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	20200	0656				Repoi Filed		CA	NDI	DATE	*	′ c	ОММІТТ	EE		LOBI	BYIST		
Name of Filing C	Committee, C	andida	te or Lo	bbyis	st:	В	SAKER	, ANN	ETTE	С										
Street Address:																				
City:									Stat	e:				Zip Co	Zip Code: 19540					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND I PRIM	FRIDAY ARY	PRE-	2.	30 D PRIM		Р	OST-	3.			AMENDMENT REPORT?			N	0	√
(place X to the right of	6TH TUESDAY PRE-ELECTIO		4.	2ND I	FRIDAY TION	PRE-	5.	30 D ELEC	AY TION	Р	OST-	6.	Х		TERMINATION REPORT?		Yes	N	0	\
report type)	ANNUAL REI	PORT	7.	Year	2020				NG MI					PAPER	PAPER		>	DISK	ETTE	
Name of Office S	- Sought by Ca	ndidate	e:						DAT	ΈO	F ELE	СТ	ION	District Numbe		ffice ode	Par	ty Cod	Code	
SENATOR IN TH	HE GENERAL	. ASSEI	MBLY						МО		DAY		YEAR	11	S	TS	REP	•	06	
				1	1.					11		3	2020	<u> </u>		SEE INS				5)
Summary of Expenditures		nd	МО	.0	20	YEAR 20:	20 -	ГО	МО	11	DAY	23	YEAR 2020		OR C	OFFIC	E USE	ONLY		
A. Amount Bro	ught Forward	d From					20			11			,581.75	4						
B. Total Moneta				•		Sched	ule I)	-				(-,	0.00	-						
C. Total Funds	Available (Su	um Of I	Lines A	and E	3)			4	5			(2,	,581.75)						
D. Total Expenditures (From Schedule III)					\$	5			1	,761.89										
E. Ending Cash Balance (Subtract Line D From Line C)				4	5			(4,	343.64)											
F. Value Of In-	Kind Contrib	utions	Receive	ed (Fr	om Scl	hedule	e II)	4	5				0.00							
G. Unpaid Debt	ts And Obliga	ations (From S	ched	ule IV)			4	5				0.00			•				
						AFFI	DAV	IT SE	CTI	NC										
PART I - If this is	s a Committe	e repo	rt, trea	surer	sign h	ere. If	this i	s a Ca	ndida	te re	port, o	can	didate s	gn here						
I swear (or affirm) correct and comple		rt, inclu	ding the	attacl	ned sche	edules 1	filed or	paper	or by	electi	ronic m	ediu	ım, are to	the best	of my	y know	ledge	and be	lief , tr	ue
Sworn to and subs	cribed before r day of	me this		20									Signatu	re of Pers	on Su	ıbmitti	ng Rep	ort		_
		ignature	9	•				_						Pri	nted	Name				
My Commission Ex	cpires							_		•				Em	ail					
	МО		DA	Υ		YR					Ar	ea C	ode	Daytii	me T	elepho	ne Nu	mber		
Part II- If this is	a report of a	a candi	date's	autho	rized C	Commi	ittee,	Candio	late s	hall	sign h	ere.								
I swear (or affirm) No 320) as amende		est of my	, knowle	dge ar	nd belie	f this p	oolitica	comn	nittee l	nas n	ot viola	ted	any provi	sions of t	he act	t of Ju	ne 3,1	937 (P	L. 133	з,
Sworn to and subsc	ribed before m	e this		20										Signature	of Ca	andida	te			_
				20 -				_						Print	ed Na	ame				-
My Commission Exp	_	ature						_						Em	ail					-
,								_												_
	М	10	DA	ΑY		YR					Area	Cod	le	Daytime Telephone Number						

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
BAKER, ANNETTE C	From:	10/20/202	<u>0</u> To:	11/23/2020
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) 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

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng 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

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 C	andidate		Rep Fro	oorting P m:	eriod	To) :	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule 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 Candida	te			Rep	orting Pe	riod			
				Froi	n:		To) :	
					D	ATE		АМ	IOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	s 4)					
Employer Name	•	•			Occupa	tion			
Employer Mailing Address/Principal P Business	lace of		City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sc	hedule I, Deta	iled Sumr	mary Page,	Section	on 3.			P <i>A</i>	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	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 Per	od							
BAKER, ANNETTE C	From:	10/20/2020 To:	11/23/2020						
L. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	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 Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candida	te				Re	porting	Period				
					Fro	m:		То	:		
					<u> </u>		DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•		•			Occupa	ation				
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	ripti	on of C	ontribution
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	taile	ed					PAGE TOTAL
Summary Page, Section 3.											0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	andidate		Reporti	ng Period					
BAKER, ANNETTE C			From	10/20	0/2020	То:	11/23/2020		
		,	DATE AMOUI						
To Whom Paid Berks County Election Services	5		мо	DAY	YEAR				
Mailing Address 633 Court	St, 1st Floor		10	23	2020	\$	1.00		
City Reading	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1			
3	PA	19601	Copies						
To Whom Paid DreamHost Web Hosting			МО	DAY	YEAR				
Mailing Address 417 Associa	ated Rd.		11	6	2020	\$	11.99		
City Brea	State CA	Zip Code (Plus 4) 92821	Description of Expenditure Web Hosting						
To Whom Paid PA Turnpike Commission		•	мо	DAY	YEAR				
Mailing Address 300 E. Park	c Drive		10	23	2020	\$	8.90		
City Harrisburg	State	Zip Code (Plus 4)	Description of Expenditure						
	PA	17111	Tolls						
To Whom Paid BJ's Wholesale Club			МО	DAY	YEAR				
Mailing Address 550 Madiso	on Ave		10	24	2020	\$	75.40		
City Reading	State PA	Zip Code (Plus 4) 19605	Description of Expenditure Food/Paper products						
To Whom Paid Domino's #4720			МО	DAY	YEAR				
Mailing Address 8537 Allent	10	24	2020	\$	164.60				

Zip Code (Plus 4)

19510

Description of Expenditure

Food

State

PΑ

City

Blandon

						FAGL 12
		мо	DAY	YEAR		
3		10	20	2020	\$	1,500.00
State	Zip Code (Plus 4)	Descrip	tion of Ex	penditure)	
PA	19607-3653	Donatio	on to comr	mittee		
		<u> </u>				PAGE TOTAL
Jitures on Page 1, Re	port Cover Page, Item D	•			\$	1,761.89
	PA	State Zip Code (Plus 4) PA 19607-3653	3 10 State Zip Code (Plus 4) Descrip	3 10 20 State Zip Code (Plus 4) Description of Exp PA 19607-3653 Donation to comm	3 10 20 2020 State Zip Code (Plus 4) Description of Expenditure Donation to committee	MO DAY YEAR 10 20 2020 \$ State Zip Code (Plus 4) Description of Expenditure Donation to committee Description of Expenditure Donation to committee