### **Campaign Finance Report**

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

| Filer Identificati<br>Number :   | on 200                        | 2041        |           |               |        | Repo    |      |                | CA      | NDII   | DATE     |             | СОМ         | 1ITTEE               | <b>✓</b>       | LOB                 | BYIST  |           |          |
|--|-------------------------------|-------------|-----------|---------------|--------|---------|------|----------------|---------|--------|----------|-------------|-------------|----------------------|----------------|---------------------|--------|-----------|----------|
| Name of Filing C   | ommittee, Candi               | date or L   | obbyis    | st:           | F      | FRIEN   | NDS  | S OF           | SHAF    | RIF S  | TREE     | Γ           |             |                      |                |                     |        |           |          |
| Street Address:  |                               |             |           |               |        |         |      |                |         |        |          |             |             |                      |                |                     |        |           |          |
| City:  | PHILADELPH                    | IIA         |           |               |        |         |      |                | State   | e:     | PA       |             |             | Zip Cod              | <b>le:</b> 19  | 121                 |        |           |          |
| TYPE OF<br>REPORT  | 6TH TUESDAY<br>PRE-PRIMARY    | 1.          | 2ND F     | RIDAY<br>ARY  | PRE-   | 2.      |      | 30 DA<br>PRIMA |         | Р      | OST-     | 3.          |             | AMENDMENT<br>REPORT? |                | Yes                 | N      | 0         | <b>\</b> |
| (place X to<br>the right of  | 6TH TUESDAY<br>PRE-ELECTION   | 4.          | 2ND F     | RIDAY<br>FION | PRE-   | - 5.    |      | 30 DA          |         | Р      | OST-     | 6. <b>X</b> |             | TERMINA<br>REPORT?   |                | Yes                 | N      | 0         | <b>\</b> |
| report type)   | ANNUAL REPOR                  | <b>T</b> 7. | Year      | 2021          |        |         |      |                | NG ME   |        |          |             |             | PAPER                |                | <b>√</b>            | DISK   | ETTE      |          |
| Name of Office S   | ought by Candid               | ate:        |           |               |        | •       |      |                | DAT     | ΕO     | F ELE    | CTI         | ON          | District<br>Number   | Office<br>Code | Pai                 | ty Cod | e Cour    |          |
|  |                               |             |           |               |        |         |      |                | МО      |        | DAY      | Y           | EAR         |                      |                | DEN                 | 1      |           |          |
|  |                               |             |           |               |        |         |      |                |         | 11     |          | 2           | 2021        |                      | (SEE INS       | TRUCTI              | ONS FO | CODES     | 5)       |
| Summary of Expenditures  | Receipts and                  | МО          | DA        |               | YEAR   |         | _    | _              | МО      |        | DAY      | Y           | EAR         | FO                   | R OFFIC        | E USE               | ONLY   | 1         |          |
|  |                               |             | 10        | 19            | 20     | )21     | T    | <u> </u>       |         | 11     |          | 22          | 2021        |                      |                |                     |        |           |          |
| A. Amount Bro  | ught Forward Fro              | om Last R   | eport     |               |        |         |      | \$             |         |        |          |             | 618.05      |                      |                |                     |        |           |          |
| B. Total Monetary Contributions And Receipts (From Schedule I) \$ 650.00 |                               |             |           |               |        |         |      |                |         |        |          |             |             |                      |                |                     |        |           |          |
| C. Total Funds Available (Sum Of Lines A and B) \$ 13,268.05             |                               |             |           |               |        |         |      |                |         |        |          |             |             |                      |                |                     |        |           |          |
| D. Total Expenditures (From Schedule III)                                |                               |             |           |               |        |         | \$   |                |         |        | 2,       | 754.54      |             |                      |                |                     |        |           |          |
| E. Ending Cash Balance (Subtract Line D From Line C)                     |                               |             |           |               |        |         | \$   |                |         |        | 10,      | 513.51      |             |                      |                |                     |        |           |          |
