### **Campaign Finance Report**

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

Filer Identificati Number :	on	20180	C0256				port		CAND	IDATE	✓	СО	MMITTEE		LOBI	BYIST		
Name of Filing C	Committee	e, Candida	ate or Lo	obbyist:					ABETH J									_
Charact Address																		
Street Address:									G1-1				71 61	10	<u> </u>			
City:	_								State:				Zip Code	9: 18	627			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3. <b>X</b>		AMENDME REPORT?	NT	Yes	No		
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA ELECTION	y pri	E-	5.	30 DA ELECT	ECTION REPORT?					TION	Yes	No		
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2018						METHOD PAPER V					✓	DISKE	TTE	
Name of Office C	Sought by	Candidat							DATE C	TE OF ELECTION District Office Party Co					ty Code		ty	
Name of Office S	ougnt by	Candidat	e:						МО	DAY	YEAI	2	Number 20	Code STS	REP	,	Code 40	
SENATOR IN TH	HE GENE	RAL ASSE	MBLY						11		6 2	2018		(SEE INS	TRUCTI	ONS FOR	CODES)	
Summary of	Receipts	and	МО	DAY	YEAR	₹			МО	DAY	YEAI		FOR	OFFIC			,	
Expenditures				5 1	2	018	T	0	6	5	4 2	2018						
A. Amount Bro	ught Forv	vard Fron	ı Last R	eport				\$			1,218	3.93	1					
B. Total Monet	ary Contri	ibutions A	and Rec	eipts (From	Sche	dule	e I)	\$			506	5.44						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$			1,72	5.37						
D. Total Expend	ditures (F	rom Sche	dule II	I)				\$			(	0.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$			1,725	5.37						
F. Value Of In-	Kind Cont	tributions	Receive	ed (From S	chedu	le I	I)	\$			C	0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	<b>'</b> )			\$			(	0.00		,				
					AFF	ID	AVI	T SE	CTION									
PART I - If this is	s a Comm	ittee repo	rt, trea	surer sign	here.	If th	nis is	a Can	ndidate r	eport, o	candidat	te sig	ın here.					
I swear (or affirm) correct and comple		eport, incl	uding the	attached sc	hedule	s file	ed on	paper (	or by elect	tronic m	edium, aı	re to t	he best of	my know	/ledge	and beli	ef , tru	e.
Sworn to and subs	cribed befo	ore me this		20							Sigr	nature	of Person	Submitt	ing Rep	ort		-
	<u> </u>	Signatur	·e					- -					Printe	ed Name				-
My Commission Ex	cpires	J.J	_										Email					-
	•	мо	D	ΑY	YR					Are	ea Code		Daytime	Telepho	one Nu	mber		-
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	commi	ittee has r	not viola	ted any p	rovis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	,
Sworn to and subsc	ribed befor	re me this										s	ignature of	Candida	te			-
	day of —			_ 20				_					<b>.</b>	N-				_
		Cianot						_					Printed	Name				
My Commission Exp		Signature											Email					<sup>-</sup>
	_	МО	D	AY	YR	<b>.</b>		-		Area	Code		Day	rtime Te	lephon	e Numb	er	۱ ٔ

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
BAKER, ELISABETH J	From:	5/1/201	<u>8</u> To:	6/4/2018
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	0.00
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)			\$	0.00
TOTAL for the Reporting	) Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	) Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	j Period	(4)	\$	506.44
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			\$	506.44

#### **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			Reporting Period					
		ı	From:		То	:		
				DATE		AMOUNT		
Full Name of Contributing Committee			МО	DAY	YEAR			
Mailing Address						<b>\$</b> 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.

### **PART B 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.

Name of Filing Comm	nittee or Candidate		Rep	orting P	eriod			
			Froi	m:		То	):	
		I			DATE			AMOUNT
Full Name of Contribut	or			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
	•	•	•			•		PAGE TOTAL
								TAGE TOTAL

#### **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 Period					
			From:			То:		
				DA	TE		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							<b>-</b>   \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

### 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	ame of Filing Committee or Candidate				orting Pe	riod				
				Fron	From:			То:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR	\$	0.00	
Mailing Address										
City	State	Zi	p Code (Plus	s <b>4</b> )						
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	Reporting Perio	od	
BAKER, ELISABETH J	From:	<u>5/1/2018</u> <b>To</b> :	6/4/2018

			D	ATE		AMOUNT	
Full Name				DAY	VEAD		
Baker for Senate Committee			МО	DAY	YEAR	\$	506.44
Mailing Address PO Box 59			5	25	2018		
City Lehman	State	Zip Code (Plus 4)	J		2010		
	PA	18627					
Receipt Description Mileage/Postage							

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

**PAGE TOTAL \$** 506.44

#### **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 Period	1	
BAKER, ELISABETH J	From:	<u>5/1/2018</u> <b>To:</b>	6/4/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
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 Candidate	ame of Filing Committee or Candidate				Reporting Period				
						То:			
				DATE			AMOUNT		
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address		_				<b> </b>		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:		•	•			•			
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (	Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL		
						\$	(	0.00	

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Rep	porting	Period			
				Fro	m:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti					
			From			То:		
				DATE			AMOUNT	
To Whom Paid			мо	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
Enter Crand Total of Evnanditures	on Dogo 1 Donout C	'aver Dage Item D					PAGE TOTAL	
Enter Grand Total of Expenditures	on Page 1, Report C	over Page, Item D	<b>'-</b>			\$	0.00	