

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identificati Number	tid et	•		ort Filed B ark X)	y in C	andida	ite 🕌		Comm	ittee		X	Lob	oyist	
Name of Filing C Lobbyist	ommittee, Ca	ndidate or	Com	mittee to E	elect Lyn	n Case	-Craker				•				
Street Address			5411	1Millfair Rd											
City	Fairview				S	tate	PA		Zip Coo	de	16415				
Type of Report (Place x under	report type)													
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day P		Tuesday Election	5- 2 nd Pre- El	200000000000000000000000000000000000000	6-30 Electi	Day Post on	7- Ann	ual -	Special Pre-Elec	2 nd Friday tion	840-10 (AAPO AAP 3 10)	cial 30 -Elect	****
ry consumpting			211111			740 77			X			1			***************************************
Date Of Election (MM/DD/YYYY)			Yea 20	23		 	Amer Repo	ndment rt			Termina Report	ition		X	k jeden
Summary of Rec	elpts and	From Date		To Date						For C	iffice Us	Only		eges Lines	
Expenditures		1/1/23	,	1	2/31/23	200115007339082							123	N	
A. Amount Brou	ght Forward F	rom Last Rej	ort	\$	1936.97		-g-sq-ophosis to to def		mar tree on light CASSA	parts - 443-131"		same f	<u></u>		
B. Total Moneta (From Schedule		ons and Recel	pts	\$											
C. Total Funds A	vallable			\$					-			رسم السام السام السام السام ال	N G		
(Sum of Lines A D. Total Expend	RELEASE CONCLUSION OF SIDE AND MANAGEMENTS	inderitanisis Periodiantera		\$	1000 00) Fa	,	
(From Schedule E. Ending Cash B				\$	1936.00							The second	r 🤄	751 38	W. 1989 1989
(Subtract Line D	from Line C)	introfices (94)											-	•	
F. Value of In-Ki (From Schedule	2021 1202 1202	ons Received		\$								į		<u>.</u>	
G. Unpaid Debts (From Schedule	\$20.000 Colors (100.000 Colors	onsi ngasa nga Masalandi sa		\$										dember.	My commi
Part 1- If this is a C	· · · · · ·		- Isaua If	this is a Car		davit Se		sian hasa			÷			Penns	
I swear (or affirm)										elief tr	ie, correc	t and comp	lete.	yly V	
Sworn to and subs		_	,					Qu	Humi				•	Pennsylvania Association	a R. Zeigler, Notary Erie County ssion expires Janua
_ A day of _	Januar	20 2				-		Signatur	e of Person	Subm	tting repo	ort		Soci	Notary unty s Janua
1 Your	Signature	XXIII				_		Ju.		<u>ព្រក</u> d Name			*.	- I -	
My Commission ex	opires Jan	4 2	028			_	814		_	<u> </u>	73-5	753		of Notaries	Public ry 4, 2028
A STATE OF THE STA	мо.	DAY	YR.				Area Co	de		Day	time Tele	hone Num	ber .	aries	Public ry 4, 2028
Part II- If this is a r I swear (or affirm)								- ال- المانية	mu muasilal -	nn of +	Act of	uno 2 102	7 (0) 12	222 614	
amended.	that to the best	or my knowied	ige and b	eller this po	ntical cor	nmittee	nas not	violated a	iny provisio	ins oi ti	TE ALL OF	une 3, 193.	/ (P.L. 13)55, IV	U.32U) as
Sworn to and subs	cribed before m	ne this					V.	9	1		1				
23 day of	Januar	4 20 2	4	• 1		7	24	ny(asi	/ \	10	Ke			
Morris	<u>a Ju</u> Signature	zu					Lyn	ام / _{۱۸}	gnature of <u>(با کار</u> Printed N	Crc	le.				
My Commission ex		ັ ₄ ລ	25C	, . . I			814	l		8	13-	1.600	7		
May Commission Ex	MO.	DAY YR		•			Area Co	de		Dayti	me Telep	hone Numb	er	\$ \$ * * * .	
A property	4														

Commonwealth of Pennsylvania - Notary Seal Monica R. Zeigler, Notary Public Erie County

