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 2020 | C0656 | | | Repor Filed | | CAND | IDATE | ✓ | СО | MMITTE | | LOBE | BYIST | | | | |
|---|----------------------------------|------------|----------------------|----------|----------------|----------------|--------------------|-----------|-------------------|---------|--------------------|----------------------|--------------|----------|---|--|--|--|
| Name of Filing C | committee, Candida | ate or Lo | bbyist: | | BAKER | , ANNE | ETTE C | | | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | State: | | | | Zip Cod | e: 19 | 540 | | | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDA PRIMARY | Y PRE | - 2. | 30 DA PRIMA | | POST- | POST- 3. X | | | AMENDMENT REPORT? | | No | Image: A start of the start of | | | |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | | | | 30 DA | | POST- | 6. | | TERMINA REPORT? | TION | Yes | No | \checkmark | | | |
| report type) | ANNUAL REPORT | 7. | Year 2020 | | | | NG METH CHECK C | | | | PAPER | | \checkmark | DISKE | TTE | | | |
| Name of Office S | Gought by Candidat | te: | | | | | DATE (| OF ELE | CTION | | District Number | Office Code | Par | ty Code | County Code | | | |
| | | | | | | | мо | DAY | YEA | R | 11 | STS | REP | | 06 | | | |
| SENATOR IN TH | HE GENERAL ASSE | EMBLY | | | | | 11 | L | 3 2 | 2020 | · | (SEE INS | TRUCTIO | ONS FOR | CODES) | | | |
| | Receipts and | мо | DAY | YEAR | 2 | | мо | DAY | YEA | R | FO | R OFFIC | E USE | ONLY | | | | |
| Expenditures | from: | | 5 19 | 2 | 020 | ГО | 6 | 5 | 22 2 | 2020 | | | | | | | | |
| A. Amount Bro | ught Forward Fron | n Last Re | eport | | | \$ | | | (838 | .89) | | | | | | | | |
| B. Total Moneta | ary Contributions A | And Rece | eipts (Fron | n Sche | dule I) | \$ | | | | 0.00 | | | | | | | | |
| C. Total Funds | Available (Sum Of | Lines A | and B) | | | \$ | | | (838 | .89) | | | | | | | | |
| D. Total Expen | ditures (From Sche | edule III |) | | | \$ | | | 93 | 3.74 | | | | | | | | |
| E. Ending Cash | Balance (Subtract | t Line D F | rom Line | C) | | \$ | | | (932 | 63) | | | | | | | | |
| F. Value Of In- | Kind Contributions | Receive | d (From S | chedu | le II) | \$ | | | (| 0.00 | - | | | | | | | |
| G. Unpaid Debt | s And Obligations | (From S | chedule IV | /) | | \$ | | | (| 0.00 | | | | | | | | |
| | | | | AFF | IDAV | IT SE | CTION | | | | | | | | | | | |
| PART I - If this is | s a Committee repo | ort, treas | surer sign | here. | lf this i | s a Car | ndidate r | eport, o | candida | te sig | gn here. | | | | | | | |
| I swear (or affirm) correct and comple |) that this report, incl ete. | uding the | attached sc | hedules | s filed or | n paper | or by elec | tronic m | edium, a | re to t | the best of | my know | ledge | and beli | ef , true | | | |
| Sworn to and subs | cribed before me this day of | 5 | 20 | | | | | | Sigi | nature | e of Person | Submitti | ng Rep | ort | | | | |
| | Signatu | re | | | | _ | | | | | Print | ed Name | | | | | | |
| My Commission Ex | - | | | | | | | | | | Email | l | | | | | | |
| | мо | DA | Y | YR | | _ | | Ar | ea Code | | Daytime | e Telepho | one Nu | mber | | | | |
| Part II- If this is | a report of a cand | lidate's a | authorized | Comn | nittee, (| Candid | ate shall | sign h | ere. | | | | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of med. | ny knowle | dge and beli | ief this | politica | l comm | ittee has i | not viola | ted any p | provis | ions of the | act of Ju | ne 3,19 | 937 (P.L | 1333, | | | |
| Sworn to and subso | ribed before me this day of | | 20 | | | | | | | S | ignature o | f Candida | te | | | | | |
| | | | | | | _ | | | | | Printeo | d Name | | | | | | |
| My Commission Exp | Signature | | | | | _ | | | | | Emai | 1 | Email | | | | | |
| Signature My Commission Expires | | | | | | | | | | | | | | | | | | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** From: <u>5/19/2020</u> **To:** 6/22/2020 BAKER, ANNETTE C 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 | | | | | | |
|--|-------|------------------|----|------------------|------|------|----|------------|--|--|
| | | | | From: To | | | 1 | | | |
| | | · | | | DATE | | | AMOUNT | | |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | | | |
| Mailing Address | | | | | | | \$ | 0.00 | | |
| City | State | Zip Code (Plus 4 | •) | | | | | | | |
| | | | | | | | | PAGE TOTAL | | |
| Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. | | | | | | | | 0.00 | | |

| 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. (Exclude contributions from political committees reported in Part A) | | | | | | | | | | |
|---|-------|------------------|-----|----------|-------|------|----|------------|--|--|
| Name of Filing Committee or Candidate Reporting P | | | | | eriod | | | | | |
| | | | Fro | From: To | | | | 0: | | |
| | | | | | DATE | | | AMOUNT | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | | |
| Mailing Address | | - | | | | | \$ | 0.00 | | |
| City | State | Zip Code (Plus 4 |) | | | | | | | |
| | | | | | | | | PAGE TOTAL | | |
| Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ | | | | | | | | | | |

