

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

FRIENDS OF BARBARA SHARIEF FOR CONGRESS

ADDRESS (number and street) 3351 N UNIVERSITY DR

Check if different than previously reported. (ACC)

DAVIE

FL

33024

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00763995

3. IS THIS REPORT NEW (N) OR AMENDED (A)

STATE ▼ DISTRICT

FL

20

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Spalding, Suzette, ,

Type or Print Name of Treasurer

Spalding, Suzette, ,

Signature of Treasurer

[Electronically Filed]

Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only							
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SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	72325.00	145967.30
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	72325.00	145967.30
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	546703.95	696428.10
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	546703.95	696428.10
8. Cash on Hand at Close of Reporting Period (from Line 27).....	205539.20	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	756000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	51768.00	119768.00
(ii) Unitemized	7307.00	11899.30
(iii) TOTAL of contributions from individuals	59075.00	131667.30
(b) Political Party Committees.....	5000.00	5000.00
(c) Other Political Committees (such as PACs).....	8250.00	9250.00
(d) The Candidate	0.00	50.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	72325.00	145967.30
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	526000.00	756000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	526000.00	756000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	598325.00	901967.30

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	546703.95	696428.10
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	546703.95	696428.10

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	153918.15
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	598325.00
25. SUBTOTAL (add Line 23 and Line 24).....	752243.15
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	546703.95
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	205539.20

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 86
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ali, Sadiq, , ,

Mailing Address 1001 Yamato Road

City Boca Raton State FL Zip Code 33431

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Sales

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 23 2021

Transaction ID : **SA11AI.4656**

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Aliu-Otokiti, Patrick, , ,

Mailing Address 7806 Fernleaf Drive

City Orlando State FL Zip Code 32836

FEC ID number of contributing federal political committee. **C**

Name of Employer PSA Management, Inc. Occupation Architect

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **500.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 07 2021

Transaction ID : **SA11AI.4904**

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Arriola, Ricky, , ,

Mailing Address 8200 NW 33rd Street
Suite 100

City Miami State FL Zip Code 33122

FEC ID number of contributing federal political committee. **C**

Name of Employer Inktel Contact Center Solution Occupation CEO

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 28 2021

Transaction ID : **SA11AI.5052**

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **2500.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Bazan, Pedro, , ,

Mailing Address 5515 Lake Tern Court

City: Coconut Creek State: FL Zip Code: 33073

FEC ID number of contributing federal political committee: C

Name of Employer: Cadco SRL Occupation: General Contractor

Receipt For: 2021
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date: 500.00

Date of Receipt: 08 / 25 / 2021

Transaction ID : SA11AI.4839

Amount of Each Receipt this Period: 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Bock Davidson, Jodi, , ,

Mailing Address 12204 NW 73rd Street

City: Parkland State: FL Zip Code: 33076

FEC ID number of contributing federal political committee: C

Name of Employer: Rubin Turnbull & Associates Occupation: Government Affairs

Receipt For: 2021
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date: 2500.00

Date of Receipt: 07 / 17 / 2021

Transaction ID : SA11AI.4623

Amount of Each Receipt this Period: 2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Bogen, Mark, , ,

Mailing Address 7351 Wiles Road, Suite 202

City: Coral Springs State: FL Zip Code: 33067

FEC ID number of contributing federal political committee: C

Name of Employer: Bogen Law Occupation: Attorney

Receipt For: 2021
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date: 2000.00

Date of Receipt: 09 / 26 / 2021

Transaction ID : SA11AI.5077

Amount of Each Receipt this Period: 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 86	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Brown, Colin, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 27 / 2021	
Mailing Address 3050 NE 23rd Ave		Transaction ID : SA11AI.4660	
City Lighthouse Point	State FL	Zip Code 33064	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Election Cycle-to-Date ▼ 2000.00		
<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) B. Bueno, Irene, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 24 / 2021	
Mailing Address 3108 33rd Place NW		Transaction ID : SA11AI.5034	
City Washington	State DC	Zip Code 20008	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer NVG LLC	Occupation Public Relations Consultant		
Receipt For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Election Cycle-to-Date ▼ 250.00		
<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) C. Chery, Pierre Geler, , ,		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 23 / 2021	
Mailing Address 8607 NW 83rd Street		Transaction ID : SA11AI.4664	
City Tamarac	State FL	Zip Code 33321	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer L&B Janitorial Services	Occupation Janitorial Services		
Receipt For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Election Cycle-to-Date ▼ 1000.00		
<input type="checkbox"/> Memo Item			

SUBTOTAL of Receipts This Page (optional)..... ▶	3250.00
TOTAL This Period (last page this line number only)..... ▶	3250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 86
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Collins, Chris, , ,

Mailing Address 95 Orient Way

City Rutherford State NJ Zip Code 07070

FEC ID number of contributing federal political committee. **C**

Name of Employer Cast and Crew Occupation Production Manager

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **500.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 22 / 2021

Transaction ID : SA11AI.5011

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Cooper, Joy, , ,

Mailing Address 301 Holiday Drive

City Hallandale Beach State FL Zip Code 33009

FEC ID number of contributing federal political committee. **C**

Name of Employer City of Hallandale Beach Occupation Mayor

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **500.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 14 / 2021

Transaction ID : SA11AI.4962

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Cotilla Jr., Adolfo J., , ,

Mailing Address 1661 Sabal Palm Dr

City Boca Raton State FL Zip Code 33432

FEC ID number of contributing federal political committee. **C**

Name of Employer ACAI Associates Inc Occupation Architect

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 28 / 2021

Transaction ID : SA11AI.4674

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **2000.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 86
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Deutch, David, , ,

Mailing Address 10050 SW 63rd Avenue

City Miami State FL Zip Code 33156

FEC ID number of contributing federal political committee. **C**

Name of Employer Pinnacle Communities, LLC Occupation Real Estate Developer

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 10 / 2021

Transaction ID : SA11AI.4930

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
DiBrienza, Jennifer, , ,

Mailing Address 186 Park Avenue

City Palo Alto State CA Zip Code 94306

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Educator

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **500.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 04 / 2021

Transaction ID : SA11AI.5125

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Ecenia, Stephen, , ,

Mailing Address 119 S Monroe Street Ste 202

City Tallahassee State FL Zip Code 32301

FEC ID number of contributing federal political committee. **C**

Name of Employer Rutledge Ecenia Occupation Attorney

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **500.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 09 / 2021

Transaction ID : SA11AI.4751

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 86
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Felix, Andy O, , ,

Mailing Address 102 NE 2nd Street #119

City Boca Raton	State FL	Zip Code 33432
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Entrepreneur
-----------------------------------	----------------------------

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2021

Transaction ID : SA11AI.5108

Amount of Each Receipt this Period
 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Fisher, Lamar, , ,

Mailing Address 290 SE 5th Terrace

City Pompano Beach	State FL	Zip Code 33060
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FEC ID number of contributing federal political committee. **C**

Name of Employer Fisher Auction Company	Occupation President and CEO
--	---------------------------------

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2021

Transaction ID : SA11AI.5101

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Fisher, Louis B, , ,

Mailing Address 1043 Hillsboro Mile Apt 14C

City Hillsboro Beach	State FL	Zip Code 33062
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2021

Transaction ID : SA11AI.5105

Amount of Each Receipt this Period
 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	2500.00
TOTAL This Period (last page this line number only)..... ▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Forshey Hinson, Jennifer, , ,
 Mailing Address 2520 Chamberlin Dr
 City Tallahassee State FL Zip Code 32308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rutledge Ecenia PA Occupation Attorney
 Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**
 Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 09 2021
Transaction ID : SA11AI.4747
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Friedman, Mitchell, , ,
 Mailing Address 274 Marineroo Court
 City Coral Gables State FL Zip Code 33143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pinnacle Occupation Real Estate
 Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**
 Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 12 2021
Transaction ID : SA11AI.4918
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
George, Eric, , ,
 Mailing Address 4008 Jefferson Street
 City Hollywood State FL Zip Code 33021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eric George Funeral Home Occupation Funeral Director
 Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**
 Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 10 2021
Transaction ID : SA11AI.4910
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **1500.00**
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 12 OF 86	
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Gonzalez, Raymond, , ,

Mailing Address 12350 SW 47th Street

City Miami	State FL	Zip Code 33175
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FEC ID number of contributing federal political committee. **C**

Name of Employer Transportation of America	Occupation Transport Executive
---	-----------------------------------

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **2900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 03 / 2021

Transaction ID : SA11AI.4728

Amount of Each Receipt this Period
 2900.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Goodman, Ellen, , ,

Mailing Address 1211 Polk Street

City Hollywood	State FL	Zip Code 33019
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2021

Transaction ID : SA11AI.4796

Amount of Each Receipt this Period
 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Hall, Richard, , ,

Mailing Address 1720 SW 84th Ave

City Miramar	State FL	Zip Code 33025
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Clearview Transport Inc	Occupation Courier Driver
---	------------------------------

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 13 / 2021

Transaction ID : SA11AI.4613

Amount of Each Receipt this Period
 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	3250.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 86
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Hall, Richard, , ,

Mailing Address 1720 SW 84th Ave

City Miramar State FL Zip Code 33025

FEC ID number of contributing federal political committee. **C**

Name of Employer Clearview Transport Inc Occupation Courier Driver

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **725.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 17 2021

Transaction ID : SA11AI.4793

Amount of Each Receipt this Period
 125.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Hall, Richard, , ,

Mailing Address 1720 SW 84th Ave

City Miramar State FL Zip Code 33025

FEC ID number of contributing federal political committee. **C**

Name of Employer Clearview Transport Inc Occupation Courier Driver

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **825.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 16 2021

Transaction ID : SA11AI.4971

Amount of Each Receipt this Period
 100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Hinson, David, , ,

