



Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	20-8257035	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	LEHMAN FOR LANCASTER							
Street Address	P O BOX 608							
City	ELIZABETHTOWN	State	PA	Zip Code	17022			

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	04/26/2016	Year	2016	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	04/12/2016	05/16/2016	
A. Amount Brought Forward From Last Report	\$	25,628.02	RECEIVED MAY 19 AM 11:26 2016
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	318	
C. Total Funds Available (Sum of Lines A and B)	\$	25,946.02	
D. Total Expenditures (From Schedule III)	\$	1,174.66	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	24,771.36	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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

19 day of May 20 16

Mary M. Latshaw
Signature

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 MARY M. LATSHAW, Notary Public
 City of Lancaster, Lancaster County
 My Commission Expires July 2, 2018

L JANE MAXWELL
Signature of Person Submitting report

L JANE MAXWELL
Printed Name

717
Area Code

471-1595
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

19 day of May 20 16

Mary M. Latshaw
Signature

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 MARY M. LATSHAW, Notary Public
 City of Lancaster, Lancaster County
 My Commission Expires July 2, 2018

Craig Lehman
Signature of Candidate

CRAIG E. LEHMAN
Printed Name

717
Area Code

394-4456
Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	20-8257035		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	65
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	250
Total for the reporting period	(2)	\$	250
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	0
Total for the reporting period	(3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	3
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>		\$	318

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:	20-8257035
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Full Name of Contributor					Date [MM/DD/YYYY]	\$
JAY R WENGER					04/25/2016	250
House #	Street Address			Date [MM/DD/YYYY]	\$	
3	LITTLE FOX LANE					
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
LITITZ	PA	17543				
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 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:	20-8257035
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Full Name		HILTON HARRISBURG					
House #	Street Address	ONE NORTH SECOND STREET					
City	HARRISBURG	State	PA	Zip Code	17101	Date [MM/DD/YYYY]	\$ 3
Receipt Description		REFUND/OVERCHARGE					
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 III
Statement of Expenditures

Filer Identification Number:	20-8257035
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To Whom Paid		FULTON BANK			Date [MM/DD/YYYY]	\$	2
					04/17/2016		
House #		Street Address	P O BOX 4887		Description of Expenditure		
City	LANCASTER	State	PA	Zip Code	17604	SERVICE CHARGE	
To Whom Paid		EPHRATA DEMOCRATIC COMMITTEE, C/O GINNY DILLIO			Date [MM/DD/YYYY]	\$	24
					04/21/2016		
House #	30	Street Address	KINGS COURT		Description of Expenditure		
City	EPHRATA	State	PA	Zip Code	17522	RED WHITE BLUE CHICKEN BBQ 'S (2 TICKETS)	
To Whom Paid		GEORGE'S FAMILY RESTAURANT			Date [MM/DD/YYYY]	\$	11.29
					04/23/2016		
House #	2600	Street Address	WILLOW STREET PIKE N		Description of Expenditure		
City	WILLOW STREET	State	PA	Zip Code	17584	LAMPETER-STRASBURG BREAKFAST	
To Whom Paid		2016 EMPTY BOWLS EVENT/KEVIN LEHMAN'S POTTERY			Date [MM/DD/YYYY]	\$	27.37
					04/24/2016		
House #	560	Street Address	SOUTH PRINCE STREET		Description of Expenditure		
City	LANCASTER	State	PA	Zip Code	17603	TICKET	
To Whom Paid		CRISPUS ATTUCKS COMMUNITY CENTER			Date [MM/DD/YYYY]	\$	500
					04/25/2016		
House #	404	Street Address	SOUTH DUKE STREET		Description of Expenditure		
City	LANCASTER	State	PA	Zip Code	17602	GOLF EVENT-EAGLE SPONSOR	
To Whom Paid		CRISPUS ATTUCKS COMMUNITY CENTER			Date [MM/DD/YYYY]	\$	100
					04/25/2016		
House #	404	Street Address	SOUTH DUKE STREET		Description of Expenditure		
City	LANCASTER	State	PA	Zip Code	17602	JUNETEENTH-MEN WHO COOK (5 TICKETS)	
To Whom Paid		LAMPETER-STRASBURG DEMOCRATIC CLUB, C/O JEN PORTER			Date [MM/DD/YYYY]	\$	10
					04/30/2016		
House #	829	Street Address	WILLOW VALLEY LAKES DRIVE		Description of Expenditure		
City	WILLOW STREET	State	PA	Zip Code	17584	MEMBERSHIP DUES	
To Whom Paid		POLITE COMMUNITY ASSOCIATION, C/O LANCASTER CO COMMUNITY FOUNDATION			Date [MM/DD/YYYY]	\$	500
					04/30/2016		
House #	24	Street Address	W KING STREET, SUITE 201		Description of Expenditure		
City	LANCASTER	State	PA	Zip Code	17603	BREAKFAST SPONSOR	