Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| Filer Identification 2005279 Number : | | | | | | port ed B | | | | СОМ | 4ITTEE | ✓ | LOB | BYIST | | | |
|-------------------------------------------------|--------------------------------|------------|-------------------------------------------------|--------|--------|--------------|-----------------------------|-------------|-------------------|--------|------------|-----------------------------|----------------|----------------------|-----------|----------|----------|
| Name of Filing C | ommittee, Candid | late or L | obbyist: | i | BAK | ER, | ELISA | ABETH FO | OR SEN | IATE | | | | | | | |
| Street Address: | 1041 MOUNT | AIN VIE | W DR,PO BO | X 59 |) | | | | | | | | | | | | |
| City: | LEHMAN | | | | | | | State: | PA | | | Zip Code: 18627-0059 | | | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRE- PRIMARY 2. 30 DAY PRIMARY | | | | | | POST- 3. | | | AMENDM REPORT? | | Yes | No | | |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY ELECTION | PRE | - 5 | 5. | 30 DA ELECT | | POST- 6. X | | | TERMINA REPORT? | | Yes | No | | \ |
| report type) | ANNUAL REPORT | 7. | Year 2015 | | | | FILING METHOD () CHECK ONE | | | | | PAPER | | $\overline{}$ | DISKE | TTE | |
| Name of Office S | ought by Candida | ite: | - | | | | | DATE 0 | F ELE | CTIO | N | District Number | Office Code | Par | ty Code | Coun | |
| | | | | | | | | МО | DAY | YE | AR | Number | code | | | code | • |
| | | | | | | | | 11 | | 3 | 2015 | | (SEE IN | STRUCTI | ONS FOR O | ODES) |) |
| | Receipts and | МО | DAY Y | 'EAR | | | ' | МО | DAY | YI | EAR | FO | R OFFI | CE USE | ONLY | | |
| Expenditures | rrom: | | 10 20 | 20 | 015 | Т | 0 | 11 | 11 23 2015 | | | | | | | | |
| A. Amount Bro | ught Forward Fro | m Last R | eport | | | | \$ | | | 53,5 | 38.91 | | | | | | |
| B. Total Moneta | ary Contributions | And Rec | eipts (From S | Sche | dule | ı) | \$ | | | 7 | 775.00 | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | | \$ | | | 54,3 | 313.91 | | | | | | |
| D. Total Expend | ditures (From Sch | edule II | I) | | | | \$ | | | 7,2 | 214.88 | | | | | | |
| E. Ending Cash | Balance (Subtrac | t Line D | From Line C) | | | | \$ | | | 47,0 | 99.03 | | | | | | |
| F. Value Of In- | Kind Contribution | s Receiv | ed (From Sch | edul | le II | :) | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Obligations | (From S | Schedule IV) | | | | \$ | | | | 0.00 | | | • | | | |
| | | | , | AFF. | IDA | ١٧٢ | ΓSE | CTION | | | | | | | | | |
| PART I - If this is | a Committee rep | ort, trea | surer sign he | ere. I | [f thi | is is | a Can | ididate re | eport, o | andi | date sig | ın here. | | | | | |
| I swear (or affirm) correct and comple | that this report, inc ete. | luding the | attached sche | dules | filed | d on | paper o | or by elect | ronic m | edium | , are to t | he best o | f my kno | wledge | and belie | ef , tru | ue. |
| Sworn to and subs | cribed before me thi day of | s | 20 | | | | | | | S | ignature | of Perso | n Submit | ting Re _l | oort | | _ |
| | Signati | ıre | | | | | - | | | | | Prin | ted Name | e | | | _ |
| My Commission Ex | cpires | | | | | | _ | | | | | Ema | il | | | | |
| | МО | D | AY | YR | | | | | Are | ea Cod | le | Daytim | e Telepi | one Nu | mber | | |
| Part II- If this is | a report of a can | didate's | authorized Co | omm | itte | e, C | andida | ate shall | sign he | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of ed. | my knowle | edge and belief | this | politi | tical | commi | ittee has n | ot viola | ted an | y provis | ions of the | e act of J | une 3,1 | 937 (P.L | . 1333 | 3, |
| Sworn to and subsc | ribed before me this day of | | 20 | | | | | | | | s | ignature o | of Candid | ate | | | - |
| | | | | | | | - | | | | | Printe | d Name | | | | - |
| My Commission Exp | Signature | | | | | | - | | | | | Ema | il | | | | - |
| , commission Exp | | | | | | | • | | | | | | | | | | ╻┃ |
| | МО | D | AY | YR | | | | | Area | Code | | Da | aytime T | elephor | ne Numb | er | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------|------------|--------|
| BAKER, ELISABETH FOR SENATE | 10/20/201 | <u>5</u> To: | 11/23/2015 | |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting |) Period | (1) | \$ | 25.00 |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) | | | | |
| Contributions Received From Political Committees (Part A) | | | \$ | 0.00 |
| All Other Contributions (Part B) | \$ | 250.00 | | |
| TOTAL for the Reporting | \$ | 250.00 | | |
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | | | | |
| Contributions Received From Political Committees (Part C) | | | \$ | 500.00 |
| All Other Contributions (Part D) | | | \$ | 0.00 |
| TOTAL for the Reporting |) Period | (3) | \$ | 500.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) | | | | |
| TOTAL for the Reporting | J Period | (4) | \$ | 0.00 |
| | | | 1 | |
| Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa | | | \$ | 775.00 |