Mailing Address 3314 9th Street #2

City Washington State DC Zip Code 20017

FEC ID number of contributing federal political committee. **C**

Name of Employer Ategra Occupation Advisor

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 23 2021

Transaction ID : SA11AI.5023

Amount of Each Receipt this Period
 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1225.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 86	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Holland, Gerald M, , ,

Mailing Address 4860 NE 12th Ave

City Fort Lauderdale	State FL	Zip Code 33334
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **500.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 17 / 2021

Transaction ID : SA11AI.4957

Amount of Each Receipt this Period

500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Hollins, Christopher, , ,

Mailing Address 4396 Harvest Lane

City Houston	State TX	Zip Code 77004
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Hollins Law Group PLLC	Occupation Attorney
--	------------------------

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **350.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 27 / 2021

Transaction ID : SA11AI.4843

Amount of Each Receipt this Period

250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Irshad, Tariq, , ,

Mailing Address 123 NW 117th Ave

City Plantation	State FL	Zip Code 33325
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **500.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 29 / 2021

Transaction ID : SA11AI.4696

Amount of Each Receipt this Period

500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	1250.00
TOTAL This Period (last page this line number only)..... ▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ismail, Yunus, , ,
 Mailing Address 1350 SW 175th Way
 City: **Pembroke Pines** State: **FL** Zip Code: **33029**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **Retired** Occupation: **Retired**
 Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**
 Election Cycle-to-Date **300.00**

Date of Receipt: **07 / 28 / 2021**
Transaction ID : SA11AI.4678
 Amount of Each Receipt this Period: **300.00**
 Memo Item

B. Full Name (Last, First, Middle Initial)
Ismail, Yunus, , ,
 Mailing Address 1350 SW 175th Way
 City: **Pembroke Pines** State: **FL** Zip Code: **33029**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **Retired** Occupation: **Retired**
 Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**
 Election Cycle-to-Date **1300.00**

Date of Receipt: **09 / 20 / 2021**
Transaction ID : SA11AI.4995
 Amount of Each Receipt this Period: **1000.00**
 Memo Item

C. Full Name (Last, First, Middle Initial)
Johnson, Kristin, , ,
 Mailing Address 1630 Locust Street
 City: **Philadelphia** State: **PA** Zip Code: **19103**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **Hotwire Communications** Occupation: **Telecommunications**
 Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**
 Election Cycle-to-Date **1000.00**

Date of Receipt: **07 / 30 / 2021**
Transaction ID : SA11AI.4704
 Amount of Each Receipt this Period: **1000.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

2300.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jones, Darius, , ,
 Mailing Address 616 Concord Lake Circle SE
 City State Zip Code
 Smyrna GA 30082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NBEC Educator
 Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**
 Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 04 2021
Transaction ID : SA11AI.5122
 Amount of Each Receipt this Period
 400.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Karnos, Kristine, , ,
 Mailing Address 1724 Fabian Drive
 City State Zip Code
 San Jose CA 95124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Intel Corporation Engineer
 Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**
 Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 05 2021
Transaction ID : SA11AI.5133
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Karpis, Alexander, , ,
 Mailing Address 4057 NW 22nd Street
 City State Zip Code
 Coconut Creek FL 33066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Teleperformance Service Representative
 Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**
 Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 25 2021
Transaction ID : SA11AI.4841
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **1150.00**
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 17 OF 86	
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Loegering, Weston, , ,

Mailing Address 8378 San Fernando Way

City Dallas	State TX	Zip Code 75218
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer KL Gates	Occupation Attorney Counsel
------------------------------	--------------------------------

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 27 / 2021

Transaction ID : SA11AI.4690

Amount of Each Receipt this Period
 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Loos, John T, , ,

Mailing Address 1815 Cordova Road #202

City Fort Lauderdale	State FL	Zip Code 33316
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Lauderdale Investments	Occupation Financial Planning
--	----------------------------------

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 01 / 2021

Transaction ID : SA11AI.4859

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Lowé Mele, Kathleen, , ,

Mailing Address 350 SE 2nd Street
Apt 2520

City Ft. Lauderdale	State FL	Zip Code 33301
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Registered Nurse
-----------------------------	--------------------------------

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 13 / 2021

Transaction ID : SA11AI.5208

Amount of Each Receipt this Period
 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 86
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Malins-Smith, Roland, , ,

Mailing Address 12466 Ridgeway Court

City Davie State FL Zip Code 33330

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **1100.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 30 2021

Transaction ID : **SA11AI.5072**

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Maniar, Shaz, , ,

Mailing Address 14360 NW 27th Ave

City Miami State FL Zip Code 33054

FEC ID number of contributing federal political committee. **C**

Name of Employer Discount Auto Sales Occupation Automotive

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **943.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 28 2021

Transaction ID : **SA11AI.4707**

Amount of Each Receipt this Period
943.00

Memo Item
In-kind - Ellie's Desi Kitchen - Food & Beverage

C. Full Name (Last, First, Middle Initial)
Merritt, Mia, , ,

Mailing Address 9932 NW 19th Street

City Pembroke Pines State FL Zip Code 33024

FEC ID number of contributing federal political committee. **C**

Name of Employer Broward College Occupation University Professor

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **300.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 20 2021

Transaction ID : **SA11AI.4633**

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **1343.00**

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Michelson, Ilene, , ,

Mailing Address 4809 Woodlands Boulevard

City Tamarac State FL Zip Code 33319

FEC ID number of contributing federal political committee. **C**

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 18 2021

Transaction ID : SA11AI.4805

Amount of Each Receipt this Period
 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Michelson, Ilene, , ,

Mailing Address 4809 Woodlands Boulevard

City Tamarac State FL Zip Code 33319

FEC ID number of contributing federal political committee. **C**

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 16 2021

Transaction ID : SA11AI.4973

Amount of Each Receipt this Period
 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Molina, Maria, , ,

Mailing Address 2401 Anderson Road, Apt 6

City Coral Gables State FL Zip Code 33134

FEC ID number of contributing federal political committee. **C**

Name of Employer NCI Occupation Engineer

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 30 2021

Transaction ID : SA11AI.4702

Amount of Each Receipt this Period
 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **2000.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 86	
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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mufleh, Marwan H, , ,

Mailing Address 11691 Timberwood Road

City Boca Raton	State FL	Zip Code 33428
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Kimley-Horn & Associates Inc	Occupation Architect
--	-------------------------

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **300.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 23 / 2021

Transaction ID : SA11AI.4692

Amount of Each Receipt this Period

300.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Nabbie, Danielle, , ,

Mailing Address 6357 Conroy Road
Apt 2101

City Orlando	State FL	Zip Code 32835
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SHG LLC	Occupation Hospitality
-----------------------------	---------------------------

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **1000.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2021

Transaction ID : SA11AI.5066

Amount of Each Receipt this Period

1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Nabbie, Tyrone, , ,

Mailing Address 9168 Balmoral Mews Square

City Windermere	State FL	Zip Code 34786
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Hospitality
-----------------------------------	---------------------------

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **1000.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 16 / 2021

Transaction ID : SA11AI.4619

Amount of Each Receipt this Period

1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2300.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Nabbie, Tyrone, , ,

Mailing Address 9168 Balmoral Mews Square

City Windermere State FL Zip Code 34786

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Hospitality

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 16 / 2021

Transaction ID : SA11AI.4972

Amount of Each Receipt this Period
 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Nesbeth, Kerri-Ann, , ,

Mailing Address 2431 Dunhill Ave

City Miramar State FL Zip Code 33025

FEC ID number of contributing federal political committee. **C**

Name of Employer EdFuel Occupation Education

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2021

Transaction ID : SA11AI.4742

Amount of Each Receipt this Period
 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Ozkan, Recep, , ,

Mailing Address 297 Palisade Ave

City Bogota State NJ Zip Code 07603

FEC ID number of contributing federal political committee. **C**

Name of Employer Aicyb LLC Occupation AI Software Developer

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2021

Transaction ID : SA11AI.5013

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **1000.00**

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 22 OF 86	
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Parlavecchio Ortis, Barbara, , ,

Mailing Address 1321 NW 114th Ave

City Pembroke Pines	State FL	Zip Code 33026
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Keytone Realty	Occupation Real Estate
------------------------------------	---------------------------

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 02 / 2021

Transaction ID : SA11AI.4721

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Parlavecchio Ortis, Barbara, , ,

Mailing Address 1321 NW 114th Ave

City Pembroke Pines	State FL	Zip Code 33026
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Keytone Realty	Occupation Real Estate
------------------------------------	---------------------------

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2021

Transaction ID : SA11AI.5061

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Platt, George, , ,

Mailing Address 414 Seven Isles Drive

City Fort Lauderdale	State FL	Zip Code 33301
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Platt Public Affairs, LLC	Occupation Attorney
---	------------------------

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2021

Transaction ID : SA11AI.5049

Amount of Each Receipt this Period
 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	3000.00
TOTAL This Period (last page this line number only)..... ▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 86	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Qureshi, Zafar, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 28 / 2021	
Mailing Address 5900 SW 195th Terrace			Transaction ID : SA11AI.4676	
City Fort Lauderdale	State FL	Zip Code 33332	Amount of Each Receipt this Period _____ 500.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Universal Medical Clinic		Occupation Medical Director		
Receipt For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary		Election Cycle-to-Date ▼ _____ 500.00		

Full Name (Last, First, Middle Initial) B. Reiss, Robyn, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 21 / 2021	
Mailing Address 2625 Middlefield Rd #730			Transaction ID : SA11AI.5009	
City Palo Alto	State CA	Zip Code 94306	Amount of Each Receipt this Period _____ 500.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Not Employed		Occupation Not Employed		
Receipt For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary		Election Cycle-to-Date ▼ _____ 500.00		

