Reset Forn	1	Print Form

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

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Filer identification	on .	V	Repo (Mar	rt Filed B rk X)	Sy the Candida	ite	Committee		Lobbyist		
Name of Filing Co	ommittee, Ca	ndidate or	Comm	nittee to E	Elect Lynn Case	Craker		1 -	- !		
Street Address		(1. 20 TeQ (5.0	5411	Millfair Ro	d						
City	Fairview	- Ipavest oznastatem			State	PA	Zip Code	164415			
Type of Report (P	lace x under r	eport type)			Lavataataata		Ing sarage	Harris de la Companya			
1-6 th Tuesday	2- 2 nd Friday	3-30 Day Post	4-6 th	Tuesday	5- 2 nd Friday	6-30 Day Post	7- Annual	Special 2 nd Friday	Special 30 Day		
	Pre-Primary	Primary	- SWAGE COLLEGE	lection	Pre- Election	Election		Pre-Election	Post-Election		
Date Of Election			Year			Amendment		Termination			
(MM/DD/YYYY)				uni di Paranci Si sakatan	2022	Report		Report			
Summary of Reco	eipts and	From Date		To Date			For	Office Use Only			
		1/1/2022		. 12	/31/2022						
A. Amount Broug	ght Forward F	rom Last Report	\$		1936.97	- Page 11 and 12		-we	r-ò		
& Total Monetar		ns and Receipts	\$					dia. CO	7023 JAN		
(From Schedule I C. Total Funds Av	AC data to the control of the con-		\$					nin EE	<u> </u>		
(Sum of Lines A a	ind B)	77 96 (21 146) November 1									
D. Total Expendit (From Schedule I	Conference of the state of affice and		\$			2					
E. Ending Cash Ba	THE RULE CONTROL . IN SAIL		\$		1000 07	NATION 9: 49					
(Subtract Line D t F. Value of In-Kin	and the state of t		ح		1936.97						
(From Schedule I	101117-04114, v 13-98(94) 34	ns kelelved 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$. :							
G. Unpaid Debts (From Schedule I		ns.	\$. :				ali i i i i i i i i i i i i i i i i i i	_		
Strates untra et d'action de la faction de la communication de la	K. Silverskijas i retalike vite en tr		TOR	-	Affidavit Se	ction		Commonwealth of F	Pennsylvania - Notary		
Part 1- If this is a Co	mmittee repor	t, treasurer sign h	ere. If th	nis is a Car	ndidate report, c	andidate sign here		Judith Zelli	na, Notary Public		
Sworn to and subsc	ribed before m	including the a cta e this	cnea sci	nedules or	n paper, is to the	pest of my knowle	edge and belief t	My commission ex	na, Notary Public e County (pires January 11, 20		
18 day of 3	ANUARY	20 23							number 1212798 Na Association of Notar		
redith	Milin	20 <u>23</u>	_			Signature	of Person Subj	nitting report			
論. /	ignature		-				Printed Nan				
My Commission exp	oires <i>O</i>	11 202	' ک	W N		814	8	73-5253			
	MO.	DAY YR.	-			Area Code	Da	ytime Telephone Numb	per		
Part II- if this is a re											
I swear (or affirm) t amended.	hat to the best	of my knowledge :	and beli	ef this pol	itical committee	has not violated a	ny provisions of	the Act of June 3, 1937	(P.L. 1333, NO.320) as		
Sworn to and subsc	ribed before me	e this					10				
18 day of 0	Jedut Julia					Dynn	(and	Liake			
gudut						1240^{\prime} si	gnature of Candi	date Craken	•		
√ s	ignature 🖊			₇ 1.			Printed Name				
My Commission exp		11 202	5			814		113-6607			
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		Commonwealth Judith	of Pen	insylvania	- Notary Spari						
· ···		Judith	,	Notary i	Public						

Erie County 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				The Control of the Co
		V		
1.Unitemized Contributions and Receipt	s-\$50.00 or Less per Contributor	69.49-4.3 97-4-469		(영화) 전 (1995년 - 1995년 - 1995년 - 1995년 - 1995 - 1995년 - 199
estantina estas, per la considera de servicio de la considera de la considera de la considera de la considera La considera de la considera d	Total for the reporting period	(1)	\$	and the state of t
2. Contributions of \$50.01 to \$250.00 (Part A and Part B)	From			
Contributions Received from Political Co	mmittees (Part A)		\$	
All Other Contributions (Part 8)			\$	
· .	Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Pa	rt Cand Part D)	a e	ii ii	
Contributions Received from Political Co	nmittees (Part C)		\$	
All Other Contributions (Part D)			\$	
	Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Ear	ned, Returned Checks, ETC, (From Part I	E)		
	Total for the reporting period	(4)	\$	(A) STATE OF THE ACT OF THE STATE OF THE STA
Total Monetary Contributions and Receip enter amount totals from Boxes 1, 2, 3 ar Cover Page, Item B)	its during this reporting period (Add and add 4; also enter this amount on Page 1, R	l Report	\$	