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.

| Name of Filing Committee or Candidate | | | | Period | | | |
|---------------------------------------|-------|-------------------|------|--------|------|----|--------|
| | | F | rom: | | То | : | |
| | | | | DATE | | | AMOUNT |
| Full Name of Contributing Committee | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | |

PAGE TOTAL
0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or Candidate

Reporting Period

BAKER, ELISABETH FOR SENATE

From: <u>10/20/2015</u> To:

DATE

11/23/2015

AMOUNT

| Full Name of Contributor | | | | DAY | YEAR | |
|--------------------------|-----------------------------------|-------------------|---------|-----|------|------------------|
| Emily Bittenbender | МО | | 1 27.11 | | | |
| Mailing Address 176 Wat | Mailing Address 176 Waterton Road | | | | | \$ 250.00 |
| City Shickshinny | State | Zip Code (Plus 4) | 10 | 26 | 2015 | |
| | PA | 18655 | | | | |

PAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

\$ 250.00

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 from Over \$250.00 in the reporting period.

| Name of Filing Committee or Candidate | Reporting F | Period | | |
|---------------------------------------|-------------|------------|-----|------------|
| BAKER, ELISABETH FOR SENATE | From: | 10/20/2015 | То: | 11/23/2015 |

DATE AMOUNT

| Full Name of Contributing Committee | МО | DAY | YEAR | | | |
|-------------------------------------|-------|-------------------|------|-----|------|------------------|
| FOOD PAC (PA FOOD MERCHANTS ASSN) | | | | DAI | ILAK | \$ 500.00 |
| Mailing Address PO BOX 870 | | | | 26 | 2015 | |
| City CAMP HILL | State | Zip Code (Plus 4) | 10 | | 2013 | |
| | PA | 170110000 | | | | |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL \$ 500.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

| Name of Filing Committee or Candidate | | | | Rep | orting Pe | riod | | | |
|---------------------------------------|------------------|---------|--------------|------------|-----------|-------|------|------------|--------------|
| | | | | Fron | n: | | To |) : | |
| | | | | | D | ATE | | | AMOUNT |
| Full Name of Contributor | | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | | | |
| City | State | Zi | p Code (Plus | (4) | | | | | |
| Employer Name | • | | | | Occupa | tion | - | - | |
| Employer Mailing Address/Principal Pl | ace of Business | | City | | • | State | | Zip Co | ode (Plus 4) |
| Enter Grand Total of Part C on Sch | edule I, Detaile | ed Sumr | mary Page, | Section | on 3. | | | | PAGE TOTAL |
| | | | | | | | | \$ | 0.00 |