Full Name (Last, First, Middle Initial) C. Roberson, Yolly, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2021	
Mailing Address 900 NE 195th Street Suite 408			Transaction ID : SA11AI.5064	
City Miami	State FL	Zip Code 33179	Amount of Each Receipt this Period _____ 500.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Self Employed		Occupation Attorney		
Receipt For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary		Election Cycle-to-Date ▼ _____ 500.00		

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 1500.00
TOTAL This Period (last page this line number only)..... ▶	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Rowe, Kevin, , ,
Mailing Address 35 South Peak

City Laguna Niguel State CA Zip Code 92677

FEC ID number of contributing federal political committee. **C**

Name of Employer K Rowe Investments, LLC Occupation Financial Manager

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **2900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 13 / 2021

Transaction ID : SA11AI.5203

Amount of Each Receipt this Period
 2900.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Seymour, Kimberly, , ,
Mailing Address PO Box 1725

City Bowie State MD Zip Code 20717

FEC ID number of contributing federal political committee. **C**

Name of Employer WMATA Occupation Budget Analyst

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2021

Transaction ID : SA11AI.4964

Amount of Each Receipt this Period
 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Sharief, Bobbie, , ,
Mailing Address 16269 SW 6th Street

City Pembroke Pines State FL Zip Code 33027

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2021

Transaction ID : SA11AI.4766

Amount of Each Receipt this Period
 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **3650.00**

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 25 OF 86	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Sharief, Bobbie, , ,

Mailing Address 16269 SW 6th Street

City Pembroke Pines	State FL	Zip Code 33027
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 07 / 2021

Transaction ID : SA11AI.4901

Amount of Each Receipt this Period
 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Sharief, Bobbie, , ,

Mailing Address 16269 SW 6th Street

City Pembroke Pines	State FL	Zip Code 33027
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 26 / 2021

Transaction ID : SA11AI.5044

Amount of Each Receipt this Period
 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Shiff, Justen, , ,

Mailing Address 2725 NE 23rd Court

City Fort Lauderdale	State FL	Zip Code 33062
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Shiff	Occupation Builder
---------------------------	-----------------------

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 02 / 2021

Transaction ID : SA11AI.4886

Amount of Each Receipt this Period
 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Sicard, Aude, , ,
 Mailing Address 60 NW 161st Avenue
 City: Pembroke Pines State: FL Zip Code: 33028
 FEC ID number of contributing federal political committee: C
 Name of Employer: Not Employed Occupation: Not Employed
 Receipt For: 2021
 Primary General
 Other (specify) Special-Primary
 Election Cycle-to-Date: 250.00

Date of Receipt: 09 / 08 / 2021
Transaction ID : SA11AI.4906
 Amount of Each Receipt this Period: 250.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Smalls, Dawn, , ,
 Mailing Address 30 West 13th Street
 City: New York State: NY Zip Code: 10011
 FEC ID number of contributing federal political committee: C
 Name of Employer: Jenner and Block Occupation: Attorney
 Receipt For: 2021
 Primary General
 Other (specify) Special-Primary
 Election Cycle-to-Date: 250.00

Date of Receipt: 09 / 15 / 2021
Transaction ID : SA11AI.4953
 Amount of Each Receipt this Period: 250.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Soldani, Maria, , ,
 Mailing Address 1142 SW 1st Avenue
 City: Pompano Beach State: FL Zip Code: 33060
 FEC ID number of contributing federal political committee: C
 Name of Employer: Maria Soldani Consultants Occupation: Management Consulting
 Receipt For: 2021
 Primary General
 Other (specify) Special-Primary
 Election Cycle-to-Date: 1500.00

Date of Receipt: 09 / 28 / 2021
Transaction ID : SA11AI.5054
 Amount of Each Receipt this Period: 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Thrower, Angelo, , ,

Mailing Address 3351 N University Dr

City Davie State FL Zip Code 33024

FEC ID number of contributing federal political committee. **C**

Name of Employer Dr. Thrower Skincare Occupation Physician

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **2900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2021

Transaction ID : SA11AI.4618

Amount of Each Receipt this Period
 900.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Vogel, Richard, , ,

Mailing Address 1510 SE 17th Street Suite 200C

City Fort Lauderdale State FL Zip Code 33316

FEC ID number of contributing federal political committee. **C**

Name of Employer Vecenergy Occupation Director of Environmental Affairs

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2021

Transaction ID : SA11AI.5118

Amount of Each Receipt this Period
 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Warren, Gabriel F., , ,

Mailing Address 1560 Hickory Ave

City Tallahassee State FL Zip Code 32303

FEC ID number of contributing federal political committee. **C**

Name of Employer Rutledge Escenia PA Occupation Attorney

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2021

Transaction ID : SA11AI.4749

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **1400.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 86
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Wheat, Timothy, P, ,

Mailing Address 312 Northlke Drive
Apt 101

City North Palm Beach State FL Zip Code 33408

FEC ID number of contributing federal political committee. **C**

Name of Employer Pinnacle Communities Occupation Real Estate Development

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **500.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 10 / 2021

Transaction ID : **SA11AI.4916**

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Wolfson, Louis, , , III

Mailing Address 9400 S Dadeland Blvd

City Miami State FL Zip Code 33156

FEC ID number of contributing federal political committee. **C**

Name of Employer Pinnacle Housing Group Occupation Real Estate Developer

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **2900.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 10 / 2021

Transaction ID : **SA11AI.4912**

Amount of Each Receipt this Period
2900.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Woods-Richardson, Kathleen, , ,

Mailing Address 6528 Mayport Drive

City Apollo Beach State FL Zip Code 33572

FEC ID number of contributing federal political committee. **C**

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **2000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 18 / 2021

Transaction ID : **SA11AI.4798**

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	4400.00
TOTAL This Period (last page this line number only).....▶	51768.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 29 OF 86	
<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ELECT DEMOCRATIC WOMEN

Mailing Address 600 PENNSYLVANIA AVE SE
#15180

City WASHINGTON	State DC	Zip Code 20003
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00685297

Name of Employer	Occupation
------------------	------------

Receipt For: 2021
 Primary General
 Other (specify) ▼ Special-Primary

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 31 / 2021

Transaction ID : SA11B.4868

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	5000.00
TOTAL This Period (last page this line number only)..... ▶	5000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 86
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
314 ACTION FUND

Mailing Address PO BOX 14560

City WASHINGTON State DC Zip Code 20044

FEC ID number of contributing federal political committee. **C** C00633248

Name of Employer Occupation

Receipt For: 2021
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 04 / 2021

Transaction ID : SA11C.5111

Amount of Each Receipt this Period
 5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NEXTERA ENERGY, INC. POLITICAL ACTION COMMITTEE

Mailing Address 801 PENNSYLVANIA AVE., NW SUITE 220

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00064774

Name of Employer Occupation

Receipt For: 2021
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 23 / 2021

Transaction ID : SA11C.4666

Amount of Each Receipt this Period
 2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Women United for Florida Families

Mailing Address 555 Bishop Gate Lane, Unit 2401

City Jacksonville State FL Zip Code 32204

FEC ID number of contributing federal political committee. **C** C00764324

Name of Employer Occupation

Receipt For: 2021
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 21 / 2021

Transaction ID : SA11C.5003

Amount of Each Receipt this Period
 750.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	8250.00
TOTAL This Period (last page this line number only)..... ▶	8250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SHARIEF, BARBARA, M, ,

Mailing Address 3351 N UNIVERSITY DR

City DAVIE State FL Zip Code 33024

FEC ID number of contributing federal political committee. **C** H2FL20134

Name of Employer Self Employed Occupation Doctor of Nursing Practice

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **280050.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 27 2021

Transaction ID : SA13A.4846

Amount of Each Receipt this Period
 50000.00

Memo Item
 Loan from Candidate

B. Full Name (Last, First, Middle Initial)
SHARIEF, BARBARA, M, ,

Mailing Address 3351 N UNIVERSITY DR

City DAVIE State FL Zip Code 33024

FEC ID number of contributing federal political committee. **C** H2FL20134

Name of Employer Self Employed Occupation Doctor of Nursing Practice

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **405050.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 16 2021

Transaction ID : SA13A.4934

Amount of Each Receipt this Period
 125000.00

Memo Item
 Loan from Candidate

C. Full Name (Last, First, Middle Initial)
SHARIEF, BARBARA, M, ,

Mailing Address 3351 N UNIVERSITY DR

City DAVIE State FL Zip Code 33024

FEC ID number of contributing federal political committee. **C** H2FL20134

Name of Employer Self Employed Occupation Doctor of Nursing Practice

Receipt For: 2021
 Primary General
 Other (specify) **Special-Primary**

Election Cycle-to-Date **440050.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 24 2021

Transaction ID : SA13A.4996

Amount of Each Receipt this Period
 35000.00

Memo Item
 Loan from Candidate

SUBTOTAL of Receipts This Page (optional)..... ▶ **210000.00**

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SHARIEF, BARBARA, M, ,

Mailing Address 3351 N UNIVERSITY DR

City DAVIE State FL Zip Code 33024

FEC ID number of contributing federal political committee. **C** H2FL20134

Name of Employer Self Employed Occupation Doctor of Nursing Practice

Receipt For: 2021
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date **506050.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2021

Transaction ID : SA13A.5088

Amount of Each Receipt this Period
 66000.00

Memo Item
 Loan from Candidate

B. Full Name (Last, First, Middle Initial)
SHARIEF, BARBARA, M, ,

Mailing Address 3351 N UNIVERSITY DR

City DAVIE State FL Zip Code 33024

FEC ID number of contributing federal political committee. **C** H2FL20134

Name of Employer Self Employed Occupation Doctor of Nursing Practice

Receipt For: 2021
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date **756050.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 08 / 2021