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	амитрег				
A 515 1152 5 . •					Amount
Full Name of Co Committee	ntributing	:		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
Torve		-State	Zip Cade	Date [MM/DD/YYYY]	\$
1Full Name of Cor	7716767676			Date [MM/DD/YYYY]	
Committee		Pro-		Date [IMIN/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	1751 年 - 在 Tax (27 整建建设)	State	Zip Gode	Date [MM/DD/YYYY]	\$
Full Name of Cor Committee	ntributing	THE PROPERTY OF THE PROPERTY O	ZE MONTHONIS SERVICE COMMITTEE COMMI	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	(本年)。中区《北京教学会会	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor Committee	itributing	in the factor of	HARRING REPUBLICA	Date [MM/DD/YYYY]	\$
Mouse #	Street Address		· · · · · ·	Date [MM/DD/YYYY]	\$
Giv	The state of the s	State	Zip €ode	Date [MM/DD/YYYY]	\$
Full Name of Con Committee	tributing			Date [MM/DD/YYYY]	\$
House #	Street Address	y		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
			ATTENDED STATES OF THE STATES		-

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/	· · · · · · · · · · · · · · · · · · ·		make 113a ta zastro di Kalajanya, 1943 tana sastro	THE STATE OF THE S
				The first of the property of the state of th	त्र महत्त्व है जिल्हा हु । महत्त्व का सम्बद्धान्त्र का
Full Name of Co	entributor (1)			Date [MM/DD/YYYY] \$	
				· · · · · · · · · · · · · · · · · · ·	
House #	Street Address	ŧ		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	-
Full Name of Co	8.7°2.1°3.1°3.1°3.1°3.				Survey and the Supplementary of the Supplementary o
			* •	Date [MM/DD/YYYY] \$	
House #					
nouse#	Street Address			Date [MM/DD/YYYY] \$	
City					
		State	Zip Code	-Date (MM/ED/YYYY) \$	
Full Name of Co	ntributora			Date (MM/DD/MM) 4 5	Charles (1875) Sept control Linear L
and the first					
House #	Street Address			Date [MM/DD/YYYY] \$	
		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Sity		State	Zip Code	Date [MM/DD/YYYY] \$	
				神経神経神病の大きの原理が発生の高く (2011年) (1917年) (1917年)	
Full Name of Co.	ក្រើបចំក្រុ			Date [MM/DD/xyyy] \$	an a sund trade for the graph of the first and a second of the
				in an operation in the control of th	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				and both Title (1974) in Parkins and Associated Associa	
Full Name of Co	ntilbutor			Date [MM/DD/YYYY] \$	of the constraint of the second second
		* .			
House #	Street Address	1	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
	The state of the s				
Full Name of Cor	itributor			Pate IMM/DD/XYYYI s	A STATE OF THE PARTY OF THE PAR
House #	Street Address			Date [MM/DD/YYYY] \$	
Spin		La Journal of Marie			
City		State	Zip Code	Date [MM/DD/YYYY] 5	
				100 mg/m	

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.

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Full Name of Contributing Committee		Date [MM/DD/YYYY]	
House # Street Address		Date [MM/DD/YYYY]	\$
Civ	State Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee		Date (MM/DD/YYYY)	
House # Street Address		Date [MM/DD/YYYY]	5
City Ci	State Zip Code		S
Contributing Committee House # Street Address		Date [MM/DD/YYYY]	
Giv	State Zip Code	Date [MM/DD/YYYY]	
Hallinameo(specialistics)		Date (MM/DD/YY/W)	5
Contributing Committee Contribution	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	
City	State Zip Code	Date [MM/DD/YYYY]	15
Full Name of Contributing Committee		Date [MM/DD/YYYY]	
House # Street Address		Date [MM/DD/YYYY]	
	State Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee		Date [MM/DD/YYYY]	
House # Street Address	:	Date [MM/DD/YYYY]	
Giby	State Zip Code	Date [MM/DD/YYYY]	5

