

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Committee to Elect Lynn Case Craker								
Street Address	5411 Millfair Rd								
City	Fairview	State	PA	Zip Code	164415				

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year	2022	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/1/2022	12/31/2022	
A. Amount Brought Forward From Last Report	\$	1936.97	<div style="text-align: center;"> <p>2023 JAN 23 AM 9:49</p> <p>ERIE COUNTY</p> <p>VOTER REGISTRATION</p> </div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$		
C. Total Funds Available (Sum of Lines A and B)	\$		
D. Total Expenditures (From Schedule III)	\$		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1936.97	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		
G. Unpaid Debts and Obligations (From Schedule IV)	\$		

Affidavit Section

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

18 day of JANUARY 20 23

Judith Zelina
Signature

My Commission expires 01 11 2025
MO. DAY YR.

Signature of Person Submitting report

Julie M. Hansen

Printed Name

814
Area Code

873-5253
Daytime Telephone Number

Part II- If this is a report of a **Candidate's Authorized Committee**, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

18 day of JANUARY 20 23

Judith Zelina
Signature

My Commission expires 01 11 2025
MO. DAY YR.

Signature of Candidate

Lynn Case Craker

Printed Name

814
Area Code

873-6607
Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
Judith Zelina, Notary Public
Erie County
My commission expires January 11, 2025
Commission number 1212798
Member, Pennsylvania Association of Notaries

Commonwealth of Pennsylvania - Notary Seal
Judith Zelina, Notary Public
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My commission expires January 11, 2025
Commission number 1212798
Member, Pennsylvania Association of Notaries

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

Total for the reporting period	(1)	\$	
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)

Contributions Received from Political Committees (Part A)	\$	
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All Other Contributions (Part B)	\$	
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Total for the reporting period	(2)	\$	
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3. Contributions Over \$250.00 (From Part C and Part D)
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Contributions Received from Political Committees (Part C)	\$	
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All Other Contributions (Part D)	\$	
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Total for the reporting period	(3)	\$	
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4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)
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Total for the reporting period	(4)	\$	
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Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>	\$	
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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.

Filer Identification Number											
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										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						Date [MM/DD/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]		\$			
House #			Street Address			Date [MM/DD/YYYY]		\$			
City			State			Zip Code	Date [MM/DD/YYYY]		\$		
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						Date [MM/DD/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]		\$			
House #			Street Address			Date [MM/DD/YYYY]		\$			
City			State			Zip Code	Date [MM/DD/YYYY]		\$		

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:	
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Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	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: 									
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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				Date [MM/DD/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]		\$		
House #				Street Address		Date [MM/DD/YYYY]		\$
City				State		Zip Code		Date [MM/DD/YYYY]
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				Date [MM/DD/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]		\$		
House #				Street Address		Date [MM/DD/YYYY]		\$
City				State		Zip Code		Date [MM/DD/YYYY]
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$		
House #				Street Address		Date [MM/DD/YYYY]		\$
City				State		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)

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
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]		\$	
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]		\$	
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]		\$	
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								

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 Number:									
Full Name									
House #		Street Address							
City		State			Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description									
Full Name									
House #		Street Address							
City		State			Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description									
Full Name									
House #		Street Address							
City		State			Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description									
Full Name									
House #		Street Address							
City		State			Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description									
Full Name									
House #		Street Address							
City		State			Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description									
Full Name									
House #		Street Address							
City		State			Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description									

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

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

Filer Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR
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TOTAL for the reporting period	(1)	\$	
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	
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TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$	
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
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					Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
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					Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
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					Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
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					Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Date [MM/DD/YYYY]		\$
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]		\$
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]		\$
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]		\$
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]		\$
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]		\$
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]		\$
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]		\$
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]		\$
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

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.

Filer Identification Number:	
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Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State	Zip Code			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State	Zip Code			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State	Zip Code			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State	Zip Code			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State	Zip Code			
Description of Debt						