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 :	ion	2020	0109			Rep File			CANDI	DATE		СОМ	ITTEE	✓	LOBE	YIST		
Name of Filing C	Committee	e, Candid	ate or Lo	obbyist:		FRIE	NDS	S OF	ANNETTE	BAKE	R							
Street Address:	РО В	OX 703																
City:	READ	ING							State:	PA			Zip Code: 19607-3653					
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	- 2		30 DA PRIMA		POST-	3. X		AMENDM REPORT		Yes	No	Y	
(place X to the right of	6TH TUES		4.	2ND FRIDA	AY PRI	E- 5	5.	30 DA ELECT		POST-	6.			TERMINATION Yes REPORT?				
report type)	ANNUAL	REPORT	7.	Year 2020					NG METHO				PAPER		/	DISKE	TTE	
Name of Office S	Sought by	Candida	te:						DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code	,
	,								МО	DAY	YE	AR	11	STS	REP		06	
SENATOR IN T	HE GENEI	RAL ASSI	EMBLY						11		3	2020		(SEE IN	STRUCTIO	ONS FOR C	ODES)	
Summary of		and	МО	DAY	YEAR	2			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	irom:			5 19	2	020	T	o	6	:	22	2020						
A. Amount Bro	ught Forv	vard Fron	n Last R	eport				\$			2	236.98						
B. Total Monet	ary Contr	ibutions <i>i</i>	And Rec	eipts (Fror	n Sche	dule	I)	\$				75.00]					
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$			3	311.98						
D. Total Expen	ditures (F	rom Sch	edule II	I)				\$			2	85.14						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$				26.84						
F. Value Of In-	Kind Cont	tributions	Receive	ed (From S	chedu	le II)	\$				0.00						
G. Unpaid Debt	ts And Ob	ligations	(From S	chedule I	/)			\$				0.00			1			
					AFF	IDA	VI٦	ΓSE	CTION									
PART I - If this is	s a Comm	ittee rep	ort, trea	surer sign	here.	If thi	is is	a Can	ndidate re	eport, o	andi	date sig	jn here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached so	hedule	s filed	l on p	paper (or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge a	and belie	ef , true	
Sworn to and subs	cribed befo	ore me this	•	20							S	ignature	of Perso	n Submit	ting Rep	ort		
		Signatur						- -					Prin	ted Name	e			•
My Commission Ex	xpires	Signatu											Ema	il				
		мо	DA	AY	YR			-		Arc	ea Cod	le	Daytim	ie Teleph	none Nui	nber		ı
Part II- If this is	a report	of a cand	lidate's	authorized	Comr	nitte	e, Ca	andida	ate shall	sign he	ere.							i
I swear (or affirm) No 320) as amende		e best of n	ny knowle	edge and be	ief this	politi	ical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L	. 1333,	1
Sworn to and subsc	ribed befor	re me this										s	ignature o	of Candid	ate			
	day of							-										
		Signatura						-					Printe	ed Name				
My Commission Exp		Signature											Ema	il				
	_	мо	D/	AY	YR	R		•		Area	Code		Da	aytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF ANNETTE BAKER	From:	5/19/202	<u>0</u> To:	6/22/2020
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	20.00
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)	\$	55.00		
TOTAL for the Reporting	Period	(2)	\$	55.00
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) Period	(4)	\$	0.00
			ı	_
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			\$	75.00

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	1	Reporting Period						
			From:		То	:			
		•		DATE			AMOUNT		
Full Name of Contributing Com	mittee		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

FRIENDS OF ANNETTE BAKER

From: 5/19/2020 To:

DATE

6/22/2020

AMOUNT

	Full Name of Contributor Annette C. Baker			МО	DAY	YEAR	
Mailin	g Address 15 Glennola Dr						\$ 55.00
City	Mohnton	State	Zip Code (Plus 4)	6	21	2020	
		PA	19540				

PAGE TOTAL

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

\$ 55.00

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	Period					
			From:			То:			
				DA	TE		А	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	\$		0.00
Mailing Address							7 *		0.00
City	State	Zip Cod	e (Plus 4)						
1	I	ı			ı	<u> </u>			
		_		_				PAGE TOT	AL
Enter Grand Total of Part C on Scheo	lule 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			Rep	orting Pe	riod			
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	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	'	1					<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 Perio	od	
FRIENDS OF ANNETTE BAKER	From:	<u>5/19/2020</u> To:	<u>6/22/2020</u>
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 Candi	idate		Reportin	g 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-Ki	nd Contributions Detai	led Sum	mary Pag	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				Re	porting	Period				
				Fro	m:		To:			
						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 Rep	Reporting Period				
FRIENDS OF ANNETTE BAKER From	rom <u>5</u> /	/19/2020	То:	6/22/2020	

					DATE			AMOUNT
To Whom Paid				МО	DAY	YEAR		
Capitol Promotion	ns Inc			MO	DAI	ILAK		
Mailing Address PO Box 231			5	21	2020	\$	285.14	
City Glenside		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
		PA	19038	Campai	gn Lawn S	igns		
								PAGE TOTAL
Enter Grand To	iter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							285.14