| F. Value Of In-  | Kind Contribution             | ns Receiv   | ed (Fr    | om Sc         | hedul  | e II)   |      | \$             |         |        |          |             | 0.00        |                      |                |                     |        |           |          |
| G. Unpaid Debt   | s And Obligation              | s (From S   | Schedu    | ıle IV)       | )      |         |      | \$             |         |        |          | 6,          | 709.06      |                      | ,              |                     |        |           |          |
|  |                               |             |           |               | AFFI   | IDA۱    | VI٦  | ΓSE            | CTIC    | NC     |          |             |             |                      |                |                     |        |           |          |
| PART I - If this is  |                               |             |           | _             |        |         |      |                |         |        |          |             | _           |                      |                |                     |        |           |          |
| I swear (or affirm)<br>correct and comple                                | that this report, in<br>ete.  | cluding the | e attach  | ned sch       | edules | filed   | on p | paper          | or by e | electr | ronic m  | ediun       | n, are to t | he best o            | f my knov      | vledge              | and be | lief , tr | ue       |
| Sworn to and subs  | cribed before me th<br>day of | nis         | 20        |               |        |         |      |                |         | ,      |          |             | Signature   | of Perso             | n Submitt      | ing Re <sub>l</sub> | oort   |           | _        |
|  | Signat                        | ture        | _         |               |        |         |      | <u>-</u>       |         |        |          |             |             | Prin                 | ted Name       |                     |        |           |          |
| My Commission Ex   | pires                         |             |           |               |        |         |      | _              |         | •      |          |             |             | Emai                 | il             |                     |        |           |          |
|  | мо                            | D           | AY        |               | YR     |         |      |                |         |        | Ar       | ea Co       | de          | Daytim               | e Teleph       | one Nu              | mber   |           |          |
| Part II- If this is  | a report of a ca              | ndidate's   | autho     | rized (       | Comm   | ittee   | , Ca | ndid           | ate sl  | halls  | sign h   | ere.        |             |                      |                |                     |        |           |          |
| I swear (or affirm)<br>No 320) as amende                                 |                               | my knowl    | edge an   | nd belie      | f this | politic | cal  | comm           | ittee h | as no  | ot viola | ted a       | ny provis   | ions of the          | e act of Ju    | ine 3,1             | 937 (P | .L. 133   | з,       |
| Sworn to and subsc   | ribed before me thi<br>day of | s           | 20        |               |        |         |      |                |         |        |          |             | s           | ignature o           | of Candida     | ite                 |        |           | _        |
|  |                               |             | _ 20<br>_ |               |        |         |      | •              |         |        |          |             |             | Printe               | d Name         |                     |        |           | -        |
|  | Signature                     | <u> </u>    |           |               |        |         |      | •              |         |        |          |             |             |                      |                |                     |        |           | _        |
| My Commission Exp  | ires                          |             |           |               |        |         |      |                |         |        |          |             |             | Emai                 | II .           |                     |        |           |          |
|  | мо                            | D           | AY        |               | YR     |         |      |                |         |        | Area     | Code        |             | Da                   | aytime Te      | elephor             | ne Num | ber       | _        |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | g Period  |              |            |  |  |  |  |  |
|--|-----------|-----------|--------------|------------|--|--|--|--|--|
| FRIENDS OF SHARIF STREET   | From:     | 10/19/202 | <u>1</u> To: | 11/22/2021 |  |  |  |  |  |
| 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)   | \$        | 650.00    |              |            |  |  |  |  |  |
| TOTAL for the Reporting  | \$        | 650.00    |              |            |  |  |  |  |  |
| 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       |  |  |  |  |  |
|  |           |           | 1            |            |  |  |  |  |  |
| 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 |           |           | \$           | 650.00     |  |  |  |  |  |