Transaction ID : SA13A.5192

Amount of Each Receipt this Period
 250000.00

Memo Item
 Loan from Candidate

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	316000.00
TOTAL This Period (last page this line number only).....▶	526000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 86			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. 4C Partners, LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2021
Mailing Address 1100 Wythe Street #25755 PO Box 25755		FEC Identification Number C
City Alexandria	State VA	Zip Code 22313
Purpose of Disbursement Production for TV Ad		Amount of Each Disbursement this Period 15000.00
Candidate Name		Transaction ID : SB17.4876
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. 4C Partners, LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2021
Mailing Address 1100 Wythe Street #25755 PO Box 25755		FEC Identification Number C
City Alexandria	State VA	Zip Code 22313
Purpose of Disbursement Advertising - Digital		Amount of Each Disbursement this Period 2000.00
Candidate Name		Transaction ID : SB17.4944
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. 4C Partners, LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2021
Mailing Address 1100 Wythe Street #25755 PO Box 25755		FEC Identification Number C
City Alexandria	State VA	Zip Code 22313
Purpose of Disbursement Advertising - Digital		Amount of Each Disbursement this Period 2000.00
Candidate Name		Transaction ID : SB17.4999
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	19000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 86			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. 4C Partners, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2021
Mailing Address 1100 Wythe Street #25755 PO Box 25755		FEC Identification Number C
City Alexandria	State VA	Zip Code 22313
Purpose of Disbursement Advertising - Digital		Amount of Each Disbursement this Period 2000.00
Candidate Name		Transaction ID : SB17.5165
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Accurate Business Systems		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2021
Mailing Address 15725 NW 15th Ave		FEC Identification Number C
City Miami	State FL	Zip Code 33169
Purpose of Disbursement Door Hangers		Amount of Each Disbursement this Period 307.63
Candidate Name		Transaction ID : SB17.4635
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Accurate Business Systems		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2021
Mailing Address 15725 NW 15th Ave		FEC Identification Number C
City Miami	State FL	Zip Code 33169
Purpose of Disbursement Fans, TShirts, Yard Signs & Stakes		Amount of Each Disbursement this Period 5545.28
Candidate Name		Transaction ID : SB17.4636
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	7852.91
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Accurate Business Systems			Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2021		
Mailing Address 15725 NW 15th Ave			FEC Identification Number C		
City Miami	State FL	Zip Code 33169	Amount of Each Disbursement this Period 6206.00		
Purpose of Disbursement Advertising - Fans, Pens & Totes		Category/ Type	Transaction ID : SB17.4645		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) B. Accurate Business Systems			Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2021		
Mailing Address 15725 NW 15th Ave			FEC Identification Number C		
City Miami	State FL	Zip Code 33169	Amount of Each Disbursement this Period 5505.15		
Purpose of Disbursement Advertising - Signs, Banner & Installation		Category/ Type	Transaction ID : SB17.4959		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2021		
Mailing Address 366 Summer Street			FEC Identification Number C		
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period 4.88		
Purpose of Disbursement Credit Card Processing Service Fee		Category/ Type	Transaction ID : SB17.4744		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	11716.03
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 86			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2021		
Mailing Address 366 Summer Street			FEC Identification Number C		
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period 2021 12.56		
Purpose of Disbursement Credit Card Processing Service Fee		Category/ Type	Transaction ID : SB17.4894		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2021		
Mailing Address 366 Summer Street			FEC Identification Number C		
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period 2021 0.40		
Purpose of Disbursement Credit Card Processing Service Fee		Category/ Type	Transaction ID : SB17.5218		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2021		
Mailing Address 366 Summer Street			FEC Identification Number C		
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period 2021 278.47		
Purpose of Disbursement Credit Card Processing Service Fee		Category/ Type	Transaction ID : SB17.5168		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	291.43
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

A. Advocacy Data

Full Name (Last, First, Middle Initial)
Mailing Address 1629 K Street NW #300

City Washington State DC Zip Code 20006

Purpose of Disbursement Email Data and Sending Service

Candidate Name

Office Sought: House Senate President
Disbursement For: 2021 Primary General Other (specify) Special-Primary

State: District:

Date of Disbursement: 09 / 14 / 2021

FEC Identification Number: C

Amount of Each Disbursement this Period: 496.67

Transaction ID : SB17.5174

Memo Item

B. AL-Hikmat Services

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 6277

City Hollywood State FL Zip Code 33081

Purpose of Disbursement Advertising - Print/Muslim Magazine

Candidate Name

Office Sought: House Senate President
Disbursement For: 2021 Primary General Other (specify) Special-Primary

State: District:

Date of Disbursement: 08 / 11 / 2021

FEC Identification Number: C

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB17.4735

Memo Item

c. A Touch of Spain

Full Name (Last, First, Middle Initial)
Mailing Address 964 S Deerfield Avenue

City Deerfield Beach State FL Zip Code 33441

Purpose of Disbursement Fundraiser Event - Food Service

Candidate Name

Office Sought: House Senate President
Disbursement For: 2021 Primary General Other (specify) Special-Primary

State: District:

Date of Disbursement: 10 / 07 / 2021

FEC Identification Number: C

Amount of Each Disbursement this Period: 205.98

Transaction ID : SB17.5170

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 1202.65

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 86			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Blue Knot Strategies			Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2021		
Mailing Address 7108 S 19th Street			FEC Identification Number C		
City Phoenix	State AZ	Zip Code 85041	Amount of Each Disbursement this Period 8314.30		
Purpose of Disbursement Digital Fundraising		Category/ Type	Transaction ID : SB17.4649		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) B. BSE Design & Communications			Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2021		
Mailing Address 178 Seashore Drive			FEC Identification Number C		
City Jupiter	State FL	Zip Code 33477	Amount of Each Disbursement this Period 1120.00		
Purpose of Disbursement Artwork layout for campaing Ads and flyers		Category/ Type	Transaction ID : SB17.4812		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) c. Cummings, Beverly, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2021		
Mailing Address 1243 W 26th Street			FEC Identification Number C		
City Riviera Beach	State FL	Zip Code 33404	Amount of Each Disbursement this Period 300.00		
Purpose of Disbursement Campaign Services		Category/ Type	Transaction ID : SB17.4881		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	9734.30
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dixie Printing & Letterpress, Inc			Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2021	
Mailing Address 504 24th Street Suite 1			FEC Identification Number C	
City West Palm Beach	State FL	Zip Code 33407	Amount of Each Disbursement this Period 802.50	
Purpose of Disbursement Advertising - Print		Category/ Type	Transaction ID : SB17.4950	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary			
State: District:				

Full Name (Last, First, Middle Initial) B. Dreambase, Inc			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2021	
Mailing Address 2627 E College Ave			FEC Identification Number C	
City Visalia	State CA	Zip Code 93292	Amount of Each Disbursement this Period 780.00	
Purpose of Disbursement Advertising - Digital		Category/ Type	Transaction ID : SB17.4808	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary			
State: District:				

Full Name (Last, First, Middle Initial) C. Dreambase, Inc			Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2021	
Mailing Address 2627 E College Ave			FEC Identification Number C	
City Visalia	State CA	Zip Code 93292	Amount of Each Disbursement this Period 780.00	
Purpose of Disbursement Advertising - Digital		Category/ Type	Transaction ID : SB17.4897	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	2362.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dreambase, Inc			Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2021		
Mailing Address 2627 E College Ave			FEC Identification Number C		
City Visalia	State CA	Zip Code 93292	Amount of Each Disbursement this Period 700.00		
Purpose of Disbursement Advertising - Digital		Category/ Type	Transaction ID : SB17.5215		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) B. Edwards, Daphne, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2021		
Mailing Address 4801 NW 43rd Court			FEC Identification Number C		
City Lauderdale Lakes	State FL	Zip Code 33319	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement Communications Coordinator		Category/ Type	Transaction ID : SB17.4604		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) C. Edwards, Daphne, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2021		
Mailing Address 4801 NW 43rd Court			FEC Identification Number C		
City Lauderdale Lakes	State FL	Zip Code 33319	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement Communications Coordinator		Category/ Type	Transaction ID : SB17.4643		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	2700.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Edwards, Daphne, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2021	
Mailing Address 4801 NW 43rd Court			FEC Identification Number C	
City Lauderdale Lakes	State FL	Zip Code 33319	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Communications Coordinator		Category/ Type	Transaction ID : SB17.4699	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary			
State: District:				

Full Name (Last, First, Middle Initial) B. Edwards, Daphne, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2021	
Mailing Address 4801 NW 43rd Court			FEC Identification Number C	
City Lauderdale Lakes	State FL	Zip Code 33319	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Communications Coordinator		Category/ Type	Transaction ID : SB17.4761	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary			
State: District:				