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

| Name of Filing Committee | or Candidate | | Report | ing Peri | od | | | |
|---------------------------|---------------------------|-----------------|-------------|----------|-----|------|----------|------------|
| | | | From: | | | To: | | |
| | | ' | | | ATE | | | AMOUNT |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | 7 | |
| City | State | Zip Code (P | Plus 4) | | | | | |
| Receipt Description | ' | | | | | | <u> </u> | |
| | - C | | . .: | _ | | | | PAGE TOTAL |
| Enter Grand Total of Part | E on Schedule I, Detailed | Summary Page, S | Section | 4. | | | \$ | 0.00 |

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

| Name of Filing Committee or Candidate | Reporting Peri | od | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------|-------------------|
| BAKER, ELISABETH FOR SENATE | From: | <u>10/20/2015</u> To: | <u>11/23/2015</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | ER CONTRIBUTO | R | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR | T F) | | |
| TOTAL for the Reporting Pe | eriod (2) | \$ | 0.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Pe | eriod (3) | \$ | 0.00 |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, | | \$ | 0.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Car | Reporting Period | | | | | | | |
|--------------------------------------------------------------------------|------------------|-------------------|----|---------|------|-------------|------------|------|
| | From: To: | | | | | | | |
| | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | 7 \$ | | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | | |
| Description of Contribution: | • | | • | • | | • | | |
| | | | | | - | | | |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail | | | | mary Pa | ge, | | PAGE TOTAL | • |
| Section 2. | | | | | | \$ | (| 0.00 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | | porting | Period | | | | |
|----------------------------------------|----------------|-----|------------------|--------|----------|----------------|-------|------|-----------------|------|
| | | | | | From: To | | | То: | | |
| | | | | | | DATE | | | AMOUN | т |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | | 1 | \$ | 0.00 |
| City | State | | Zip Code(Plus 4) | | | | | | | |
| Employer of Contributor | | | | | Occup | oation | | | | |
| Employer Mailing Address/Principal Pla | ce of Business | Cit | ty | Stat | e Zi | p Code(Plus 4) | Descr | ipti | ion of Contribu | tion |
| Enter Grand Total of Part G on Sch | edule II, In-K | ind | Contributions D | etaile | ed | | | | PAGE T | OTAL |
| Summary Page, Section 3. | | | | | | | | | | 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting F | Period | | |
|---------------------------------------|-------------|------------|-----|------------|
| BAKER, ELISABETH FOR SENATE | From | 10/20/2015 | То: | 11/23/2015 |

