### **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				port ed B		CANI	DIDATE	`	/ [	OMMITTEE		LOBE	BYIST		
Name of Filing C	Committe	e, Candid	ate or L	obbyist:		BAK	KER,	ANNE	TTE C									
Street Address:																		
City:	_								State:				Zip Code	e: 19	540			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3.	i	AMENDME REPORT?	NT	Yes	No	~	
(place X to the right of	6TH TUES		4.	2ND FRIDATELECTION	y pre	≣-	5. <b>X</b>	30 DA ELECT		POST-	6.	•	TERMINAT REPORT?	ΓΙΟΝ	Yes	No	~	
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2020					IG MET CHECK				PAPER		/	DISKE	TTE	
Name of Office S	ought by	Candidat	te:	-					DATE	OF EL	ECT	ION	District Number	Office Code	Par	ty Code	County	,
GENIATOR IN T	OFNE	D.4. 400	-14511/						МО	DAY		YEAR	11	STS	REP		06	
SENATOR IN TH	HE GENE	RAL ASSE	MBLY						1	.1	3	2020		(SEE IN	STRUCTIO	ONS FOR (	CODES)	
Summary of		and	МО	DAY	YEAR	2		'	МО	DAY	,	YEAR	FOF	OFFIC	CE USE	ONLY		
Expenditures	from:			6 23	2	020	<b>T</b>	0	1	.0	19	2020	D .					
A. Amount Bro	ught Forv	ward Fron	n Last R	eport				\$				(932.63	)					
B. Total Moneta	ary Contr	ibutions <i>I</i>	And Rec	eipts (From	Sche	dule	e I)	\$				0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				(932.63	)					
D. Total Expend	ditures (I	From Sche	edule II	I)				\$				1,649.12	<u>!</u>					
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$			(2	,581.75)	4					
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le II	I)	\$				0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	)			\$				0.00	)		'			_
					AFF	IDA	AVI	ΓSE	CTIOI	N								
PART I - If this is		-		_						-			_	_				
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	nedule	s file	ed on	paper o	or by ele	ctronic	medi	ium, are to	the best of	my knov	wledge a	and beli	ef , true	1
Sworn to and subs	cribed before day of	ore me this		20								Signatu	re of Person	Submit	ting Rep	ort		
		Signatu	re					-					Printe	ed Name	<b>.</b>			•
My Commission Ex	cpires							_					Email					ı
		мо	D	AY	YR					ı	rea	Code	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andida	ate sha	ll sign	here	e.						
I swear (or affirm) No 320) as amende		e best of m	ny knowle	edge and beli	ef this	poli	itical	commi	ittee has	not vio	lated	l any provi	sions of the	act of J	une 3,19	937 (P.L	. 1333,	
Sworn to and subsc		re me this											Signature of	Candida	ate			
	day of —							-					Printed	Name				
		Signature						-										
My Commission Exp	ires												Email					
	_	мо	D	AY	YR	1		•		Are	a Co	de	Day	time T	elephon	e Numb	er	1

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
BAKER, ANNETTE C	From:	6/23/202	<u>20</u> To:	10/19/2020
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	J 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	) Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

Name of Filing Comm	nittee or Candidate		Reporti	ng Period			
			From:		То	:	
		I		DATE			AMOUNT
Full Name of Contribut	ing Committee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

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

**PAGE TOTAL \$**0.00

## 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 Candi	date		Re <sub>l</sub> Fro	oorting P m:	eriod	To	o:	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	)					

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

**PAGE TOTAL \$**0.00

#### **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		A	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	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 Candid	date			Rep	orting Pe	riod			
				Fror	m:		To	):	
					D	ATE		A	MOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	ip Code (Plus	5 4)					
Employer Name					Occupa	tion			
Employer Mailing Address/Principal Business	Place of		City		•	State		Zip Cod	le (Plus 4)
Enter Grand Total of Part C on S	Schedule I, Detail	led Sumr	mary Page,	Section	on 3.			P	O.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 Perio	od				
			From:			To:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	1		
Mailing Address							\$		0.00
City	State	Zip Code (	Plus 4)						
Receipt Description	·	·		•			•		
Enter Grand Total of Part E	on Schedule I. Detailer	l Summary Page.	Section	4.				PAGE TO	ΓAL
- Communication of the Ex	Januara 1/ Betained	. Jaai y 1 ago,	Section	••			\$		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	d	
BAKER, ANNETTE C	From:	<u>6/23/2020</u> <b>To:</b>	<u>10/19/2020</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 Candid	ate		Reportin	g Period			
			From:			To:	
				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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pag	je,		PAGE TOTAL
Section 2.						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	1				Re	porting l	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									- \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidat	e		Reporti	ng Period			
BAKER, ANNETTE C			From	<u>6/23</u>	3/2020	То:	10/19/2020
				DATE			AMOUNT
To Whom Paid RPA			мо	DAY	YEAR		
Mailing Address 613 Franklin St			7	21	2020	\$	2.00
<b>City</b> Reading	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19606	<b>Descrip</b> Parking	otion of Exp	penditure	2	
<b>To Whom Paid</b> County of Berks-Election Services			МО	DAY	YEAR		
Mailing Address 633 Court St, 1st F	loor		7	21	2020	\$	20.00
<b>City</b> Reading	State PA	<b>Zip Code (Plus 4)</b> 19601	<b>Descrip</b> CD	otion of Exp	penditure	2	
To Whom Paid Staples			мо	DAY	YEAR		
Mailing Address 1167 Berkshire Blv	d.		7	31	2020	\$	31.41
<b>City</b> Wyomissing	State PA	<b>Zip Code (Plus 4)</b> 19610		otion of Exp Supplies	penditure	2	
<b>To Whom Paid</b> Sam's Club			МО	DAY	YEAR		
Mailing Address 5314 Allentown Pik	re		8	7	2020	\$	134.94
<b>City</b> Reading	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19560		otion of Exp Supplies	penditure	2	
<b>To Whom Paid</b> Amazon			МО	DAY	YEAR		

