

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)	Cantidate	Committee			
Name of Filing Committee, Candidate or Lobbyist	Committee to Elect Lynn Case Craker					
Street Address	5411 Millfair Rd					
City Fairview		State PA	Zip Code 16415			
Type of Report (Place x under report type)						
1-6 th Tuesday 2-2 ^{td} Friday 3-30 Day Post Pre-Primary Pre-Primary Primary		" Friday 6:30 Day Po Election Election				
Pre-Primary Pre-Primary Primary	Pre-Election Pre	Election Election	Pre-Election	Post-Election (2.85)		
n south 1 7 hours also and a second	S-A-S-S-November Representation Conference					
Date Of Election (MM/DD/****)	Year and professions of the control	2019 Report	Termination Report			
Summary of Receipts and From Date Street	i o Date	Hydrusia (prostantio) massaga necessas	For Office Use Only	Lin tampis Theological scale of the		
1/1/2019	12/31/20	019				
A. Amount Brought Forward From Last Report	\$ 1936.9	97	2 to 1 to			
B. Total Monetary Contributions and Receipts (From Schedule I)	\$.	1				
C. Total Funds Available	\$					
(Sum of Lines A and B) D. Total Expenditures	\$			<u></u>		
(From Schedule III) E. Ending Cash Balance	\$			-10		
(Subtract Line D from Line C)	1936.9	97	2			
F. Value of In-Kind Contributions Received (From Schedule II)	\$		16			
G. Unpaid Debts and Obligations (From Schedule IV)	\$:		. j		
The state of the s		Affidavit Section				
Part 1- If this is a Committee report, treasurer sign he I swear (or affirm) that this report, including the attac	re. If this is a Candidate hed schedules on pane	e report, candidate sign her	e.	oulota		
Sworn to and subscribed before me this		4.	1	npiese.		
28 day of JANJary 20 20	COMMONWEALTH	AI SEAL	Herren			
Tramera). Trave	Pamela J. Forbe	s, Notary Public	re of Person Submitting report			
Signature	Summit Twp. My commission expire		Printed Name			
My Commission expires // / 200) -0		873 - 5753 Daytime Telephone Nu	mber		
Part I With Is a report of a Candidate's Authorized C	ommittee candidates	hall sign boro				
Swear (or affilm) that to the best of my knowledge a			any provisions of the Act of June 3, 19	37 (P.L. 1333, NO.320) as		
ameridet 2	ē	0	, n			
Sworn to and subscribed before the this		J.	Caroli le			
day of Action 200	·	Bund	ignature of Candidate			
The state of the s		KYN/	Printed Name	1		
My Commission expires 17 2024	. •	814	844-873-	6607		
MO. DAY YR.	•	Area Code	Daytime Telephone Num	nber		

SCHEDULE I .

Contributions and Receipts Detailed Summary Page

Tiles dentification Number		· · · · · · · · · · · · · · · · · · ·	
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
	iz jizwa		
Total for the reporting period	(1)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	A CONTRACTOR OF THE CONTRACTOR
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part b)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	
4. Other Receipts Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		i diçi	
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, Rep Cover Page, Item B)	ort	\$	
			2.35 pt 513