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 (dentification	1 Number:	v ²)		
Full Name of Co	ntelloutor			Date [MM/DD/YYYY] S
House #	Street Address			Pate [MM/DD/YYYY] \$
City	Estimation	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailir	ng Address /	- Entragement		Occupation .
Principal Place o	of Business			
Full Name of Co		7. ·		Date (MM/DD/YYYY) \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	批告的特別的公外公外數學的可用	State	계p Gode	Date [MM/DD/YYYY] \$
Employer Name Employer Mailin	ng Address / Lands	11558/34 001240700.19	Extractional Society	Occupation
Principal Place o Full Name of Co	of Business			
				Date [MM/DD/YYYY] S
House#	Street Address			Date [MM/DD/YYYY] \$
City	I and the second	State	Zip Code	Date [MM/DD//YYYY] \$
Employer Name Employer Mailin	ig Address /	:		Occupation .
Principal Place of Full Name of Cor				
		÷ .		Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
City	Limit of Markey or equipment and	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing	g 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 N	imber 1908 - Parker III			
Full Name				
House #	Street Address		<u> </u>	
City 2 (1)		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descriptio				Tables Association
Full Name		: "	· · · · · · · · · · · · · · · · · · ·	
House #	Street Address			
City 15 september		State	Zip Code	Date [MM/DD/XYYY] \$
Receipt Description		F-10-20-20-20-20-20-20-20-20-20-20-20-20-20		
Fall Name				
House# City	Street Address	State	Zip	Pate [MM/DD/YYYY] S
en e			Code	A CANADA A CANADA CANAD
Receipt Description		F13 W F13 CONTROL (1)	N889-1922-1922-1	[647]
Full Name House #				
GIV	Street Address	State	Zip. L.	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				e de la companya de mandre, con la companya de la c
House #	Street Address			
City		State	Zp	Date [MM/DD/YYYY] \$
Receipt Description		A Bowlines	Code	And the state of t
Full Name				and the state of t
House #	Street Address			
Clev		State	Zip.	Date [MM/DD/YYYY] \$
Receipt Description		a iguslerii	Code	

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:	e e			
1 UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VALU	IE OF \$50,00 OR LESS PER	CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$		
2. IN-KIND CONTRIBUTIONS REC	ENVED-WALUETOF \$50.017	O \$250.00 (FROM PART		
TOTAL for the reporting period	(2)	\$		
3. IN-KIND CONTRIBUTION RECE	VED-VALUE OVER \$250.0	O (FROM PART G)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals fr on Page 1, Report Cover Page, Item F)				

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

The digital administration of the property of		77120E 01 450/01 10	7 7 2 3 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
Filer Identification Numbers				
Section 1.	The second secon		Marine Berger and Arthurst Annual Control	and the second
Full Name of Contributor			Date [MM/DD/YYYY]	. 5 .
House # Street Add			Date [MM/DD/YYYY]	
			14.11.11.11.14.41.43.18.18.18	
	State	Zip Code	Date [MM/DD/YYYY]	5
Description of Contribution				
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Full Name of Contributor	•		Date [MM/DD/YYYY]	
House # Street Add	ress		Date [MM/DD/YYYY]	
				55
Giv	State 16.	Zip Code	Date [MIM/DD/YYYY]	
Description of Contribution		Auril 12 Committee		
Eull Name of Contributor			Date [MM/DD/YYYY]	The second secon
			pate (Wilwipp)	* * * * * * * * * * * * * * * * * * *
House # Street Add	ress	7	Date [MM/DD/YYYY]	S
City:	State	Zip Code	Date [MM/DD/YYYY]	
Description of Contribution				PER
Full Name of Contributor	/		Date [MM/DD/YYAY)	5
House # Street Add	ress		Date [MM/DD/YYYY]	\$
City :	State	Zip Code	Date [MM/DD/YYYY]	\$.
			2000 Control of the C	
Description of Contribution				
Full Name of Contributor	AN A	<u>.</u>	Date MM/DD/YYYY)	
House # Street Add	rásc		Date [MM/DD/YYYY]	
TO THE REPORT OF THE PARTY OF T			ETANCH MANAGAMETER	
City	State	Zip Code	Date [MM/DD/YYYY]	CLORING