#### **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 |      |      |          |  |  |
|---------------------------------------|------|---|------------------|------|------|----------|--|--|
|                                       |      | F | rom:             |      | То   | <b>:</b> |  |  |
|                                       |      | · |                  | DATE |      | AMOUNT   |  |  |
| Full Name of Contributing Commit      | ttee |   | МО               | DAY  | YEAR |          |  |  |
| Mailing Address                       |      |   |                  |      |      | \$ 0.00  |  |  |
| City State Zip Code (Plus 4)          |      |   |                  |      |      |          |  |  |

PAGE TOTAL
0.00

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

## 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)

| Nan    | Name of Filing Committee or Candidate |       |                  |      |                           | Reporting Period |      |                     |        |  |  |
|--------|---------------------------------------|-------|------------------|------|---------------------------|------------------|------|---------------------|--------|--|--|
| FRI    | ENDS OF SHARIF STREET                 |       |                  | Froi | rom: <u>10/19/2021</u> To |                  |      | : <u>11/22/2021</u> |        |  |  |
|        |                                       |       |                  |      |                           | DATE             |      |                     | AMOUNT |  |  |
| Full N | ame of Contributor                    |       |                  |      | МО                        | DAY              | YEAR |                     |        |  |  |
| ZAKA   | RIIYYA ABDUR-RAHAMAN                  |       |                  |      |                           | 57(1             |      |                     |        |  |  |
| Mailin | g Address                             | _     |                  |      |                           |                  |      | \$                  | 250.00 |  |  |
| City   | PHILADELPHIA                          | State | Zip Code (Plus 4 | )    | 11                        | 17               | 2021 |                     |        |  |  |
|        |                                       | PA    | 19138            |      |                           |                  |      |                     |        |  |  |
| Full N | ame of Contributor                    |       |                  |      | мо                        | DAY              | YEAR |                     |        |  |  |
| STEP   | HANIE & CHARLES MOLESK                | I     |                  |      |                           | 57(1             |      |                     |        |  |  |
| Mailin | g Address                             | _     |                  |      |                           |                  |      | \$                  | 200.00 |  |  |
| City   | PHILADELPHIA                          | State | Zip Code (Plus 4 | )    | 11                        | 17               | 2021 |                     |        |  |  |
|        |                                       | PA    | 19147            |      |                           |                  |      |                     |        |  |  |
| Full N | ame of Contributor                    |       |                  |      | МО                        | DAY              | YEAR |                     |        |  |  |
| PAUL   | BADGER                                |       |                  | - 1  | МО                        | DAI              | ILAK |                     |        |  |  |
| Mailin | g Address                             |       |                  |      |                           |                  |      | \$                  | 200.00 |  |  |
| City   | BLUE BELL                             | State | Zip Code (Plus 4 | .)   | 11                        | 17               | 2021 |                     |        |  |  |
|        |                                       | PA    | 19422            |      |                           |                  |      |                     |        |  |  |