Full Name (Last, First, Middle Initial) C. Edwards, Daphne, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2021	
Mailing Address 4801 NW 43rd Court			FEC Identification Number C	
City Lauderdale Lakes	State FL	Zip Code 33319	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Communications Coordinator		Category/ Type	Transaction ID : SB17.4850	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Edwards, Daphne, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2021		
Mailing Address 4801 NW 43rd Court			FEC Identification Number C		
City Lauderdale Lakes	State FL	Zip Code 33319	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement Communications Coordinator		Category/ Type	Transaction ID : SB17.4898		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) B. Edwards, Daphne, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2021		
Mailing Address 4801 NW 43rd Court			FEC Identification Number C		
City Lauderdale Lakes	State FL	Zip Code 33319	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement Communications Coordinator		Category/ Type	Transaction ID : SB17.5100		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) c. Facebook, Inc			Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2021		
Mailing Address 1 Hacker Way			FEC Identification Number C		
City Menlo Park	State CA	Zip Code 94025	Amount of Each Disbursement this Period 750.00		
Purpose of Disbursement Advertising - Digital		Category/ Type	Transaction ID : SB17.4871		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	2750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 86			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Facebook, Inc			Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2021		
Mailing Address 1 Hacker Way			FEC Identification Number C		
City Menlo Park	State CA	Zip Code 94025	Amount of Each Disbursement this Period 750.00		
Purpose of Disbursement Advertising - Digital		Category/ Type	Transaction ID : SB17.4873		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) B. Facebook, Inc			Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2021		
Mailing Address 1 Hacker Way			FEC Identification Number C		
City Menlo Park	State CA	Zip Code 94025	Amount of Each Disbursement this Period 750.00		
Purpose of Disbursement Advertsing - Digital		Category/ Type	Transaction ID : SB17.4874		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) c. Facebook, Inc			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2021		
Mailing Address 1 Hacker Way			FEC Identification Number C		
City Menlo Park	State CA	Zip Code 94025	Amount of Each Disbursement this Period 192.56		
Purpose of Disbursement Advertising - Digital		Category/ Type	Transaction ID : SB17.4875		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	1692.56
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Facebook, Inc		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2021
Mailing Address 1 Hacker Way		FEC Identification Number C
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Advertising - Digital	Candidate Name	Amount of Each Disbursement this Period 900.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-Primary	Transaction ID : SB17.5159 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Facebook, Inc		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2021
Mailing Address 1 Hacker Way		FEC Identification Number C
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Advertsing - Digital	Candidate Name	Amount of Each Disbursement this Period 900.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-Primary	Transaction ID : SB17.5160 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Florida Department of State		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2021
Mailing Address 500 South Bronough Street		FEC Identification Number C
City Tallahassee	State FL	Zip Code 32399
Purpose of Disbursement Filing Fee - Candidate Qualifying Check	Candidate Name	Amount of Each Disbursement this Period 10440.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-Primary	Transaction ID : SB17.4717 <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	12240.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Global Strategy Group			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2021	
Mailing Address 215 Park Avenue South 15th Floor			FEC Identification Number C	
City New York	State NY	Zip Code 10003	Amount of Each Disbursement this Period 43500.00	
Purpose of Disbursement Special Election Benchmark		Category/ Type	Transaction ID : SB17.4740	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary			
State: District:				

Full Name (Last, First, Middle Initial) B. Hartley, Kevin, , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2021	
Mailing Address 338 W 17th Street Apt 4C			FEC Identification Number C	
City New York	State NY	Zip Code 10011	Amount of Each Disbursement this Period 192.00	
Purpose of Disbursement Campaign Administrative Services		Category/ Type	Transaction ID : SB17.5099	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary			
State: District:				

Full Name (Last, First, Middle Initial) C. Hausmann, Kayla, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2021	
Mailing Address 1438 S Canfield 3			FEC Identification Number C	
City Los Angeles	State CA	Zip Code 90035	Amount of Each Disbursement this Period 2516.13	
Purpose of Disbursement Management & Strategic Planning Consulting		Category/ Type	Transaction ID : SB17.4732	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	46208.13
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hausmann, Kayla, , ,		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2021
Mailing Address 1438 S Canfield 3		FEC Identification Number C
City Los Angeles	State CA	Zip Code 90035
Purpose of Disbursement Management & Strategic Planning Consulting		Amount of Each Disbursement this Period 6500.00
Candidate Name		Transaction ID : SB17.4814
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. JMHD Productions		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2021
Mailing Address 5909 Basil Drive		FEC Identification Number C
City West Palm Beach	State FL	Zip Code 33415
Purpose of Disbursement 4Diaspora TV Interview and Ad		Amount of Each Disbursement this Period 2500.00
Candidate Name		Transaction ID : SB17.4608
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Jordonne, Heleine, , ,		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2021
Mailing Address 2039 SW 12th Court		FEC Identification Number C
City Delray Beach	State FL	Zip Code 33445
Purpose of Disbursement Collecting Petitions		Amount of Each Disbursement this Period 1280.00
Candidate Name		Transaction ID : SB17.4738
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	10280.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kings Point Diner			Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2021		
Mailing Address 7134 Nob Hill Road			FEC Identification Number C		
City Tamarac	State FL	Zip Code 33321	Amount of Each Disbursement this Period 840.00		
Purpose of Disbursement Food and Beverage for Resident Dinner Social		Category/Type	Transaction ID : SB17.4847		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) B. L2, Inc			Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2021		
Mailing Address 5 Schalks Crossing Road Ste 220			FEC Identification Number C		
City Plainsboro	State NJ	Zip Code 08536	Amount of Each Disbursement this Period 2684.00		
Purpose of Disbursement Nurse List Acquisition		Category/Type	Transaction ID : SB17.5172		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) c. Maniar, Shaz, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2021		
Mailing Address 14360 NW 27th Ave			FEC Identification Number C		
City Miami	State FL	Zip Code 33054	Amount of Each Disbursement this Period 943.00		
Purpose of Disbursement In-kind - Ellie's Desi Kitchen - Food & Beverage		Category/Type	Transaction ID : SB17.4709		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	4467.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mission Control, Inc			Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2021	
Mailing Address 624 Hebron Ave			FEC Identification Number C	
City Glastonbury	State CT	Zip Code 06033	Amount of Each Disbursement this Period 27096.45	
Purpose of Disbursement Advertising - Print		Category/Type	Transaction ID : SB17.4935	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary			
State: District:				

Full Name (Last, First, Middle Initial) B. Mission Control, Inc			Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2021	
Mailing Address 624 Hebron Ave			FEC Identification Number C	
City Glastonbury	State CT	Zip Code 06033	Amount of Each Disbursement this Period 27155.45	
Purpose of Disbursement Advertsing - Print		Category/Type	Transaction ID : SB17.5030	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary			
State: District:				

Full Name (Last, First, Middle Initial) c. Mission Control, Inc			Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2021	
Mailing Address 624 Hebron Ave			FEC Identification Number C	
City Glastonbury	State CT	Zip Code 06033	Amount of Each Disbursement this Period 27917.11	
Purpose of Disbursement Advertsing - Print		Category/Type	Transaction ID : SB17.5211	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	82169.01
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 86			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Morency, Lola, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2021		
Mailing Address 2027 SW 12th Court			FEC Identification Number C		
City Delray Beach	State FL	Zip Code 33445	Amount of Each Disbursement this Period 360.00		
Purpose of Disbursement Canvassing & Community Outreach		Category/ Type	Transaction ID : SB17.4951		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) B. NGP VAN INC			Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2021		
Mailing Address 655 15th Street NW Ste 650			FEC Identification Number C		
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period 1600.00		
Purpose of Disbursement Digital Fundraising & Organizing Fee		Category/ Type	Transaction ID : SB17.4714		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) C. NGP VAN INC			Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2021		
Mailing Address 655 15th Street NW Ste 650			FEC Identification Number C		
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period 1600.00		
Purpose of Disbursement Digital Fundraising & Organizing Fee		Category/ Type	Transaction ID : SB17.4849		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	3560.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 86			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NGP VAN INC			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2021		
Mailing Address 655 15th Street NW Ste 650			FEC Identification Number C		
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period 1600.00		
Purpose of Disbursement Digital Fundraising & Organizing Fee		Category/ Type	Transaction ID : SB17.4854		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) B. NGP VAN INC			Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2021		
Mailing Address 655 15th Street NW Ste 650			FEC Identification Number C		
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period 1600.00		
Purpose of Disbursement Digital Fundraising & Organizing Fee		Category/ Type	Transaction ID : SB17.5096		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) c. Palm Beach-Treasure Coast AFL-CIO			Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2021		
Mailing Address 1001 West 15th Street			FEC Identification Number C		
City Riviera Beach	State FL	Zip Code 33404	Amount of Each Disbursement this Period 400.00		
Purpose of Disbursement Advertising - Labor Day Picnic		Category/ Type	Transaction ID : SB17.4851		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	3600.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 86			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Palm Beach County Democratic Party			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2021		
Mailing Address 15127 Jog Road Ste 101			FEC Identification Number C		
City Delray Beach	State FL	Zip Code 33446	Amount of Each Disbursement this Period 100.00		
Purpose of Disbursement PBC Democratic Party TKJ Gala & Networking		Category/ Type	Transaction ID : SB17.5094		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) B. Patriot Games, Inc.			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2021		
Mailing Address 2054 Vista Parkway Suite 400			FEC Identification Number C		
City West Palm Beach	State FL	Zip Code 33411	Amount of Each Disbursement this Period 6960.00		
Purpose of Disbursement Advertising - Facebook/Mailchimp & Boosts		Category/ Type	Transaction ID : SB17.4637		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) C. Patriot Games, Inc.			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2021		
Mailing Address 2054 Vista Parkway Suite 400			FEC Identification Number C		
City West Palm Beach	State FL	Zip Code 33411	Amount of Each Disbursement this Period 6000.00		
Purpose of Disbursement General Campaign Consulting		Category/ Type	Transaction ID : SB17.4638		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	13060.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 86			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Patriot Games, Inc.			Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2021		
Mailing Address 2054 Vista Parkway Suite 400			FEC Identification Number C		
City West Palm Beach	State FL	Zip Code 33411	Amount of Each Disbursement this Period 3000.00		
Purpose of Disbursement General Campaign Consulting		Category/ Type	Transaction ID : SB17.4845		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) B. Patriot Games, Inc.			Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2021		
Mailing Address 2054 Vista Parkway Suite 400			FEC Identification Number C		
City West Palm Beach	State FL	Zip Code 33411	Amount of Each Disbursement this Period 1860.00		
Purpose of Disbursement Facebook Daily Ads and Petition Gathering		Category/ Type	Transaction ID : SB17.4853		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) C. Patriot Games, Inc.			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2021		
Mailing Address 2054 Vista Parkway Suite 400			FEC Identification Number C		
City West Palm Beach	State FL	Zip Code 33411	Amount of Each Disbursement this Period 3000.00		
Purpose of Disbursement General Campaign Consulting		Category/ Type	Transaction ID : SB17.4880		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	7860.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 86			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Patriot Games, Inc.			Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2021		
Mailing Address 2054 Vista Parkway Suite 400			FEC Identification Number C		
City West Palm Beach	State FL	Zip Code 33411	Amount of Each Disbursement this Period 3000.00		
Purpose of Disbursement General Campaign Consulting		Category/ Type	Transaction ID : SB17.4895		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) B. Patriot Games, Inc.			Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2021		
Mailing Address 2054 Vista Parkway Suite 400			FEC Identification Number C		
City West Palm Beach	State FL	Zip Code 33411	Amount of Each Disbursement this Period 2555.02		
Purpose of Disbursement Advertising - Digital & Print		Category/ Type	Transaction ID : SB17.4896		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) C. Pooler, Shelton, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2021		
Mailing Address 1681 NW 7th Terrace			FEC Identification Number C		
City Pompano Beach	State FL	Zip Code 33060	Amount of Each Disbursement this Period 700.00		
Purpose of Disbursement Canvassing & Community Outreach		Category/ Type	Transaction ID : SB17.5002		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	6255.02
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Raise The Money			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2021	
Mailing Address PO Box 26466			FEC Identification Number C	
City Little Rock	State AR	Zip Code 72221	Amount of Each Disbursement this Period 158.22	
Purpose of Disbursement Credit Card Processing Service Fee		Category/ Type	Transaction ID : SB17.4598	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary			
State: District:				