| | | | | DATE | | | | | | | |
|-----------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|--|--|--|--|
| | | МО | DAY | YEAR | | | | | | | |
| | | 1.10 | | | | | | | | | |
| all Road | | 10 | 22 | 2015 | \$ | 1,000.00 | | | | | |
| State | Zip Code (Plus 4) | Description of Expenditure | | | | | | | | | |
| PA | 17110 | Consulting Services | | | | | | | | | |
| | | MO | DAY | VEAD | | | | | | | |
| | | MO | | ILAK | | | | | | | |
| on Road | | 10 | 22 | 2015 | \$ | 78.20 | | | | | |
| City Trucksville PA 18708 | | | | | Description of Expenditure | | | | | | |
| | | | | | Event Expenses | | | | | | |
| | | МО | DAY | VEAD | | | | | | | |
| al Fund | | МО | DAY | TEAR | | | | | | | |
| eet, 2nd Floor | | 10 | 22 | 2015 | \$ | 100.00 | | | | | |
| City Luzerne State Zip Code (Plus 4) | | | | Description of Expenditure | | | | | | | |
| PA | 18709 | Advertisement | | | | | | | | | |
| • | | | l | | | | | | | | |
| | | МО | DAY | YEAR | | | | | | | |
| ain View Drive | | 10 | 22 | 2015 | \$ | 202.86 | | | | | |
| | | | | | | | | | | | |
| State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | | | | |
| PA | Zip Code (Plus 4) 18627 | | tion of Exp /Event Tic | | | | | | | | |
| | | Meeting | /Event Tic | kets | | | | | | | |
| | | | | | | | | | | | |
| PA | | Meeting | /Event Tic | kets | \$ | 250.00 | | | | | |
| PA | | Mo 10 | /Event Tic | YEAR 2015 | \$ | 250.00 | | | | | |
| PA | 18627 | Mo 10 | DAY 22 tion of Exp | YEAR 2015 | \$ | 250.00 | | | | | |
| PA llection State | 2ip Code (Plus 4) | MO 10 Descript Event T | DAY 22 tion of Exp | YEAR 2015 enditure | \$ | 250.00 | | | | | |
| PA llection State | 2ip Code (Plus 4) | MO 10 Descript | DAY 22 tion of Exp | YEAR 2015 | \$ | 250.00 | | | | | |
| PA llection State | 2ip Code (Plus 4) | MO 10 Descript Event T | DAY 22 tion of Exp | YEAR 2015 enditure | \$ | | | | | | |
| PA State PA | 2ip Code (Plus 4) | MO 10 Descript Event T MO | DAY 22 tion of Exp icket DAY | YEAR 2015 enditure YEAR 2015 | | 250.00 | | | | | |
| | PA State PA PA Fall Fund Feet, 2nd Floor State | State Zip Code (Plus 4) 17110 On Road State Zip Code (Plus 4) 18708 Fall Fund Feet, 2nd Floor State Zip Code (Plus 4) 18709 | State PA 17110 Descript Consults MO State Zip Code (Plus 4) Descript PA 18708 Event E MO State Zip Code (Plus 4) Descript PA 18708 Event E MO State Zip Code (Plus 4) Descript PA 18709 Advertise MO State Zip Code (Plus 4) Descript PA 18709 Advertise MO MO MO MO MO MO MO MO MO M | MO DAY all Road State Zip Code (Plus 4) Description of Exp PA 17110 MO DAY MO DAY On Road State Zip Code (Plus 4) Description of Exp PA 18708 Event Expenses MO DAY MO DAY Teet, 2nd Floor State Zip Code (Plus 4) Description of Exp Event Expenses MO DAY MO DAY MO DAY MO DAY MO DAY MO DAY MO DAY | MO DAY YEAR all Road State Zip Code (Plus 4) Description of Expenditure PA 17110 On Road State Zip Code (Plus 4) Description of Expenditure On Road State Zip Code (Plus 4) Description of Expenditure PA 18708 PA 18708 Teet, 2nd Floor State Zip Code (Plus 4) Description of Expenditure Event Expenses MO DAY YEAR Teet, 2nd Floor State Zip Code (Plus 4) Description of Expenditure PA 18709 MO DAY YEAR Advertisement MO DAY YEAR | MO | | | | | |

| To Whom Paid | | | МО | DAY | YEAR | | | | |
|-------------------------------------|--------------------|-------------------|----------------------------|-------------|----------|--------|--------|--|--|
| Sandra Ritz | 140 | | ILAK | | | | | | |
| Mailing Address 34 East Harrison S | treet | | 10 | 22 | 2015 | \$ | 125.37 | | |
| City Tunkhannock | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | Mileage/Cell Phone | | | | | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | |
| Ballet Northeast | М | | ILAK | | | | | | |
| Mailing Address PO Box 1618 | 10 | 22 | 2015 | \$ | 150.00 | | | | |
| City Wilkes-Barre | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | PA | 18703 | Advertisement | | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| Dallas Kiwanis Club | | | 140 | | ILAK | | | | |
| Mailing Address 500 Chase Road | | | 10 | 22 | 2015 | \$ | 50.00 | | |
| City Shavertown | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | PA | 18708 | Donatio | n | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| PA Federation of Republican Women | | | | | | | | | |
| Mailing Address 112 State Street | | 10 | 22 | 2015 | \$ | 100.00 | | | |
| City Harrisburg | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | PA | 17101 | Membership Dues | | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| Wyoming County Republican Committ | ee | | | | | | | | |
| Mailing Address 32 Maple Avenue | | | 10 | 22 | 2015 | \$ | 40.00 | | |
| City Tunkhannock | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | PA | 18657 | Event Tickets | | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| The Times Leader | | | | | | | | | |
| Mailing Address 15 North Main Stre | et | | 10 | 22 | 2015 | \$ | 102.50 | | |
| City Wilkes-Barre | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | PA | 18711 | Advertis | sement | | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | |
| The Chamber of the Northern Poconos | | | | | / | | | | |
| Mailing Address 2512 Route 6, Suit | e 2 | | 10 | 22 | 2015 | \$ | 100.00 | | |
| City Hawley | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | PA | 18428 | Advertis | sement | | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | |
| Jennifer Wilson | | | | | | | | | |
| Mailing Address 1456 Chase Road | | | 10 | 22 | 2015 | \$ | 246.55 | | |
| City Shavertown | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | PA | 18708 | Cell Phone/Supplies | | | | | | |
| 20,00 | | | | | | | | | |

