

Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

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

Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/> Lobbyist
Committee to Elect Lynn Case Craker			
5411 Millfair Rd			
Fairview	State	PA	Zip Code 16415

Type of Report (Place x under report type)

1- 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Year			Amendment Report			Termination Report		

From Date	To Date	For Office Use Only
1/1/2021	12/31/2021	
Amount Brought Forward From Last Report	\$ 1936.97	
Monetary Contributions and Receipts (From Schedule I)	\$	
Amounts Available (From Lines A and B)	\$	
Expenditures (From Schedule III)	\$	
Ending Cash Balance (Subtract Line D from Line C)	\$ 1936.97	
Value of In-Kind Contributions Received (From Schedule II)	\$	
Outstanding 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, is true to my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 26 day of JANUARY 2022 My commission expires January 11, 2025

Judith Zelina Signature
Member, Pennsylvania Association of Notaries

Julie M. Hansen Signature of Person Submitting report
Printed Name

My Commission expires January 11, 2025
MO. DAY YR.

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 26 day of JANUARY 2022 My commission expires January 11, 2025

Judith Zelina Signature
Member, Pennsylvania Association of Notaries

Lynn Case Craker Signature of Candidate
Printed Name

My Commission expires January 11, 2025
MO. DAY YR.

814 Area Code 873-6607 Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

File Identification Number			
Part A: Small Contributions and Receipts—\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	
Part B: Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	
Part C: Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	
Part D: Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	
Total Monetary Contributions and Receipts 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)		\$	

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.

Contribution Number						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]	\$	

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.)

Full Identification Number:											
Full Name of Contributor						Date [MM/DD/YYYY]		\$			
Street Address						Date [MM/DD/YYYY]		\$			
City State Zip Code						Date [MM/DD/YYYY]		\$			
Full Name of Contributor						Date [MM/DD/YYYY]		\$			
Street Address						Date [MM/DD/YYYY]		\$			
City State Zip Code						Date [MM/DD/YYYY]		\$			
Full Name of Contributor						Date [MM/DD/YYYY]		\$			
Street Address						Date [MM/DD/YYYY]		\$			
City State Zip Code						Date [MM/DD/YYYY]		\$			
Full Name of Contributor						Date [MM/DD/YYYY]		\$			
Street Address						Date [MM/DD/YYYY]		\$			
City State Zip Code						Date [MM/DD/YYYY]		\$			
Full Name of Contributor						Date [MM/DD/YYYY]		\$			
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.

Registration Number:					
Name of Contributing Committee		Date [MM/DD/YYYY]		\$	
Street Address		Date [MM/DD/YYYY]		\$	
State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		Date [MM/DD/YYYY]		\$	
Street Address		Date [MM/DD/YYYY]		\$	
State		Zip Code		Date [MM/DD/YYYY]	\$
Name of Contributing Committee		Date [MM/DD/YYYY]		\$	
Street Address		Date [MM/DD/YYYY]		\$	
State		Zip Code		Date [MM/DD/YYYY]	\$
Name of Contributing Committee		Date [MM/DD/YYYY]		\$	
Street Address		Date [MM/DD/YYYY]		\$	
State		Zip Code		Date [MM/DD/YYYY]	\$
Name of Contributing Committee		Date [MM/DD/YYYY]		\$	
Street Address		Date [MM/DD/YYYY]		\$	
State		Zip Code		Date [MM/DD/YYYY]	\$
Name of Contributing Committee		Date [MM/DD/YYYY]		\$	
Street Address		Date [MM/DD/YYYY]		\$	
State		Zip Code		Date [MM/DD/YYYY]	\$
Name of Contributing Committee		Date [MM/DD/YYYY]		\$	
Street Address		Date [MM/DD/YYYY]		\$	
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)

Contribution Number					
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Name of Contributor		Date [MM/DD/YYYY]		\$	
House #	Street Address	Date [MM/DD/YYYY]		\$	
	State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name		Occupation			
Employer Mailing Address / Principal Place of Business					

Name of Contributor		Date [MM/DD/YYYY]		\$	
	Street Address	Date [MM/DD/YYYY]		\$	
	State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name		Occupation			
Employer Mailing Address / Principal Place of Business					

Name of Contributor		Date [MM/DD/YYYY]		\$	
	Street Address	Date [MM/DD/YYYY]		\$	
	State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name		Occupation			
Employer Mailing Address / Principal Place of Business					

Name of Contributor		Date [MM/DD/YYYY]		\$	
	Street Address	Date [MM/DD/YYYY]		\$	
	State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name		Occupation			
Employer Mailing Address / Principal Place of Business					

PART E

Other Receipts

REFUNDS, INTREST 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:	
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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**

Contributor Number	
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ITEMIZED 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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IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
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TOTAL for the reporting period	(2)	\$	
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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

Contributor Number							
Name of Contributor						Date [MM/DD/YYYY]	\$
Street Address						Date [MM/DD/YYYY]	\$
State				Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							
Name of Contributor						Date [MM/DD/YYYY]	\$
Street Address						Date [MM/DD/YYYY]	\$
State				Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							
Name of Contributor						Date [MM/DD/YYYY]	\$
Street Address						Date [MM/DD/YYYY]	\$
State				Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							
Name of Contributor						Date [MM/DD/YYYY]	\$
Street Address						Date [MM/DD/YYYY]	\$
State				Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							
Name of Contributor						Date [MM/DD/YYYY]	\$
Street Address						Date [MM/DD/YYYY]	\$
State				Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							

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

Identification Number: _____					
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Name of Contributor				Date [MM/DD/YYYY]		\$	
Street Address				Date [MM/DD/YYYY]		\$	
State				Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

Name of Contributor				Date [MM/DD/YYYY]		\$	
Street Address				Date [MM/DD/YYYY]		\$	
State				Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

Name of Contributor				Date [MM/DD/YYYY]		\$	
Street Address				Date [MM/DD/YYYY]		\$	
State				Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

Name of Contributor				Date [MM/DD/YYYY]		\$	
Street Address				Date [MM/DD/YYYY]		\$	
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

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

Debtor 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						