Full Name (Last, First, Middle Initial) B. Raise The Money			Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2021	
Mailing Address PO Box 26466			FEC Identification Number C	
City Little Rock	State AR	Zip Code 72221	Amount of Each Disbursement this Period 18.99	
Purpose of Disbursement Credit Card Processing Service Fee		Category/ Type	Transaction ID : SB17.4599	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary			
State: District:				

Full Name (Last, First, Middle Initial) C. Raise The Money			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2021	
Mailing Address PO Box 26466			FEC Identification Number C	
City Little Rock	State AR	Zip Code 72221	Amount of Each Disbursement this Period 4.15	
Purpose of Disbursement Credit Card Processing Service Fee		Category/ Type	Transaction ID : SB17.4639	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	181.36
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Raise The Money			Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2021		
Mailing Address PO Box 26466			FEC Identification Number C		
City Little Rock	State AR	Zip Code 72221	Amount of Each Disbursement this Period 2.20		
Purpose of Disbursement Credit Card Processing Service Fee		Category/ Type	Transaction ID : SB17.4640		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) B. Raise The Money			Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2021		
Mailing Address PO Box 26466			FEC Identification Number C		
City Little Rock	State AR	Zip Code 72221	Amount of Each Disbursement this Period 37.55		
Purpose of Disbursement Credit Card Processing Service Fee		Category/ Type	Transaction ID : SB17.4641		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) C. Raise The Money			Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2021		
Mailing Address PO Box 26466			FEC Identification Number C		
City Little Rock	State AR	Zip Code 72221	Amount of Each Disbursement this Period 39.25		
Purpose of Disbursement Credit Card Processing Service Fee		Category/ Type	Transaction ID : SB17.4646		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	79.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 86			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Raise The Money			Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2021		
Mailing Address PO Box 26466			FEC Identification Number C		
City Little Rock	State AR	Zip Code 72221	Amount of Each Disbursement this Period 106.30		
Purpose of Disbursement Credit Card Processing Service Fee		Category/ Type	Transaction ID : SB17.4647		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) B. Raise The Money			Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2021		
Mailing Address PO Box 26466			FEC Identification Number C		
City Little Rock	State AR	Zip Code 72221	Amount of Each Disbursement this Period 43.85		
Purpose of Disbursement Credit Card Processing Service Fee		Category/ Type	Transaction ID : SB17.4669		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) C. Raise The Money			Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2021		
Mailing Address PO Box 26466			FEC Identification Number C		
City Little Rock	State AR	Zip Code 72221	Amount of Each Disbursement this Period 4.15		
Purpose of Disbursement Credit Card Processing Service Fee		Category/ Type	Transaction ID : SB17.4670		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	154.30
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Raise The Money		Date of Disbursement
Mailing Address PO Box 26466		M M / D D / Y Y Y Y 07 / 28 / 2021
City Little Rock	State AR	Zip Code 72221
Purpose of Disbursement Credit Card Processing Service Fee		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 78.25
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Transaction ID : SB17.4672 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Raise The Money		Date of Disbursement
Mailing Address PO Box 26466		M M / D D / Y Y Y Y 07 / 29 / 2021
City Little Rock	State AR	Zip Code 72221
Purpose of Disbursement Credit Card Processing Service Fee		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 2.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Transaction ID : SB17.4712 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Raise The Money		Date of Disbursement
Mailing Address PO Box 26466		M M / D D / Y Y Y Y 08 / 01 / 2021
City Little Rock	State AR	Zip Code 72221
Purpose of Disbursement Credit Card Processing Service Fee		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 19.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Transaction ID : SB17.4713 <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	100.20
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 58 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Raise The Money		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2021
Mailing Address PO Box 26466		FEC Identification Number C
City Little Rock	State AR	Zip Code 72221
Purpose of Disbursement Credit Card Processing Service Fee		Amount of Each Disbursement this Period 39.25
Candidate Name		Transaction ID : SB17.4725
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Raise The Money		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2021
Mailing Address PO Box 26466		FEC Identification Number C
City Little Rock	State AR	Zip Code 72221
Purpose of Disbursement Credit Card Processing Service Fee		Amount of Each Disbursement this Period 43.40
Candidate Name		Transaction ID : SB17.4726
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Raise The Money		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2021
Mailing Address PO Box 26466		FEC Identification Number C
City Little Rock	State AR	Zip Code 72221
Purpose of Disbursement Credit Card Processing Service Fee		Amount of Each Disbursement this Period 4.15
Candidate Name		Transaction ID : SB17.4760
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	86.80
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Raise The Money			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2021	
Mailing Address PO Box 26466			FEC Identification Number C	
City Little Rock	State AR	Zip Code 72221	Amount of Each Disbursement this Period 41.72	
Purpose of Disbursement Credit Card Processing Service Fee		Category/Type	Transaction ID : SB17.4807	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary			
State: District:				

Full Name (Last, First, Middle Initial) B. Raise The Money			Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2021	
Mailing Address PO Box 26466			FEC Identification Number C	
City Little Rock	State AR	Zip Code 72221	Amount of Each Disbursement this Period 11.22	
Purpose of Disbursement Credit Card Processing Service Fee		Category/Type	Transaction ID : SB17.5143	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary			
State: District:				

Full Name (Last, First, Middle Initial) C. Raise The Money			Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2021	
Mailing Address PO Box 26466			FEC Identification Number C	
City Little Rock	State AR	Zip Code 72221	Amount of Each Disbursement this Period 49.25	
Purpose of Disbursement Credit Card Processing Service Fee		Category/Type	Transaction ID : SB17.5144	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	102.19
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Raise The Money		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2021
Mailing Address PO Box 26466		FEC Identification Number C
City Little Rock	State AR	Zip Code 72221
Purpose of Disbursement Credit Card Processing Service Fee		Amount of Each Disbursement this Period 4.43
Candidate Name		Transaction ID : SB17.5145
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Raise The Money		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2021
Mailing Address PO Box 26466		FEC Identification Number C
City Little Rock	State AR	Zip Code 72221
Purpose of Disbursement Credit Card Processing Service Fee		Amount of Each Disbursement this Period 2.65
Candidate Name		Transaction ID : SB17.5146
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Raise The Money		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2021
Mailing Address PO Box 26466		FEC Identification Number C
City Little Rock	State AR	Zip Code 72221
Purpose of Disbursement Credit Card Processing Service Fee		Amount of Each Disbursement this Period 4.15
Candidate Name		Transaction ID : SB17.5147
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	11.23
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Raise The Money		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2021
Mailing Address PO Box 26466		FEC Identification Number C
City Little Rock	State AR	Zip Code 72221
Purpose of Disbursement Credit Card Processing Service Fee		Amount of Each Disbursement this Period 19.75
Candidate Name		Transaction ID : SB17.5148
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Raise The Money		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2021
Mailing Address PO Box 26466		FEC Identification Number C
City Little Rock	State AR	Zip Code 72221
Purpose of Disbursement Credit Card Processing Service Fee		Amount of Each Disbursement this Period 19.75
Candidate Name		Transaction ID : SB17.5149
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Raise The Money		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2021
Mailing Address PO Box 26466		FEC Identification Number C
City Little Rock	State AR	Zip Code 72221
Purpose of Disbursement Credit Card Processing Service Fee		Amount of Each Disbursement this Period 10.00
Candidate Name		Transaction ID : SB17.5150
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	49.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Raise The Money			Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2021	
Mailing Address PO Box 26466			FEC Identification Number C	
City Little Rock	State AR	Zip Code 72221	Amount of Each Disbursement this Period 4.15	
Purpose of Disbursement Credit Card Processing Service Fee		Category/Type	Transaction ID : SB17.5151	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary			
State: District:				

Full Name (Last, First, Middle Initial) B. Raise The Money			Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2021	
Mailing Address PO Box 26466			FEC Identification Number C	
City Little Rock	State AR	Zip Code 72221	Amount of Each Disbursement this Period 4.15	
Purpose of Disbursement Credit Card Processing Service Fee		Category/Type	Transaction ID : SB17.5152	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary			
State: District:				