| | | | | | | | | | AGE 13 | | |
|-----------------------------|-------------|---------------------|--------|-------------------|---------------------------------|-------------|-----------|----|--------|--|--|
| To Whom | | | | | мо | DAY | YEAR | | | | |
| | | Campaign Committe | e | | | | | | CE2 CO | | |
| Mailing A | Address | PO Box 792 | | | 10 | 22 | 2015 | \$ | 653.60 | | |
| City H | larrisburg | | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | | | PA | 17108 | Payroll | | | | | | |
| To Whom | | | | | мо | DAY | YEAR | | | | |
| Mary Blas | | | | | | | | | | | |
| Mailing A | ddress | 31 Sunny Brook Lan | e | | 10 | 23 | 2015 | \$ | 90.90 | | |
| City D | allas | | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| PA 18612 | | | | | Supplies | 5 | | | | | |
| To Whom Paid | | | | | мо | DAY | YEAR | | | | |
| Verizon Wireless | | | | | | | | | | | |
| Mailing Address PO Box 4003 | | | | | 10 | 22 | 2015 | \$ | 88.28 | | |
| City A | cworth | | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | | | | |
| | | | GA | 30101 | Cell Pho | ne | | | | | |
| To Whom | n Paid | | | | мо | DAY | YEAR | | | | |
| Susan Sl | ocum | | | | | | | | | | |
| Mailing A | ddress | 542 Valley View Roa | d | | 10 | 23 | 2015 | \$ | 150.00 | | |
| City D | allas | | State | Zip Code (Plus 4) | s 4) Description of Expenditure | | | | | | |
| | | | PA | 18612 | Event Ti | ickets | | | | | |
| To Whom | n Paid | | | | мо | DAY | YEAR | | | | |
| Kaufer N | ow Comm | ittee | | | | | | | | | |
| Mailing A | Address | 612 Wyoming Avenu | ie | | 10 | 23 | 2015 | \$ | 100.00 | | |
| City W | Vest Pittst | on | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | | | | |
| | | | PA | 18643 | Event Tickets | | | | | | |
| To Whom | n Paid | | | | мо | DAY | YEAR | | | | |
| Elisabeth | J. Baker | | | | | | | | | | |
| Mailing A | ddress | 1041 Mountain View | Drive | | 10 | 23 | 2015 | \$ | 148.13 | | |
| City Le | ehman | | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | | | | |
| | | | PA | 18627 | Meeting | /Lodging | | | | | |
| To Whom | n Paid | | | | мо | DAY | YEAR | | | | |
| Stoney C | Creek Crea | tive | | | | | | | | | |
| Mailing A | ddress | 1017 Housepond Co | urt | | 10 | 23 | 2015 | \$ | 90.00 | | |
| City H | lawley | | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | | | | |
| | | | PA | 18428 | Web Ho | sting | | | | | |
| To Whom | n Paid | | | | мо | DAY | YEAR | | | | |
| Wyoming | g Seminar | y | | | | | 1 = 7 414 | | | | |
| Mailing A | ddress | 201 North Sprague A | Avenue | | 10 | 23 | 2015 | \$ | 250.00 | | |
| City K | lingston | | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | | | | |
| | | | PA | 18704 | Donatio | n | | | | | |
| | <u> </u> | | | | | | | | | | |