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

**PAGE TOTAL \$** 650.00

#### **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.

| ame of Filing Committee or Candidate |                      |          | Reporting Period |      |     |      |               |            |
|--------------------------------------|----------------------|----------|------------------|------|-----|------|---------------|------------|
|                                      |                      |          | From:            |      |     | То:  |               |            |
|                                      |                      |          |                  | DA   | TE  |      | P             | AMOUNT     |
| Full Name of Contributing Committee  |                      |          |                  | мо   | DAY | YEAR |               | 0.0        |
| Mailing Address                      |                      |          |                  |      |     |      | <b>-</b>   \$ | 0.0        |
| City                                 | State                | Zip Cod  | e (Plus 4)       |      |     |      |               |            |
|                                      |                      |          |                  |      |     |      |               | PAGE TOTAL |
| Enter Grand Total of Part C on Scheo | dule I, Detailed Sun | nmary 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 Candidate  | Name of Filing Committee or Candidate |               |          |        | Reporting Period |      |        |                    |  |  |
|--|---------------------------------------|---------------|----------|--------|------------------|------|--------|--------------------|--|--|
|  |                                       |               | Fror     | n:     |                  | To   | ):     |                    |  |  |
|  |                                       |               |          | D      | ATE              |      |        | AMOUNT             |  |  |
| Full Name of Contributor               |                                       |               |          | мо     | DAY              | YEAR | \$     | 0.00               |  |  |
| Mailing Address                        |                                       |               |          |        |                  |      | 7      |                    |  |  |
| City                                   | State                                 | Zip Code (Plu | s 4)     |        |                  |      |        |                    |  |  |
| Employer Name                          |                                       | •             |          | Occupa | tion             |      |        |                    |  |  |
| Employer Mailing Address/Principal Pla | ce of Business                        | City          |          | •      | State            |      | Zip Co | ode (Plus 4)       |  |  |
| Enter Grand Total of Part C on Scho    | dule I, Detailed S                    | Summary Page, | , Sectio | on 3.  |                  | :    | \$     | PAGE TOTAL<br>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 Candidate              |                 | Report      | ing Peri | od  |      |          |            |
|---------------------------|---------------------------|-----------------|-------------|----------|-----|------|----------|------------|
|                           |                           |                 | From:       |          |     | To:  |          |            |
|                           |                           | <b>'</b>        |             |          | ATE |      |          | AMOUNT     |
| Full Name                 |                           |                 |             | мо       | DAY | YEAR | \$       | 0.00       |
| Mailing Address           |                           |                 |             |          |     |      | 7        |            |
| City                      | State                     | Zip Code (P     | Plus 4)     |          |     |      |          |            |
| Receipt Description       | <b>'</b>                  |                 |             |          |     |      | <u> </u> |            |
|                           | - C                       |                 | <b>.</b> .: | _        |     |      |          | PAGE TOTAL |
| Enter Grand Total of Part | E on Schedule I, Detailed | Summary Page, S | 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 DURING THE REPORTING PERIOD.

Detailed Summary Page

| Name of Filing Committee or Candidate  | Reporting Per | iod                          |            |  |  |  |  |  |  |
|--|---------------|------------------------------|------------|--|--|--|--|--|--|
| FRIENDS OF SHARIF STREET   | From:         | <u>10/19/2021</u> <b>To:</b> | 11/22/2021 |  |  |  |  |  |  |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR  |               |                              |            |  |  |  |  |  |  |
| TOTAL for the Reporting Pe   | eriod (1)     | \$                           | 0.00       |  |  |  |  |  |  |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 Car | ame of Filing Committee or Candidate |                        |         |          | Reporting Period |             |            |      |  |
|---------------------------------|--------------------------------------|------------------------|---------|----------|------------------|-------------|------------|------|--|
|                                 |                                      |                        |         |          |                  | То:         |            |      |  |
|                                 |                                      |                        |         | DATE     |                  |             | AMOUNT     |      |  |
| Full Name of Contributor        | МО                                   | DAY                    | YEAR    |          |                  |             |            |      |  |
| Mailing Address                 |                                      |                        |         |          |                  | <b>7</b> \$ |            | 0.00 |  |
| City                            | State                                | Zip Code (Plus 4)      |         |          |                  |             |            |      |  |
| Description of Contribution:    | •                                    |                        | •       | •        |                  |             |            |      |  |
|                                 |                                      |                        |         |          | -                |             |            |      |  |
| Enter Grand Total of Part F o   | n Schedule II, In-Ki                 | nd Contributions Detai | led Sun | ımary Pa | ge,              |             | PAGE TOTAL | •    |  |
| Section 2.                      |                                      |                        |         |          |                  | \$          | (          | 0.00 |  |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate  | ame of Filing Committee or Candidate |     |                  |        | Reporting Period |                |       |      |                 |      |
|--|--------------------------------------|-----|------------------|--------|------------------|----------------|-------|------|-----------------|------|
|  |                                      |     |                  | Fro    | m:               |                | To:   |      |                 |      |
|  |                                      |     |                  |        |                  | DATE           |       |      | AMOUN           | т    |
| Full Name of Contributor               |                                      |     |                  |        | мо               | DAY            | YEAR  |      |                 |      |
| Mailing Address                        |                                      |     |                  |        |                  |                |       | 1    | \$              | 0.00 |
| City                                   | State                                |     | Zip Code(Plus 4) |        |                  |                |       |      |                 |      |
| Employer of Contributor                |                                      |     |                  |        | Occup            | oation         |       |      |                 |      |
| Employer Mailing Address/Principal Pla | ce of Business                       | Cit | ty               | Stat   | e Zi             | p Code(Plus 4) | Descr | ipti | ion of Contribu | tion |
| Enter Grand Total of Part G on Sch     | edule II, In-K                       | ind | Contributions D  | etaile | ed               |                |       |      | PAGE T          | OTAL |
| Summary Page, Section 3.               |                                      |     |                  |        |                  |                |       |      |                 | 0.00 |