My commission expires January 4, 2028 Commission number 1441263

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number					
1.Uniternized Contributions and Receip	ts-\$50.00 or Less per Contributor				
	Total for the reporting period	(1)	\$		
2. Contributions of \$50.01 to \$250.00 Part A and Part B)	From a supply of the supply of			de ann e de l'annace de Caralle de la langue de l'annace de l'a	
Contributions Received from Political Co	mmittees (Part A)	5	\$ 		
All Other Contributions (Part B)	· · · · · · · · · · · · · · · · · · ·		\$ 		
	Total for the reporting period	(2)	\$ 		
3. Contributions Over \$250.00 (From P	art Cand Part D)				
Contributions Received from Political Co	mmittees (Part C)	51004151028503	\$		
All Other Contributions (Part D)			\$		<u> </u>
gle Andrews	Total for the reporting period	(3)	\$		
4. Other Receipts-Refunds, Interest Ear	ned, Returned Checks, ETC. (From Part E		mayodydd ac i y ganoldo Cyfallol ac Cyfraioldo		
The second of th	Total for the reporting period	(4)	\$	iniminis indicated the	
Total Monetary Contributions and Receipt	ots during this reporting period (Add and		\$ 		

enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report

Cover Page, Item B)

Sala at the

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

12 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -				Amount
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
House # Street Address		,	Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee	Francisco Carrier	30 000000000000000000000000000000000000	Date [MM/DD/XXXY]	
House # Street Address			Date [MM/DD/YYYY]	
City :	State	Zip Code	Date [MM/DD/XXXX]	
Full Name of Contributing Committee	ENGERTES.		Date [MM/DD/YYYY]	HART
House # Street Address			Date [MM/DD/XXXX]	
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee		电影对射机能跟踪	Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY]	See
City	State	Zip Code	Date [MM/DD/YYYY]	Section 1
Full Name of Contributing Committee	rear and		Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee	Post men poses.	DR41C4以前等社会公司2024	Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY] 5	288 200 200 200 200 200 200 200 200 200
City	State.	Zip Code	Date [MM/DD/YYYY] S	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

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

Filer Identification Number:

				Ship through the latest the lates
Full Name of Contributor			Date (MM/DD/AYYY)	
			Date [MM/DB/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] .\$	
C(tv.44)	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	i - asamenanan ya
House:# Street Address			Date [MW/DD/XYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor	. V		Date [MM/DD/YYYY] \$	is the state of th
House #			Date [MM/DD/YYYY] S	
	State	Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address	·		Date [MM/DD/YYYY] \$	
	State	Zip.Cade	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] 5	
House # Street Address			Date [MM/DD/YYYY] \$	
	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	h Menace William
House # Street Address	11		Date [MM/DD/YYYY] 5	en 1921, 1921, the west fisher the same of the same like same in gast same
Gty	State	Zip Code	Date [MM/DD/YYYY] \$	

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer identification Number:				. File (12 settin in
The state of the s				
Full Name of Contributing Committee			Date [MIM/DD/AVVV]	
House # Street Address	:		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Committee		达别达,附别高级 别	Date [MM/DB/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	i a l'oransatism pr
House # Street Address			Date [MM/DD/YYYY] \$	
City	State.	Zip Code	Date (MM/DD/YYYY) 5	
Full Name of Contributing Committee	APPROXIMATE SAFETY	Eller Carrier Carrier	Date MM/DD/Y/Y/1	ां भागसभू हे लगा सम
House # Street Address			Date [MIM/DD/YYYY] \$	
CV	State	Zip Gode	Date [MIM/DD/YYYY] Ş	
Full Name of Contributing Committee		Decision Activities (1997) (INVESTIGATION CORP.) 194	(Pate [MM//DD/AYYY) - S	The stage of the
House # Street Address			Date [MM/DD/YYYY] S	
Cty (cty)	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee.		THE PARTY OF THE P	Date [MM/DD/YYYY] S	
House # Street Address	>		Date [MM/DD/YYYY] S	
City	State A	Zip Code	Date [MM/DD/YYYY] \$	