| To Whom Paid | | | МО | DAY | YEAR | | | | |
|------------------------------------|----------------------------|-------------------|----------------------------|-------------|----------|----|--------|--|--|
| Wayne Memorial Hospital Auxiliary | | | | | | | | | |
| Mailing Address 506 Covered Bridge | е | | 10 | 23 | 2015 | \$ | 100.00 | | |
| City Lakeville | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | PA | 18435 | Donatio | n | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| Pike County Public Library | | | | | | | | | |
| Mailing Address 119 East Harford S | treet | | 10 | 23 | 2015 | \$ | 100.00 | | |
| City Milford | Description of Expenditure | | | | | | | | |
| | 18337 | Event T | ickets | | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| Wayne County Community Foundation | М | | TEAK | | | | | | |
| Mailing Address 214 Ninth Street | | | 10 | 23 | 2015 | \$ | 100.00 | | |
| City Honesdale | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | PA | 18431 | Advertisement | | | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | |
| Countryside Conservancy | | | М | | TEAK | | | | |
| Mailing Address PO Box 55 | | | 10 | 23 | 2015 | \$ | 50.00 | | |
| City LaPlume | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | PA | 18440 | Membership Dues | | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| Susquehanna County Republican Comr | mittee | | | | | | | | |
| Mailing Address 2357 Creek Road | | | 10 | 23 | 2015 | \$ | 25.00 | | |
| City Susquehanna | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | PA | 18847 | Event Ticket | | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| Heather Kukosky | | | | | | | | | |
| Mailing Address 1069 Mountain View | w Drive | | 10 | 23 | 2015 | \$ | 22.56 | | |
| City Dallas | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | PA | 18612 | Supplie | 5 | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| White Mills Fire Department | | | | | | | | | |
| Mailing Address 1438 Shady Lane | | | 11 | 10 | 2015 | \$ | 60.00 | | |
| City Honesdale | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | PA | 18431 | Event T | ickets | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| WEDCO | | | | | | | | | |
| Mailing Address 32 Commercial Stre | eet, Suite 1 | | 11 | 10 | 2015 | \$ | 30.00 | | |
| City Honesdale | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | PA | 18431 | Event T | icket | | | | | |
| | | | | | | | | | |

| | | | | | | | AGE 13 | | |
|-----------------------------------------------------------------------------------|--------------------|--------------------------------|----------------------------|-----------------------------|-------------------------|----|----------|--|--|
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| Honesdale Lions Club | | | | | | | | | |
| Mailing Address PO Box 40 | | | 11 | 10 | 2015 | \$ | 200.00 | | |
| City Beach Lake | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | PA | 18405 | Event T | ickets | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| The Friends of Haggerty Committee | | | | | | | | | |
| Mailing Address 52 Walnut Street | | | 11 | 10 | 2015 | \$ | 50.00 | | |
| City Kingston | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | Event T | icket | | | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| Leadership Wilkes-Barre | | | М | | ILAK | | | | |
| Mailing Address 4 Public Square | | | 11 | 10 | 2015 | \$ | 100.00 | | |
| City Wilkes-Barre | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | PA | 18701 | Donatio | n | | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | |
| Blooming Grove Republican Club | | | 1-10 | | i Zaux | | | | |
| Mailing Address 693 SR 739, Suite | 1 | | 11 | 10 | 2015 | \$ | 50.00 | | |
| City Lords Valley | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | PA | 18428 | Advertis | sement | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| The Beaumont Inn | | | 1-10 | | i Zaux | | | | |
| Mailing Address 4437 SR 309 | | | 11 | 16 | 2015 | \$ | 250.00 | | |
| City Dallas | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | PA | 18612 | Event E | xpenses | | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | |
| DAA Consulting | | | 1-10 | | i Zaux | | | | |
| Mailing Address 2024 Rock Fall Ro | ad | | 10 | 23 | 2015 | \$ | 1,000.00 | | |
| City Harrisburg | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | PA | 17110 | Consult | ing Service | es | | | | |
| To Whom Paid | | | | | | | | | |
| Knights of Columbus John Paul II Cou | | | МО | DAY | VEAD | l | | | |
| Mailing Address 104 State Court | | | | DAY | YEAR | | | | |
| Mailing Address 104 State Court | ncil 13935 | | MO | DAY 23 | YEAR 2015 | \$ | 100.00 | | |
| Mailing Address 104 State Court City Milford | ncil 13935 | Zip Code (Plus 4) | 10 | | 2015 | \$ | 100.00 | | |
| | | Zip Code (Plus 4) 18337 | 10 | 23 | 2015 | \$ | 100.00 | | |
| | State | | 10 Descript Event T | 23 tion of Exp ickets | 2015 enditure | \$ | 100.00 | | |
| City Milford | State | | 10 Descript | 23 | 2015 | \$ | 100.00 | | |
| City Milford To Whom Paid | State PA | | 10 Descript Event T | 23 tion of Exp ickets | 2015 enditure | \$ | 43.02 | | |
| City Milford To Whom Paid Elisabeth J. Baker | State PA | | 10 Descript Event T MO | 23 tion of Exp ickets | 2015 enditure YEAR 2015 | | | | |
| City Milford To Whom Paid Elisabeth J. Baker Mailing Address 1041 Mountain Vie | State PA ew Drive | 18337 | 10 Descript Event T MO | 23 tion of Exp ickets DAY | 2015 enditure YEAR 2015 | | | | |

