate			Rep	orting Pe	riod			
				Froi	n:		То	:	
					D	ATE		AN	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	i 4)					
Employer Name	•	•			Occupa	tion	•	•	
Employer Mailing Address/Principal Business	Place of		City			State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on So	chedule I, Deta	iled Sumr	mary Page,	Section	on 3.			P	AGE TOTAL
								•	0.00

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 C	andidate		Repor	ting Perio	od			
			From:			To:		
				D	ATE		АМ	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description		·					•	
Enter Grand Total of Part E or	n Schedule T. Detailed	d Summary Page	Section	4			PAC	GE TOTAL
	Juliania I Detaile	a cannual y 1 age,	2001011	••			\$	0.00

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

Name of Filing Committee or Candidate	Reporting Per	iod	
FRIENDS OF ILAN ZUR PAC	From:	<u>11/23/2021</u> To:	<u>12/31/2021</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	andidate		Reporti	ng Period			
FRIENDS OF ILAN ZUR PAC			From	11/23	3/2021	То:	12/31/2021
				DATE			AMOUNT
To Whom Paid FACEBOOK			мо	DAY	YEAR		
Mailing Address 1 HACKER V	VAY		7	22	2021	\$	758.73
City MENLO PARK	State	Zip Code (Plus 4)	Descrip	otion of Exp	enditure	<u> </u>	
	CA	94025	FINAL				
To Whom Paid PNC BANK			МО	DAY	YEAR		
Mailing Address 249 FIFTH A	AVE		8	18	2021	\$	52.00
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222	Descrip BANK S				
To Whom Paid PNC BANK	·		мо	DAY	YEAR		
Mailing Address 249 FIFTH A	AVE		9	1	2021	\$	42.00
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222		otion of Exp SERVICE C			
To Whom Paid PNC BANK	·	•	МО	DAY	YEAR		
Mailing Address 249 FIFTH A	AVE		11	1	2021	\$	42.00
City PITTSBURGH	State Zip Code (Plus 4) PA 15222			otion of Exp SERVICE C			
To Whom Paid PNC BANK			МО	DAY	YEAR		
Mailing Address 249 FIFTH A	AVE		12	1	2021	\$	42.00
		1	+				

Zip Code (Plus 4)

15222

Description of Expenditure

BANK SERVICE CHARGE FFEE

State

PΑ

City

PITTSBURGH

							PAGE 12
To Whom Paid ILAN AND LISA ZUR			мо	DAY	YEAR		
Mailing Address 5830 SOLW	/AY ST		12	31	2021	\$	104.05
City PITTSBURGH	State	Zip Code (Plus 4)	Description of Expenditure				
PA 15217 PARTIAL REPA							
	,	'					PAGE TOTAL
Enter Grand Total of Expend	ditures on Page 1, R	eport Cover Page, Item D.	•			\$	1,040.78