Description of Contribution

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

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Cull Name of Contributor		Date MM/DD/YYYY
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House # Street Address		Date [MM/DD/YYYY] \$
		是"交流"。 是"大"是" 公司"是" "公司"
GILY ST.	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal		Description
Place of Business		of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
	· · · · · · · · · · · · · · · · · · ·	# (2) 1
House # Street Address	# .	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Indexessation underlinery I	Occupation
Employer Mailing Address / Principal Place of Business		Description of
		Contribution
Full Name of Contributor.		Date [MM/DD/YYYY] S
House # Street Address		Date [MM/DD/YYYY] \$
		INCOME THE PROPERTY OF THE COMMENTS OF THE COM
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		事子 第一章 第二章 表现
Employer Mailing Address / Principal		Occupation
Place of Business		Description of
Full Name of Contributor		Contribution Date MM/DD/YYYY
		Date MM/DD/YYYY
liouse # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] 5
Employer Name		Occupation
Employer Mailing Address / Principal		Description
Place of Business		
	269	Contribution

SCHEDULE III Statement of Expenditures

Filer dentification		on:		
To Whom Paid				Date [MIN/DD/XYYY] -S
House#	Street Address			Description of Expenditure
Cleys		State	Zip Code	的
To Whom Pald			TATAL PARAMETERS AND	Date [MM/DD/YYYY]
House #	Street Address	71	·	Description of Expenditure
folives in the second	The of the specific stands allowers and a	State	Zip Code	
To Whom Paid				Date [MIM/DD/YYYY] S
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		Description of Expenditure
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				Pate [MM/DD/YYYY] S
House#	Street Address	State		Description of Expenditure
To Whom Paid		State	Zip Code	
et most and sus as about the sus as House #	Street Address			Date [MM/DD/YYYY] \$
City		State	26	Description of Expenditure
To Whom Paid	grading and the grading and th	200 年 125 100 年 125 100 年 125 100 日 100 日	Code	Date (MIM/DD/AYAY)
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City 4		State*	Zip .	Pescintial of Expanditure
To Whom Paid I			Code	Date [MM/DD/AYYY] S
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Gity	的 新聞品闡答。是	State	Zip	
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House #	Street Address			Description of Expenditure
City :		State	Zip	
	samanan kanalan kanala		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.

	######################################				
Name of Creditor		N. T.		<u> </u>	Outstanding Balance of Debt
House #	Street Address			DEBT INCURRED IM/DD/YYYY]	
Giy			State		*** (*********************************
Description of Debt		· · · · · · · · · · · · · · · · · · ·	ali (alia	Zip Code	AND THE PROPERTY OF THE PROPER
		N (
Name of Creditor				4: 1: 1: 1 P. M. G. (1884) 43 P.	Outstanding Balance of Debt
House #	Street Address		P021000040500001700000000	DEBT INCURRED IM/DD/YYYY]	
City			State	Zip	
Description of Debt				Code	
		Saka .			
Name of Creditor				the state of the s	Outstanding Balance of Debt
House #	Street Address	Artista V		Debt incurred [M/Dd/Yyyy]	
			State	Z (p	
Description of Debt			1415	Code C	
		• 1			
Name of Creditor	(655) grigs			The first section and the first	
Name of Creditor House #	Street Address	221	DATE	DESTANGURRED	Outstanding Balance of Debt.
	Street Address	5.7.5		DEBLINCURRED M/DD/WY1	Outstanding Balance of Debt.
	Street Address		State .	M/DD/YYYY]	
House #	Street Address		i i jev	M/DD/YYYY)	
t House # City	Street Address		State .	M/DD/YYYY]	
House # Clty Description of Debt	Street Address Street Address		State	M/Db/AVAYY Zip Code DEBT INCURRED	
House # City: Description of Debt Name of Creditor	Street Address		State	M/Db/AVAYA Zip Code	Gutstanding Balance of Debt
City Description of Debt Name of Creditor House #			State DATE	M/DD/AYYYI Zip Code DEBT INCURRED M/DD/AYYYI	Gutstanding Balance of Debt
City Description of Debt Name of Creditor House #	Street Address		State DATE	M/DD/ANYY Zip Code DEBT INCURRED M/DD/AYY)	Gutstanding Balance of Debt
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City Description of Debt Name of Creditor House # City Description of Debt. Name of Creditor	Street Address		State DATE	M/DD/YYYY Zip Code DEBT INCURRED M/DD/YYYY) Zip Code DEBT INCURRED M/DD/YYYYI	Outstanding Balance of Debt S Outstanding Balance of Debt