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 Num		<u> </u>				
						Amount
Full Name of Contribu	ating		<u>i i seⁿdi i bilangan kemalah dalam bilang</u>		Poate MM/DD/YWW	15. Dean
House #	Street Address		-		Date [MM/DD/YYYY]	\$
Giv		State	Zip Code			21884 1472
					Date [MIV/DD/XYYY]	Section 1
Full Name of Contribu Committee		Lamanaca de se de cerca en est	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		Date [MM/DD/YYYY]	\$ 5.00
	eraturi. Bulburi.					「発展的 はないでき はないでき 大ないでき 大ないでき 大ないでき
House #	Street Address			14	Date MM/DD/YYYY)	
Edity of		State	Zip Code		Date [MM/DD/YYYY]	Total
Full Name of Contribu Committee	ting 6. Cana	:			Date (MM/ODYYYYY)	
House #	Street Address					I STATE OF THE STA
		,		į	Date [MM/DD/XXXX]	
City in		State	Zip Code		Date [MM/DD/YYYY]	5 21
Full Name of Contribu Committee	ting	ş.			Date [MM/DD/YYYY]	
House #	Street Address				Date [MM/DD/YYYY]	
City		State	Zip Code		Date [MM/DD/YYYY]	S
		1 (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		<u> </u>	A CONTRACTOR OF THE PROPERTY O	
Full Name of Contribution Committee	ing	:		200	Date (MM/DD/YYY)	
House #	Street Address				Date [MM/DD/YYYY]	70.005 70.005
e programa Romanica	HAMPINE TO THE			11	Date IMM/DB/ATAY	\$
City	CONTROL OF THE PARTY OF THE PAR	State	Zip Code			
Full Name of Contribut					Date [MM/DD/YYYY]	
Committee		·		1000		
House #	Street Address				Date [MM/DD/YYYY]	2.5.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2
CIV	omente de la	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:					
					
sul (Namero) somulations			F		
				Date [MM/DD/YYYY]	
	et Address			Date [MM/DD/YYYY]	
City	State	Zip Code		Date [MM/DD/YYYY]	, 5 .
Full Name of Contributor	Magazine samuratura para			-Date MM/lob/svvv -	
House# Stree	et Address		<u></u>	Date [MM/DD/WYY]	\$
City	State	Zip Code		-Date [MM/DD/YYYY]	\$
Full Name of Contributor		***************************************		Pate (MM/DD/YYYY)	
House # Stree	et Address		200 A 100 A	Data [MM/DD/YYYY]	
City	State	Zip Code		Date [MM/DD/YYYY]	
Full Name of Contributor	N Proposition Commission	EVERTAL PROPERTY CONTROL OF THE PROPERTY CONTROL OF TH		Date [MM/DD/YYYY]	5
House # Street	et Address			Date [MM/DD/YYYY]	
City	State	Zip code			
Full Name of Contributor		.:			
	t Address				5
City	State	Zip Code			S
Full Name of Contributor					\$
House# Street	t Address		GINE		5
City	State	Zip Code	Į.	Date (MM/DD/YYYY)	5

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 Nu	mberta: Nation				
Full Name of		-		#Patel MM/DD/MYY	
Contributing Commi	ittee			Pace (may expression)	
House #	Street Address			Date [MM/DD/YYYY]	.
City	MARIE MARIE PROPERTY TO SERVE	State	Ζίρ Code	Date IMM/DD/YYYYI	\$ 1
Full Name of Contributing Commi	ilttee			Date (MM/DD/YYYY)	
House #	Street Address			Date [MM/DD/YYYY]	\$
City	170000000000000000000000000000000000000	State State	Zip Code	Date [MM/GB/YYYY]	
Full Name of Contributing Commi			-	Date [MW/DD/YYYY]	
House #	Street Address	To require the second s	but state and a position of	Date [MM/DD/YYYY]	3
City		State	Zip Code	Date [MM/DD/YYYY]	*
Full Name of Contributing Commit				Date [MM/DD/YYYY]	
House #	Street Address	:			
City Full Name of	(大学) (大学) (大学) (大学) (大学) (大学) (大学) (大学)	State	Zip Code	Date [MM/DD/YYYY]	
Contributing Commit				bate [MM/DD/YYYY]	
	Street Address		Richard Control	Date (MM/DD/YYYY)	
City Full Name of	· 通常等限量	State	Xip Code		
Contributing Commit					
City	Street Address	State	Zin Gade	,	
,	!	State			\$

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:

Full Name of Contributor.			Date [MM/DD/XYYY]
House # Street Address			Date [MM/DD/YYYY] \$
City	State	2)p.Code	Date (MM/DD/YYYY) \$
Employer Name Employer Mailing Address /			Occupation
Principal Place of Business			egister.
Full Name of Contributor			Date [MM/DD/YYYY]
House # Street Address	E. N. 1955年1950年4月	TO ME LOCAL PROSPECT A MINISTER A REGISTRE THE THE	Date [MM/DD/YYYY] \$
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] \$
	·		- Occupation
Employer Mailing Address / Principal Place of Business			Jacobs de Mariaco de Caracita
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			[GMEGES constitute from mobility (Stiffer rect)
Full Name of Contributor			Date [MM/OD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Gode	Date (MM/DD/YYYY) \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Bulletin and an appropriate of the state of

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 Num	ber:				
	10000000000000		<u> </u>		
Full Name					_
House #	Street Address		-		
City		State	Zip	Date [MM/DD/YYYY]	1.5
建设设金金金金			Code		
Receipt Description				.*	Psayong and
Full Name	1911 (24 to 12 to	P			
House#	Street Address	*			
City		State	Zip	Date [MM/DD/YYYY]	i s i
alesta alfadaist, y	an es		Code		\$
Receipt Description		:			
Full Name	a.			·	-
House#	Street Address				
City		State	Zip."	Date [MM/DD/YYYY]	
			Code		
Receipt Description	albini Shih		Bararara I		EBEU
Full Name					
House #	Street Address				
City		State	Zip	Date [MM/DD/YYYY]	
			Code		
Receipt Description			NASCIECTOR N	1 -	Fig. 22
Full Name				· · · · · · · · · · · · · · · · · · ·	
House#	Street Address				
City		State	Zp	Date [MM/DD/YYYY]	1857
			Code		
Receipt Description		<u> </u>		<u> </u>	(2) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A
Full Name			***************************************		
	Street Address				
		Sala	Zio .	Date [MM/DD/YYYY]	
			Code	Agre minking (1993)	\$
Receipt Description		<u> </u>	, have a second and a second an		
				<u>.</u>	

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

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

Files identification Number.				
1. LÜNITEMIZED IN-KIND CONTR		IE OF \$50,00 OR LESS (ER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	1986 6 2007 - 1	
2 IN-KIND CONTRIBUTIONS REC	HIVERAVAUDEVõESSõtada	EII COEN AN ESTANTAN	STIFE THE STATE OF	
TOTAL for the reporting period	(2)	10 3230.00 (FROM FAR		
To racion die reporting period	(2)			
3. IN KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250.0	DD (FROM PART G) +		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)				
				<u> </u>

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:

					
Full Name of Contri	3.4				79 (1998)
化压缩等物的单位	i la			Date [MM/DD/YYYY]	
House#	Street Address			Date [MM/DD/YYYY]	
	Julies Audress			Date (VIIII) DO 1 11 11	
City		State	Zip Code	Date [MM/DD/YYYY]	\$:
				Date (MIO) DD 1111	
Description of Contr	ibution				
Full Name of Contrib	utor	*.		Date (MM/DD/YYYY)	
. Cedebook				Date (MAN/DD/1111)	
House #	Street Address	·		Date [MM/DD/YYYY]	
A U. P. Carlos			•		7 0
City	L n'Est alage	State	Zip Code	Date [MM/DD/YYYY]	
			4. 原基品件		
Description of Contri	ibution			<u> </u>	<u> </u>
Full Name of Contrib	utor			pare (MM/pb/yyyy)	
	1-1				
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY] 5	
Description of Contri					
	A Constitution				
Full Name of Contrib	utor			Date [MM/DD/YYYY] \$	
		<u> </u>	·		
House#	Street Address			Date [MM/DD/YYYY] \$	
City					
City		State	Zip Code	Date [MM/DD/YYYY] S	
Description of Contril	oution				· · · · · · · · · · · · · · · · · · ·
Full Name of Contribu	Hor				
		· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] \$	
House #	Street Address				
	- 1. C. 1. (1) E33			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
i di Sil				7	
Description of Contrib	ution	Access of the second se			翔
			T-1		

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:

NI PRINCIPE AND MINISTER CONTROL	
Full Name of Contributor	Date [MM/DD/YYYY] \$
	では、 では、 では、 では、 では、 では、 では、 では、
House # Street Address	Date [MM/OD/YYYY) \$
City State Zip Code :::	
	Date [MW/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal	Description
Place of Business	of Contribution
Full Name of Contributor	- Date [MM/DD/YYYY] IS
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Pate [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal	
Employer Mailing Address / Principal Place of Business	Description :
	Contribution
Full Name of Contributor	Date [MM/DD/YYYY] S
House # Street Address	Date [MM/DD/YYYY] \$
	We will a second a se
City State Zip Code	Date [MM/DD/YYYY] 5
Employer Name	· · · · · · · · · · · · · · · · · · ·
Employer Mailing Address / Principal	Occupation
Place of Business	Description of
	Contribution
Full Name of Contributor	Date (MM/DD/YVYY)
House # Street Address	Date (MM/DD/YYYY) \$
	The state of the s
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Groupation
Employer Mailing Address / Principal Place of Business	Description
Place of Business	of Centribution

SCHEDULE III Statement of Expenditures

		Jiai	tement of Exper	Tartares	
Filer Identificati	or Number			4.	
	ALIE Z MORTO MORTO CONTROL CON				
To Whom Paid				Data [MM/DD/YYYY]	
House #	Street Address	Personal Annaham and Annaham a	BLUGGER CORRECT SOURCE ASSETTED	Description of Expend	iture più a -1 e apprison.
City		State	Zip Code		
To Whom Paid				Date (MM/DD/YYYY)	5
House#	Street Address			Description of Expendi	ture appropriate for the con-
City		State	Zip Black Code		
To Whom Paid				Date [MM/DD/AAA/]	A second
House #	Street Address	* 3	Date of the control o	Description of Expendi	ture
City	100-100g (Add St)	State	Zip d Code	· ·	
To Whom Paid			:	Date IMM/DD/ASSY)	
Hause #	Street Address	Example 1	1832	Description of Expendi	
City 2 To Whom Paid		State	Zip Code	Administration of the second o	Assessed the 111
		913		Date [MM/DD/YYYY]	
House #	Street Address	State	Zip	Description of Expendit	
To Whom Paid			Code	Date [MM/DD/XYYY]	- NO. 100 -
House #	Street Address	-			8 1815
City	Street Address	State	Zij	Description of Expendit	Section 1971 the property of the Control
To Whom Paid			Code	Date [MM/DD/Y/YY]	
House #	Street Address			Description of Expendit	
City	CONTRACTOR PROBLE	State	Zp		
To Whom Paid		State	Code	Date [MM/Db/YYYY]	
House #	Street Address			Description of Expendit	
City		State	ZP		
AROUNDARING		Control of the control of	pererosameneses	.	

Zip Cade

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:					
Name of Creditor	202				្នុកប្រទេសក្រុមព្រះទាន់ក្រុមនេះប្រកាសក្រុមព្រះ
House # Str	eet Address			TE DEBT INCURRED	3
City Description of Debt			State	Zip Cade	
				·	
Name of Creditor House # Str	eet Address			TE DEBT INCURRED [MM/DD/YYYY]	Qutstanding Balance of Debt
City Description of Debt	高度 (State	Zip Code	
Name of Creditor					Outstanding Balance of Debt
	got Address	**************************************		TE DEBT INCURRED	Outstanding Balance of Debt:
City Description of Debt			State of a control of the control of	ZIB Code	
Name of Creditor					Outstanding Balance of Debt
	eet Address			E DEBT INCURRED	
City Description of Debt			State 1	Zip Code	
Name of Creditor				• • • • • • • • • • • • • • • • • • • •	Outstanding Balance of Debt.
	est Address	√		E DEBT INCURRED MM/DD/YYYYI	
City •	Control of the contro		State	Zip Code	
Name of Greditor					"Outstanding Balance of Debit was
STATE OF BUILDING SAFE	eet Address			E DEBT INCURRED INC MM/DD/YYYY]	
City Description of Debt			State	Zip Code	
	á				