Zip Code (Plus 4)

98108

**Mailing Address** 

Seattle

City

410 Terry Ave.N.

State

WA

13.99

12

**Description of Expenditure** 

Heat transfer vinyl

2020

<b>To Whom Paid</b> Amazon				мо	DAY	YEAR		
Mailing Address	410 Terry Ave.N.			7	12	2020	\$	64.99
<b>City</b> Seattle		<b>State</b> WA	<b>Zip Code (Plus 4)</b> 98108		tion of Exp			
<b>To Whom Paid</b> DreamHost Web Ho	osting			МО	DAY	YEAR		
Mailing Address	417 Associated Rd.			7	6	2020	\$	4.95
<b>City</b> Brea		<b>State</b> CA	<b>Zip Code (Plus 4)</b> 92821	<b>Descrip</b> Web Ho	otion of Exp	enditure		
<b>To Whom Paid</b> DreamHost Web Ho	osting			МО	DAY	YEAR		
Mailing Address	417 Associated Rd.			8	6	2020	\$	4.95
City Brea		<b>State</b> CA	Zip Code (Plus 4)		tion of Exp	enditure		
		CA	92821	Web Ho	sting			
<b>To Whom Paid</b> DreamHost Web Ho	osting	CA	92821	MO MO	DAY	YEAR		
DreamHost Web Ho	osting 417 Associated Rd.	CA	92821			<b>YEAR</b> 2020	\$	6.94
DreamHost Web Ho	-	State CA	<b>Zip Code (Plus 4)</b> 92821	<b>MO</b> 9	DAY 6	2020	\$	6.94
Mailing Address	417 Associated Rd.	State	Zip Code (Plus 4)	MO 9 Descrip	DAY 6	2020	\$	6.94
Mailing Address  City Brea  To Whom Paid  LMG Marketing Sol	417 Associated Rd.	<b>State</b> CA	Zip Code (Plus 4)	MO  9  Descrip Web Ho	DAY  6  stion of Exposting	2020 penditure	\$	6.94
Mailing Address  City Brea  To Whom Paid  LMG Marketing Sol	417 Associated Rd.	<b>State</b> CA	Zip Code (Plus 4)	MO  9  Descrip Web Ho  10  Descrip	DAY  6  stion of Exposting  DAY	2020 penditure  YEAR  2020		
Mailing Address  City Brea  To Whom Paid LMG Marketing Sol  Mailing Address	417 Associated Rd.  lutions  237 Court St, Suite	State CA 304A State	Zip Code (Plus 4) 92821  Zip Code (Plus 4)	MO  9  Descrip Web Ho  10  Descrip	DAY 6 etion of Exposting DAY 19	2020 penditure  YEAR  2020		
Mailing Address  City Brea  To Whom Paid LMG Marketing Sol  Mailing Address  City Reading  To Whom Paid DreamHost Web Ho	417 Associated Rd.  lutions  237 Court St, Suite	State CA 304A State	Zip Code (Plus 4) 92821  Zip Code (Plus 4)	MO  9  Descrip Web Ho  10  Descrip Website	DAY  6  btion of Exposting  DAY  19  btion of Exposion	2020 Penditure  YEAR  2020 Penditure		

				•		
To Whom Paid Berks County Republican Committee  Mailing Address 8468 Allentown Pike, Suite 6			МО	DAY	YEAR	
			10	13	2020	\$ 150.00
<b>City</b> Blandon	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19610	<b>Description of Expenditure</b> Dinner Ticket			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						
Enter Grand Total of Exp	enditures on Page 1, Re	port Cover Page, Item D				PAGE TOTAL
Enter Grand Total of Exp	enditures on Page 1, Re	port Cover Page, Item D	•			\$
Enter Grand Total of Exp	enditures on Page 1, Re	port Cover Page, Item D				\$ 1,649.12
Enter Grand Total of Exp	enditures on Page 1, Re	port Cover Page, Item D				\$