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 | | A | MOUNT | |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | \$ | 0.00 | |
| Mailing Address | | | | | | | 7 * | 0.00 | |
| City | State | Zip Cod | e (Plus 4) | | | | | | |
| | | | | | | | | | |
| | | | | PAGE TOTAL | | | | | |
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3. | | | | | | | \$ | | |

PART D 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 | | | | Reporting Period | | | | | | | |
|--|----------------|---------------|------|------------------|------------|------|-------------------------------------|------------|--|--|--|
| | | | Fror | n: | | Т |): | | | | |
| | | | | D/ | ATE | | АМ | IOUNT | | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 0.00 | | | |
| Mailing Address | | | | | | | | | | | |
| City | State | Zip Code (Plu | s 4) | | | | | | | | |
| Employer Name | | - | | Occupation | | | | | | | |
| Employer Mailing Address/Principal Pla | ce of Business | City | | | State | | Zip Code | e (Plus 4) | | | |
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3. | | | | | | | PAGE TOTAL \$ 0.00 | | | | |

PART E **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 Period | | | | | | | |
|---|-------|------------|------------------|----|-----|------|----|---------|------|--|
| | | | From: | | | То: | | | | |
| | | | | D | ATE | | | AMOUNT | | |
| Full Name | | | | мо | DAY | YEAR | \$ | | 0.00 | |
| Mailing Address | | | | | | | | | | |
| City | State | Zip Code (| Plus 4) | | | | | | | |
| Receipt Description | · | • | | | | | • | | | |
| | | _ | | | | | | PAGE TO | TAL | |
| nter Grand Total of Part E on Schedule I, Detailed Summary Page, 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 Period | | | | | | | | | | |
|---|------------------|----------------------|------------------|--|--|--|--|--|--|--|--|
| BAKER, ANNETTE C | From: | <u>5/19/2020</u> То: | <u>6/22/2020</u> | | | | | | | | |
| . UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | | | | | | | | | | |
| TOTAL for the Reporting Pe | riod (1) | \$ | 0.00 | | | | | | | | |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR | ſF) | | | | | | | | | | |
| TOTAL for the Reporting Pe | riod (2) | \$ | 0.00 | | | | | | | | |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | | | | | | | | | |
| TOTAL for the Reporting Pe | riod (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, 1 | | \$ | 0.00 | | | | | | | | |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate R | | | Reporting Period | | | | | | |
|--|-------|-------------------|------------------|--------|------|-------------|------------|------|--|
| | From: | | | То: | | | | | |
| | | DATE | | AMOUNT | | | | | |
| Full Name of Contributor | | | | DAY | YEAR | | | | |
| Mailing Address | | _ | | | | 7 \$ | | 0.00 | |
| City | State | Zip Code (Plus 4) | | | | | | | |
| Description of Contribution: | | | 1 | | | | | | |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, | | | | | | | PAGE TOTAL | | |
| | | | | | | \$ | | 0.00 | |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

| Name of Filing Committee or Candidate | Name of Filing Committee or Candidate | | | | Reporting Period | | | | | | |
|--|---------------------------------------|------------------|-------|--------|------------------|---------------------------|-----------------------|--|--|--|--|
| | | | | From: | | | | | | | |
| | | | | | DATE | | AMOUNT | | | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | | | |
| Mailing Address | | | | | | | \$ 0.00 | | | | |
| City | State | Zip Code(Plus 4) | | | | | | | | | |
| Employer of Contributor | | • | | Occupa | ation | | | | | | |
| Employer Mailing Address/Principal Plac | e of Business | City | State | e Zip | Code(Plus 4) | Descri | ption of Contribution | | | | |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. | | | | | | PAGE TOTAL 0.00 | | | | | |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | Reporti | ng Period | | | | | |
|--|--------------------|-------------------|----------------------------|-------------|---------------|-----|------------------|--|--|
| BAKER, ANNETTE C | | | From | <u>5/19</u> | <u>9/2020</u> | То: | <u>6/22/2020</u> | | |
| | | | | DATE | | | AMOUNT | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | |
| Friends of Annette Baker | | | | | | | | | |
| Mailing Address P.O. Box 703 | | | | 22 | 2020 | \$ | 55.00 | | |
| City Reading State Zip Code (Plus 4) | | | | tion of Exp | enditure | | | | |
| | PA | 19607 | Donatio | n | | | | | |
| To Whom Paid | мо | DAY | YEAR | | | | | | |
| DreamHost Web Hosting | 6 | | | . | 4.95 | | | | |
| Mailing Address 417 Associated Rd | | | | 6 | 2020 | \$ | 4.95 | | |
| City Brea | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | СА | 92821 | Web ho | sting | | | | | |
| To Whom Paid RPA | | | мо | DAY | YEAR | | | | |
| Mailing Address 613 Franklin St | | | 5 | 21 | 2020 | \$ | 2.00 | | |
| City Reading | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | PA | 19606 | Parking | Fee | | | | | |
| To Whom Paid Staples | | | мо | DAY | YEAR | | | | |
| Mailing Address 1167 Berkshire Blvd | | | 6 | 22 | 2020 | \$ | 31.79 | | |
| City Wyomissing | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | 1 | | | |
| PA 19610 | | | Busines | s Cards | | | | | |
| · · | | | | | | | PAGE TOTAL | | |
| Enter Grand Total of Expenditures o | n Page 1, Report C | over Page, Item D |). | | | \$ | 93.74 | | |