### STATEMENT OF EXPENDITURES

| Name of Filing Committee or | Candidate |    |                   | Reporti | ng Period      |          |     |            |  |  |
|-----------------------------|-----------|----|-------------------|---------|----------------|----------|-----|------------|--|--|
| FRIENDS OF SHARIF STREET    |           |    |                   | From    | 10/19          | 9/2021   | То: | 11/22/2021 |  |  |
|                             |           |    |                   |         | DATE           |          |     | AMOUNT     |  |  |
| To Whom Paid                |           |    |                   | МО      | DAY            | YEAR     |     |            |  |  |
| BONITA MYRICKS              |           |    |                   |         |                |          |     |            |  |  |
| Mailing Address             |           | 11 | 9                 | 2021    | \$             | 1,200.00 |     |            |  |  |
| City PHILADELPHIA           | State     |    | Zip Code (Plus 4) | Descrip | tion of Exp    | enditure | •   |            |  |  |
| PA 19132                    |           |    |                   |         | ADMINISTRATIVE |          |     |            |  |  |
| To Whom Paid                |           |    |                   | МО      | DAY            | YEAR     |     |            |  |  |
| EIIQUETTE SYSTEMS           |           |    |                   |         |                | 1 = 1    |     |            |  |  |
| Mailing Address             |           |    |                   | 11      | 10             | 2021     | \$  | 354.54     |  |  |
| City HENDERSON              | State     |    | Zip Code (Plus 4) | Descrip | tion of Exp    | enditure |     |            |  |  |
|                             | NV        |    | 89011             | PRINTI  | NG             |          |     |            |  |  |
| To Whom Paid                |           |    |                   | МО      | DAY            | YEAR     |     |            |  |  |
| HENRY HUNTER                |           |    |                   | MO      |                | ILAK     |     |            |  |  |
| Mailing Address             |           |    |                   |         | 12             | 2021     | \$  | 300.00     |  |  |
| City PHILADELPHIA           | State     |    | Zip Code (Plus 4) | Descrip | tion of Exp    | enditure | •   |            |  |  |
|                             | PA        |    | 19107             | REIMBL  | JRSEMENT       |          |     |            |  |  |
| Whom Paid                   |           |    |                   | MO      | DAY            | VEAD     |     |            |  |  |

|   | City PHILADELPHIA                 | State | Zip Code (Plus 4) | Description of Expenditure | scription of Expenditure |            |  |  |  |  |
|---|-----------------------------------|-------|-------------------|----------------------------|--------------------------|------------|--|--|--|--|
| L |                                   | PA    | 19120             | REIMBURSEMENT              | MBURSEMENT               |            |  |  |  |  |
|   |                                   |       |                   |                            |                          | PAGE TOTAL |  |  |  |  |
|   | Enter Grand Total of Expenditures | \$    | 2,754.54          |                            |                          |            |  |  |  |  |

**GWEN MAURRY** 

**Mailing Address** 

DAY

12

YEAR

2021

мо

11

900.00