Full Name (Last, First, Middle Initial) C. Raise The Money			Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2021	
Mailing Address PO Box 26466			FEC Identification Number C	
City Little Rock	State AR	Zip Code 72221	Amount of Each Disbursement this Period 41.45	
Purpose of Disbursement Credit Card Processing Service Fee		Category/Type	Transaction ID : SB17.5153	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	49.75
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Raise The Money		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2021
Mailing Address PO Box 26466		FEC Identification Number C
City Little Rock	State AR	Zip Code 72221
Purpose of Disbursement Credit Card Processing Service Fee		Amount of Each Disbursement this Period 12.20
Candidate Name		Transaction ID : SB17.5154
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Raise The Money		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2021
Mailing Address PO Box 26466		FEC Identification Number C
City Little Rock	State AR	Zip Code 72221
Purpose of Disbursement Credit Card Processing Service Fee		Amount of Each Disbursement this Period 11.02
Candidate Name		Transaction ID : SB17.5155
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. Raise The Money		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2021
Mailing Address PO Box 26466		FEC Identification Number C
City Little Rock	State AR	Zip Code 72221
Purpose of Disbursement Credit Card Processing Service Fee		Amount of Each Disbursement this Period 0.45
Candidate Name		Transaction ID : SB17.5156
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	<input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	23.67
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 86			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Raise The Money			Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2021		
Mailing Address PO Box 26466			FEC Identification Number C		
City Little Rock	State AR	Zip Code 72221	Amount of Each Disbursement this Period 24.93		
Purpose of Disbursement Credit Card Processing Service Fee		Category/ Type	Transaction ID : SB17.5157		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) B. Raise The Money			Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2021		
Mailing Address PO Box 26466			FEC Identification Number C		
City Little Rock	State AR	Zip Code 72221	Amount of Each Disbursement this Period 2.20		
Purpose of Disbursement Credit Card Processing Service Fee		Category/ Type	Transaction ID : SB17.5158		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) C. Raise The Money			Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2021		
Mailing Address PO Box 26466			FEC Identification Number C		
City Little Rock	State AR	Zip Code 72221	Amount of Each Disbursement this Period 0.83		
Purpose of Disbursement Credit Card Processing Service Fee		Category/ Type	Transaction ID : SB17.5141		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	27.96
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Raise The Money		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2021
Mailing Address PO Box 26466		FEC Identification Number C
City Little Rock	State AR	Zip Code 72221
Purpose of Disbursement Credit Card Processing Service Fee		Amount of Each Disbursement this Period 4.15
Candidate Name		Transaction ID : SB17.5140
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Red Rooster Harlem		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2021
Mailing Address 310 Lenox Avenue		FEC Identification Number C
City New York	State NY	Zip Code 10027
Purpose of Disbursement Meet & Greet - Food and Beverage		Amount of Each Disbursement this Period 223.37
Candidate Name		Transaction ID : SB17.4937
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. S&J Marketing Solutions, LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2021
Mailing Address 1770 NW 7th Ave		FEC Identification Number C
City Pompano Beach	State FL	Zip Code 33060
Purpose of Disbursement Canvassing & Community Outreach		Amount of Each Disbursement this Period 2500.00
Candidate Name		Transaction ID : SB17.4730
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	2727.52
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sage Media Planning & Placement, Inc			Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2021	
Mailing Address 1322 G Street SE			FEC Identification Number C	
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 66426.12	
Purpose of Disbursement Advertising - Media		Category/Type	Transaction ID : SB17.4942	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary			
State: District:				

Full Name (Last, First, Middle Initial) B. Sage Media Planning & Placement, Inc			Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2021	
Mailing Address 1322 G Street SE			FEC Identification Number C	
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 66426.12	
Purpose of Disbursement Advertising - Media		Category/Type	Transaction ID : SB17.5000	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary			
State: District:				

Full Name (Last, First, Middle Initial) c. Sage Media Planning & Placement, Inc			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2021	
Mailing Address 1322 G Street SE			FEC Identification Number C	
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 66426.12	
Purpose of Disbursement Advertising - Media		Category/Type	Transaction ID : SB17.5093	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	199278.36
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 67 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sage Media Planning & Placement, Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2021
Mailing Address 1322 G Street SE		FEC Identification Number C
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Advertising - Media		Amount of Each Disbursement this Period 33213.06
Candidate Name		Transaction ID : SB17.5213
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Salgado, Nancy, , ,		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2021
Mailing Address 2241 SW 15th Street Apt 209		FEC Identification Number C
City Deerfield Beach	State FL	Zip Code 33442
Purpose of Disbursement Social Media Coordinator		Amount of Each Disbursement this Period 177.36
Candidate Name		Transaction ID : SB17.4642
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Salgado, Nancy, , ,		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2021
Mailing Address 2241 SW 15th Street Apt 209		FEC Identification Number C
City Deerfield Beach	State FL	Zip Code 33442
Purpose of Disbursement Social Media Coordinator		Amount of Each Disbursement this Period 33.60
Candidate Name		Transaction ID : SB17.4701
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	33424.02
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 86			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Salgado, Nancy, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2021		
Mailing Address 2241 SW 15th Street Apt 209					
City Deerfield Beach	State FL	Zip Code 33442	FEC Identification Number C		
Purpose of Disbursement Social Media Coordinator			Amount of Each Disbursement this Period 21.96		
Candidate Name			Transaction ID : SB17.4810		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary		<input type="checkbox"/> Memo Item		
State: District:					

Full Name (Last, First, Middle Initial) B. Scale To Win			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2021		
Mailing Address 13742 Harper Street					
City Santa Ana	State CA	Zip Code 92703	FEC Identification Number C		
Purpose of Disbursement Advertising - SMS/MMS Text Messaging Service			Amount of Each Disbursement this Period 683.26		
Candidate Name			Transaction ID : SB17.4855		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary		<input type="checkbox"/> Memo Item		
State: District:					

Full Name (Last, First, Middle Initial) C. Scale To Win			Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2021		
Mailing Address 13742 Harper Street					
City Santa Ana	State CA	Zip Code 92703	FEC Identification Number C		
Purpose of Disbursement Advertising - SMS/MMS Text Messaging Service			Amount of Each Disbursement this Period 798.83		
Candidate Name			Transaction ID : SB17.5095		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary		<input type="checkbox"/> Memo Item		
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	1504.05
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 86			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Strachan-Powell, Sheila, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2021		
Mailing Address 5634 SW 20th Street			FEC Identification Number C		
City West Park	State FL	Zip Code 33023	Amount of Each Disbursement this Period 3015.00		
Purpose of Disbursement Canvassing & Community Outreach		Category/ Type	Transaction ID : SB17.4606		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) B. Strachan-Powell, Sheila, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2021		
Mailing Address 5634 SW 20th Street			FEC Identification Number C		
City West Park	State FL	Zip Code 33023	Amount of Each Disbursement this Period 2005.00		
Purpose of Disbursement Canvassing & Community Outreach		Category/ Type	Transaction ID : SB17.4648		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) C. Strachan-Powell, Sheila, , ,			Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2021		
Mailing Address 5634 SW 20th Street			FEC Identification Number C		
City West Park	State FL	Zip Code 33023	Amount of Each Disbursement this Period 1850.00		
Purpose of Disbursement Canvassing & Community Outreach		Category/ Type	Transaction ID : SB17.4673		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	6870.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Strachan-Powell, Sheila, , ,		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2021	
Mailing Address 5634 SW 20th Street		FEC Identification Number C	
City West Park	State FL	Zip Code 33023	Amount of Each Disbursement this Period 2942.50
Purpose of Disbursement Canvassing & Community Outreach		Category/ Type	Transaction ID : SB17.4720
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	State: District:	

Full Name (Last, First, Middle Initial) B. Strachan-Powell, Sheila, , ,		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2021	
Mailing Address 5634 SW 20th Street		FEC Identification Number C	
City West Park	State FL	Zip Code 33023	Amount of Each Disbursement this Period 1025.00
Purpose of Disbursement Canvassing & Community Outreach		Category/ Type	Transaction ID : SB17.4737
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	State: District:	

Full Name (Last, First, Middle Initial) c. The Duke of Earle Caribbean Voice LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2021	
Mailing Address 2841 NW 107th Terrace		FEC Identification Number C	
City Sunrise	State FL	Zip Code 33322	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Advertising - Radio & Newspaper		Category/ Type	Transaction ID : SB17.4605
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	State: District:	

SUBTOTAL of Disbursements This Page (optional).....▶	6467.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 86			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. The Duke of Earle Caribbean Voice LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2021		
Mailing Address 2841 NW 107th Terrace			FEC Identification Number C		
City Sunrise	State FL	Zip Code 33322	Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Advertising - Radio & Newspaper		Category/ Type	Transaction ID : SB17.4734		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) B. The Duke of Earle Caribbean Voice LLC			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2021		
Mailing Address 2841 NW 107th Terrace			FEC Identification Number C		
City Sunrise	State FL	Zip Code 33322	Amount of Each Disbursement this Period 2500.00		
Purpose of Disbursement Advertising - Radio & Newspaper		Category/ Type	Transaction ID : SB17.4879		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) c. The Jackson-Moore Group			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2021		
Mailing Address PO Box 3053			FEC Identification Number C		
City Belle Glade	State FL	Zip Code 33430	Amount of Each Disbursement this Period 25000.00		
Purpose of Disbursement Campaign Organizing, Canvassing & Community Outreach		Category/ Type	Transaction ID : SB17.4600		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	28000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Vantiv, LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2021	
Mailing Address 8500 Governors Hill Drive			FEC Identification Number C	
City Symmes Township	State OH	Zip Code 45249	Amount of Each Disbursement this Period 367.63	
Purpose of Disbursement Credit Card Processing Service Fee			Transaction ID : SB17.5219	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary			
State: District:				