| | | | | | | | | | PAGE | 16 | |
|---------------------------------|--------------|----------------------|-----------------|------------------------|----------------------------|-------------|----------|-----------|--------|----------|--|
| To Wh | om Paid | | | | МО | DAY | YEAR | | | | |
| Elisab | eth J. Baker | <u> </u> | | | J-10 | | I LAK | | | | |
| Mailin | g Address | 1041 Mountain View | v Drive | | 11 | 16 | 2015 | \$ | | 140.94 | |
| City | Lehman | | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | | | PA | 18627 | Meeting/Lodging | | | | | | |
| To Wh | om Paid | | | | МО | DAY | YEAR | | | | |
| Sandr | a Ritz | | | | | | | | | | |
| Mailing | g Address | 34 East Harrison St | reet | | 11 | 10 | 2015 | \$ | | 141.30 | |
| City | Tunkhann | ock | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| PA 18657 | | | | Mileage | /Cell Phone | е | | | | | |
| To Wh | om Paid | | | | МО | DAY | YEAR | | | | |
| The Cl | hamber of t | he Northern Poconos | | | | | | | | | |
| Mailing | g Address | 2512 Route 6, Suite | 2 | | 10 | 22 | 2015 | \$ | | 120.00 | |
| City | Hawley | | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | | | PA | 18428 | Event T | ickets | | | | | |
| To Wh | om Paid | | | | МО | DAY | YEAR | | | | |
| Jennif | er Wilson | | | | | | | | | | |
| Mailing Address 1456 Chase Road | | | | 10 | 23 | 2015 | \$ | | 111.89 | | |
| City | Shavertov | vn | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | | | PA | 18708 | Supplies | S | | | | | |
| To Wh | om Paid | | | | МО | DAY | YEAR | | | | |
| Jennif | er Wilson | | | | | | | | | | |
| Mailing | g Address | 1456 Chase Road | | | 11 | 10 | 2015 | \$ | | 114.35 | |
| City | Shavertov | vn | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | | | PA | 18708 | Postage | /Meeting | | | | | |
| To Wh | om Paid | | | | МО | DAY | YEAR | | | | |
| Heath | er Kukosky | | | | | | | | | | |
| Mailing | g Address | 1069 Mountain View | v Drive | | 11 | 10 | 2015 | \$ | | 104.43 | |
| City | Dallas | | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | | | PA | 18612 | Supplies | S | | | | | |
| To Wh | om Paid | | | | МО | DAY | YEAR | | | | |
| Wayne | e County Co | mmunity Foundation | | | | | | | | | |
| Mailin | g Address | 214 Ninth Street | | | 11 | 10 | 2015 | \$ | | 75.00 | |
| City | Honesdale | 2 | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | - | | | |
| | | | PA | 18431 | Event T | icket | | | | | |
| Ept | Crand Tot | al of Evnanditure - | on Dage 1 Dage | ort Cover Dage There | | | | | PAGE | TOTAL | |
| enter | Grand 10t | ai of Expenditures (| on Page 1, Kepo | ort Cover Page, Item D | '- | | | \$ | | 7,214.88 | |
| | | | | | | | | | | | |