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

Full Name of Contributor				Still trends stole of his
	į.		Date [MM/DD/YYYY] \$	
House # Street Address	t		Date [MM/DD/AYYY] \$	15
C The second sec	State	Zip Code	Date (MINI/DD/AYAY) \$	
Employer Name		The state of the s	Occupation	
Employer Mailing Address / Principal Place of Business	F 1	· .	Endeducing pages in the communication and call	
Full Name of Contributor			Date [MM/DD/YYYY] \$. / i iii i a manii
House # Street Address			Date [MM/DD/YYYY] + + \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	二、 一
House # Street Address			Date (MM/DD/YYYY) \$	
CLY	State	Zip Code	Date [MM/DD/YYYY] \$	÷
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business			•	
Full Name of Contributor			Date (MM/DD/YYM) \$	्र विकास स्थापना स्थापन
House # Street Address			Date [MM/Db/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailing Address /			Occupation	
Principal Place of Business				

PART E

Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Num	DEP 12			· · · · · · · · · · · · · · · · · · ·
Full Name				
House #	Street Address		·	
		State	Zip	Date [MM/DD/YYYY] \$
Citý Lista do la company City			Code	
Receipt Description		Patrocarrio	Name and State of State State State	fements
Full Name	(1) 12 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
House #	Street Address	······		
City		State	Zip	Date [MM/DD/(YYYY] 5
Receipt Description			Code	
Full Name		· · ·		
House #	Street Address	*. 		
City	No. 1 Sept. Address	State	Zip 🔠	
		3.die	Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				No. of the state o
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		
City		State	Zip	Date IMM/DD/XXXX \$
	10 1 100 10 17 (2		Code	
Receipt Description				
Full Name				
	Street Address			
City Company of the C		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				19 31 11 11 11 11 11 11 11 11 11 11 11 11
Full Name		. ·		v S. Falsquejankasi
	Street Address	·		
City		State	Zip	Date [MM/DD/YYYY] \$
			Cade	Date (MM/DD/YYYY) \$
Receipt Description			A TENNEY WAY	LINGUIST .

SCHEDULE II

化二氯酚酚 医外腺管 建氯基基 医二磷酸盐

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:	3			4 4 10000-00
1. UNITEMIZED IN-KIND CONTR	IBUTIONS RECEIVED VALU	E OF \$50.00 OR LESS F	ER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$		
2. In-KIND CONTRIBUTIONS RE	CEIVED-VALUE OF \$50.01 I	O \$250.00 (FROM PAI	RT.F)	
TOTAL for the reporting period	(2)	\$		
	-IVED-VALUE OVER \$250.0	io (FROM PART G)		
TOTAL for the reporting period	(3)	\$		
	ONE DUDIES THE STREET	TNIC TE T	, , , , , , , , , , , , , , , , , , ,	क्षा व अध्यक्षित्वक
TOTAL VALUE OF IN-KIND CONTRIBUTI PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)		, I		STATE OF THE STATE

interior seeking.

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Full Name of Contributor	Date (MM//DD/AAA/) \$
House # Street Address City State Zip Code	Date [MM/DD/YYYY] S
Description of Contribution	Date [MW/DD/YYYY] \$
Full Name of Contributor	
	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Gode	Date [MM/DD/YYYY] \$
Description of Contribution	
Full Name of Contributor	Date [MM/DD/XXXX] 5
House # Street Address	Date (MIN/DD/YYYY) 5
City: State Zip Code Description of Contribution	Date (MM/DD/YYYY) \$
Busilies are have the death and a succession of the succession of	# 1 to 1 t
Full Name of Contributor	Date [MM/DD/YYY] S
House # Street Address	Date (MM/DD/YYYY) \$
City State Zip Code	Date [MM/DD/YYYY)] \$
Description of Contribution 1	
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] . S.
Description of Contribution	

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:

		·	
Full Name of Contributor			Date (MM/DD/AYYY)
			A processing a long of a second control of the second control of t
House # Street Address			Date [MM/DD/YYYY] \$
City (Free Particular Property of the City (City	State Z	p Code	Date[MM/QD/YYYY] \$
Employer Name		BULLER SERVICES	Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor	.:		Date IMM/DD/YYYYI S
House # Street Address			Date [MM/DD/YYYY] \$
Cto	State Z	p Code	Pate [MM/DD/31YYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor			Date [MM//OD/MYYY]
House # Street Address			Date [MM/DD/YYYY] \$
	State Zi	p Code	Date (VIM/DD/YYYY)
Employer Name Employer Mailing Address / Principal			Occupation Description
Place of Business			of Contribution
Full Name of Contributor			EDETCHMM/DDAYAYI ### \$
House # Street Address			Date [MM/DD/YYYY] \$
Ely (1)	State Zi	o Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Malling Address / Principal Place of Business			Description of Contribution

SCHEDULE III Statement of Expenditures

			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
A section of the sect		 	
Filer identification Number:			
mariews centification numbers			

To Whom Paid			Date [MM/DD/VYW] \$ 1900.00
Quality Action Photo	OS		3/1/2023
House # 46 Street Address Ri	dgeview Ct		Description of Expenditure
City Parkersburg	State WV	Zip Code 26104	photos/bill stuffer design
To Whom Paid McDowell Tennis Bo	posters		Date [MM/DD/XYYY] \$ 12/1/2023 36.00
House # 05000 Street Address //			Description of Expenditure
35280 V	V 38 St	71A	
City Erie	PA	Zip Code 16506	donation
To Whom Paid			Date [MM/DD/YYYY]: \$
House# Street Address	H +		Description of Expenditure
Finite (Section Wildless of Street, Section Street, Section Se	State	Zip Code	18 CHT 25 (1956) RC 20 Feb 3 to restore the control of the control
To Whom Paid			Date [MM/DD/YYYY] \$
House # Street Address	Pre-CASSORPHISTORINA N.P.		Description of Expenditure
City	State	Zip Code	
To Whom Paid			.Date_[MM//DD/YYYY] .S.
House # Street Address	Name and a second second	Total Section Control Section Control	Description of Expenditure
City:	State	Zip Code	·
To Whom Paid:			Date [MM/DD/XYM] \$
House # Street Address	. :		Description of Expenditure
City:	State	Zip Code	
To Whom Paid			Date [MM/DD/YYY] 5
House # Street Address			Description of Expenditure
City:	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] :: 45.
House # Street Address		**	Description of Expenditure
Giv	State	Zip Gode	11 11 11 11 11 11 11 11 11 11 11 11 11

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

	and the second					
Name of Creditor	46.1124					g Balance of Debt
House #	Street Address	·	375 (B) 3780 (B)	DATE DEBT INCURRED [MM/DD/YYYY]	Para S	ALL RESIDENCE PROPERTY OF THE
Cky (E. T. H. E. T. L.)			State	Zip		
Description of Debt				Code		
Name of Creditor		, 11 b).			D Company	11-12-11-15
House#	Street Address			DATE DEBT INCURRED		g Balance of Debt
			in the same of the	[MM/DD/YYYY]		
City		\(\frac{1}{2}\)	State	Zip Code		
Description of Debt			CONTROL O SPRINGE & & A COMPANY OF A CO.		KUREN	
Name of Creditor					Outstandin	g Balance of Debt
House #	Street Address			DATE DEBT INCURRED	Audiowell III	
City			Tage			$\mathcal{P}_{i}(t) = \mathcal{P}_{i}(t) = -\infty$
Description of Debt			State	Zip Code	707.6 1-37.8	
Name of Greditor		- WAR-V			men, sen so hainen Lind	
House #	Street Address		h I D	PATE DEBT INCURRED		Balance of Debi
				[MM/DD/YYYY]		
City The Control of the Control			State	Zip Code		
Description of Debt		:	- Landerson - Land	Programme Statement of Transport		
Name of Creditor			1. Company			Balance of Debt
House #	Street Address		30	ATE DEBT INCURRED [MM/DD/YYYY]	\$	Property of the Control of the Contr
City		*	State	Zio III		
Description of Debt		÷ .		Code	12.61	
Name of Creditor		:				The state of the s
er di sagget di di di di	Street Address		(i.e. (i.e.)	ATE DEBT INCURRED	Outstanding (Balance of Debt
				[MM/DD/YYYY]		
City Party Bullion			State	Zip Code		
Description of Debt			在原建设			
	<u>(58)</u>					ł