

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	82-5154798	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		Friends of Craig Lehman						
Street Address		584 Rosehill Drive						
City	Narvon	State	PA	Zip Code	175552018			

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 checked="" type="checkbox"/>	<input 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)	05/15/18	Year	2018		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only	
		05/27/18	04/30/18	
A. Amount Brought Forward From Last Report	\$	0.00		
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	20000.00		
C. Total Funds Available (Sum of Lines A and B)	\$	20000.00		
D. Total Expenditures (From Schedule III)	\$	200.00		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	19,800.00		
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00		

2018 MAY -1 PM 1:55
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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 1 day of 5 2018

Signature: Rebecca Mill

My Commission expires _____ MO. _____ DAY _____ YR.

Signature of Person Submitting report: Terry Cain

Printed Name: _____

Area Code: 717 Daytime Telephone Number: 768-3706

My commission expires July 12, 2021
 Commission number 1317086
 Notary Seal
 Rebecca Mill, Notary Public
 Lancaster County

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 1 day of 5 2018

Signature: Rebecca Mill

My Commission expires _____ MO. _____ DAY _____ YR.

Signature of Candidate: Craig Lehman

Printed Name: _____

Area Code: (717) Daytime Telephone Number: 394-4456

Commonwealth of Pennsylvania - Notary Seal
 Rebecca Mill, Notary Public
 Lancaster County
 My commission expires July 12, 2021
 Commission number 1317086

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	82-5154798
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1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 0.00
2. 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)	\$ 0.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ 20000.00
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$ 20000.00
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$ 0.00
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>		\$ 20000.00

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 Number:	82-5154798
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Full Name of Contributing Committee		Lehman for PA				Date [MM/DD/YYYY]	\$	20,000.00
						04/12/18		
House #	Street Address				Date [MM/DD/YYYY]	\$		
	P.O. Box 712							
City	State	Zip Code		Date [MM/DD/YYYY]	\$			
Harrisburg	PA	17108						
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]	\$		
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$		

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number:	82-5154798
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To Whom Paid		Lancaster Labor Council			Date [MM/DD/YYYY]	\$	100.00
					04/16/18		
House #	675	Street Address	Manor Street		Description of Expenditure		
City	Lancaster	State	PA	Zip Code	17603	Golf Hole Sponsor	
To Whom Paid		Friends of Mary Auker-Endres			Date [MM/DD/YYYY]	\$	100.00
					04/27/18		
House #		Street Address	P.O. Box 211		Description of Expenditure		
City	Elizabethtown	State	PA	Zip Code	17022	Contribution	
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			