

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST LYNN CASE - CRAKER						
STREET ADDRESS 5411 MILLFAIR RD						
CITY FAIRVIEW		STATE PA	ZIP CODE 16415			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE BOUGHT BY CANDIDATE		DISTRICT NO.	PARTY		
	TAX COLLECTOR		MIL	DEM		
	DATE OF ELECTION					
	MO. DAY YEAR					
	1. 6TH TUESDAY PRE-PRIMARY					
	2. 2ND FRIDAY PRE-PRIMARY					
	3. 30 DAY POST-PRIMARY					
4. 6TH TUESDAY PRE-ELECTION						
5. 2ND FRIDAY PRE-ELECTION						
6. 30 DAY POST-ELECTION						
7. ANNUAL REPORT <input checked="" type="checkbox"/>						
DATES OF REPORTING PERIOD		MO. DAY YEAR		MO. DAY YEAR		
		1 1 19		TO 2 31 19		
CASH BALANCE AT END OF REPORTING PERIOD:		\$ 0				
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ 0				
AMENDMENT REPORT?		YES	NO			
TERMINATION REPORT?		YES	NO			
FOR OFFICE USE ONLY						
2020 JAN 31 PM 2:30						

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

29 DAY OF January 2020

[Signature]
 SIGNATURE

MY COMMISSION EXPIRES 1 / 2 / 2024

MO. DAY YR.

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT

Lynn Case Craker
 PRINTED NAME

814 873-6607
 AREA CODE DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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

DAY OF 20

SIGNATURE

MY COMMISSION EXPIRES MO. DAY YR.

SIGNATURE OF CANDIDATE

PRINTED NAME

AREA CODE DAYTIME TELEPHONE NUMBER