Full Name (Last, First, Middle Initial) B. Wells Fargo Bank, N.A.			Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2021	
Mailing Address PO Box 6995			FEC Identification Number C	
City Portland	State OR	Zip Code 97228	Amount of Each Disbursement this Period 15.00	
Purpose of Disbursement Bank Charge - Wire Transfer Service Fee			Transaction ID : SB17.4940	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary			
State: District:				

Full Name (Last, First, Middle Initial) c. Wells Fargo Bank, N.A.			Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2021	
Mailing Address PO Box 6995			FEC Identification Number C	
City Portland	State OR	Zip Code 97228	Amount of Each Disbursement this Period 60.00	
Purpose of Disbursement Bank Charge - Wire Transfer Fee			Transaction ID : SB17.4941	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	442.63
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 73 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Wells Fargo Bank, N.A.		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2021
Mailing Address PO Box 6995		FEC Identification Number C
City Portland	State OR	Zip Code 97228
Purpose of Disbursement Bank Charge - Wrie Transfer Fee		Amount of Each Disbursement this Period 60.00
Candidate Name		Transaction ID : SB17.5001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Wells Fargo Bank, N.A.		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2021
Mailing Address PO Box 6995		FEC Identification Number C
City Portland	State OR	Zip Code 97228
Purpose of Disbursement Bank Charge - Wire Transfer Service Fee		Amount of Each Disbursement this Period 15.00
Candidate Name		Transaction ID : SB17.5033
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Wells Fargo Bank, N.A.		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2021
Mailing Address PO Box 6995		FEC Identification Number C
City Portland	State OR	Zip Code 97228
Purpose of Disbursement Bank Charge - Wire Transfer Fee		Amount of Each Disbursement this Period 30.00
Candidate Name		Transaction ID : SB17.5031
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	105.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 86			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Wells Fargo Bank, N.A.			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2021		
Mailing Address PO Box 6995			FEC Identification Number C		
City Portland	State OR	Zip Code 97228			
Purpose of Disbursement Bank Charge - Wire Transfer Fee			Transaction ID : SB17.5091		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) B. Wells Fargo Bank, N.A.			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2021		
Mailing Address PO Box 6995			FEC Identification Number C		
City Portland	State OR	Zip Code 97228			
Purpose of Disbursement Bank Charge - Wire Transfer Service Fee			Transaction ID : SB17.5092		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

Full Name (Last, First, Middle Initial) C. Wells Fargo Bank, N.A.			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2021		
Mailing Address PO Box 6995			FEC Identification Number C		
City Portland	State OR	Zip Code 97228			
Purpose of Disbursement Bank Charge - Wire Transfer Fee			Transaction ID : SB17.5166		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 75 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Wells Fargo Bank, N.A.			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2021	
Mailing Address PO Box 6995			FEC Identification Number C	
City Portland	State OR	Zip Code 97228	Amount of Each Disbursement this Period 15.00	
Purpose of Disbursement Bank Charge - Wire Transfer Service Fee			Transaction ID : SB17.5193	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary			
State: District:				

Full Name (Last, First, Middle Initial) B. Wells Fargo Bank, N.A.			Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2021	
Mailing Address PO Box 6995			FEC Identification Number C	
City Portland	State OR	Zip Code 97228	Amount of Each Disbursement this Period 30.00	
Purpose of Disbursement Bank Charge - Wire Transfer Fee			Transaction ID : SB17.5212	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary			
State: District:				

Full Name (Last, First, Middle Initial) C. Wells Fargo Bank, N.A.			Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2021	
Mailing Address PO Box 6995			FEC Identification Number C	
City Portland	State OR	Zip Code 97228	Amount of Each Disbursement this Period 30.00	
Purpose of Disbursement Bank Charge - Wire Transfer Fee			Transaction ID : SB17.5214	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 76 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Zulmar, Colson, , ,		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2021	
Mailing Address 6921 Barnwell Dr		FEC Identification Number C	
City Boynton Beachh	State FL	Zip Code 33437	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Canvassing & Community Outreach		Category/ Type	Transaction ID : SB17.4610
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary		
State: District:			

Full Name (Last, First, Middle Initial) B. Zulmar, Colson, , ,		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2021	
Mailing Address 6921 Barnwell Dr		FEC Identification Number C	
City Boynton Beachh	State FL	Zip Code 33437	Amount of Each Disbursement this Period 4000.00
Purpose of Disbursement Canvassing & Community Outreach		Category/ Type	Transaction ID : SB17.4644
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary		
State: District:			

Full Name (Last, First, Middle Initial) C. Zulmar, Colson, , ,		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2021	
Mailing Address 6921 Barnwell Dr		FEC Identification Number C	
City Boynton Beachh	State FL	Zip Code 33437	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Canvassing & Community Outreach		Category/ Type	Transaction ID : SB17.4700
Candidate Name		<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	8000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF BARBARA SHARIEF FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Zulmar, Colson, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2021	
Mailing Address 6921 Barnwell Dr			FEC Identification Number C	
City Boynton Beachh	State FL	Zip Code 33437	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Canvassing & Community Outreach		Category/ Type	Transaction ID : SB17.4716	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary			
State: District:				

Full Name (Last, First, Middle Initial) B. Zulmar, Colson, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2021	
Mailing Address 6921 Barnwell Dr			FEC Identification Number C	
City Boynton Beachh	State FL	Zip Code 33437	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Canvassing & Community Outreach		Category/ Type	Transaction ID : SB17.4813	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary			
State: District:				

Full Name (Last, First, Middle Initial) C. Zulmar, Colson, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2021	
Mailing Address 6921 Barnwell Dr			FEC Identification Number C	
City Boynton Beachh	State FL	Zip Code 33437	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Canvassing & Community Outreach		Category/ Type	Transaction ID : SB17.4949	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	545836.58

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF BARBARA SHARIEF FOR CONGRESS** Transaction ID : **SC/10.4221**

LOAN SOURCE Full Name (Last, First, Middle Initial) SHARIEF, BARBARA, M, , <input type="checkbox"/> Memo Item		Election: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 3351 N UNIVERSITY DR		
City DAVIE	State FL	ZIP Code 33024 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 03 / D 21 / Y 2021	M / D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	50000.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF BARBARA SHARIEF FOR CONGRESS** Transaction ID : **SC/10.4256**

LOAN SOURCE Full Name (Last, First, Middle Initial) SHARIEF, BARBARA, M, , <input type="checkbox"/> Memo Item		Election: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 3351 N UNIVERSITY DR		
City DAVIE	State FL	ZIP Code 33024 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 03 / D 30 / Y 2021	M / D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	50000.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF BARBARA SHARIEF FOR CONGRESS** Transaction ID : **SC/10.4473**

LOAN SOURCE Full Name (Last, First, Middle Initial) SHARIEF, BARBARA, M, , <input type="checkbox"/> Memo Item		Election: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 3351 N UNIVERSITY DR		
City DAVIE	State FL	ZIP Code 33024 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
--------------------------------------	------------------------------------	--

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 06 / D 14 / Y 2021	M / D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	100000.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF BARBARA SHARIEF FOR CONGRESS** Transaction ID : **SC/10.4569**

LOAN SOURCE Full Name (Last, First, Middle Initial) SHARIEF, BARBARA, M, , <input type="checkbox"/> Memo Item		Election: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 3351 N UNIVERSITY DR		
City DAVIE	State FL	ZIP Code 33024
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	30000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 06 / D 28 / Y 2021	M / D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
	Amount Guaranteed Outstanding:	

SUBTOTALS This Period This Page (optional).....▶	30000.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF BARBARA SHARIEF FOR CONGRESS** Transaction ID : **SC/10.4846**

LOAN SOURCE Full Name (Last, First, Middle Initial) SHARIEF, BARBARA, M, , <input type="checkbox"/> Memo Item		Election: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 3351 N UNIVERSITY DR		
City DAVIE	State FL	ZIP Code 33024
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 08 / D 27 / Y 2021	M M / D D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	50000.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF BARBARA SHARIEF FOR CONGRESS** Transaction ID : **SC/10.4934**

LOAN SOURCE Full Name (Last, First, Middle Initial) SHARIEF, BARBARA, M, , <input type="checkbox"/> Memo Item		Election: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 3351 N UNIVERSITY DR		
City DAVIE	State FL	ZIP Code 33024 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
125000.00	0.00	125000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 09 / D 16 / Y 2021	M M / D D / Y N/A	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	125000.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF BARBARA SHARIEF FOR CONGRESS** Transaction ID : **SC/10.4996**

LOAN SOURCE Full Name (Last, First, Middle Initial) SHARIEF, BARBARA, M, , <input type="checkbox"/> Memo Item		Election: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 3351 N UNIVERSITY DR		
City DAVIE	State FL	ZIP Code 33024
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
35000.00	0.00	35000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 09 / D 24 / Y 2021	M M / D D / Y N/A	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	35000.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF BARBARA SHARIEF FOR CONGRESS** Transaction ID : **SC/10.5088**

LOAN SOURCE Full Name (Last, First, Middle Initial) SHARIEF, BARBARA, M, , <input type="checkbox"/> Memo Item		Election: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 3351 N UNIVERSITY DR		
City DAVIE	State FL	ZIP Code 33024
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
66000.00	0.00	66000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 10 / D 01 / Y 2021	M / D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	66000.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF BARBARA SHARIEF FOR CONGRESS** Transaction ID : **SC/10.5192**

LOAN SOURCE Full Name (Last, First, Middle Initial) SHARIEF, BARBARA, M, , <input type="checkbox"/> Memo Item		Election: 2021 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 3351 N UNIVERSITY DR		
City DAVIE	State FL	ZIP Code 33024
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	0.00	250000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 10 / D 08 / Y 2021	M / D / Y N/A	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	250000.00
TOTALS This Period (last page in this line only).....▶	756000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.