Campaign Finance Report

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

Filer Identificat	ion	20200	0109			Repor		CANDI	DATE	СОМ	MITTEE	✓	LOBI	BYIST	
Number : Name of Filing (Committee.	Candida	te or l c	hhvist:		Filed	-		BAKER						
	PO BO						55 01	ANNETT							
Street Address:												. 10	<u> </u>	652	
City:	READI	NG						State:	PA		Zip Co	de: 19	607-3	653	
TYPE OF REPORT	6TH TUESD PRE-PRIMA	RY	1.	2ND FRIDAY PRE- 2. PRIMARY							AMENDN REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUESD PRE-ELECT		4.					DAY I CTION	POST- 6		TERMIN REPORT		Yes	No	\checkmark
report type)	ANNUAL R	REPORT	7. X	Year 2020				NG METHO			PAPER		\checkmark	DISKE	TTE
Name of Office	 Sought by C	Candidat	e:					DATE O	F ELEC	TION	District Number	Office Code	Par	ty Code	County Code
CENATOD IN T								мо	DAY	YEAR	11	STS	REP		06
SLIVATOR IN T	SENATOR IN THE GENERAL ASSEMBLY							11	3	3 2020]	(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		and	мо	DAY	YEAR	2		мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:		1	.1 24	2	020 1	О	12	31	2020					
A. Amount Bro	ought Forwa	ard From	Last Ro	eport			4	Þ		440.69					
B. Total Monet	ary Contrib	outions A	nd Rece	eipts (From	Sche	dule I)	5	\$ 0.00							
C. Total Funds	Available (Sum Of	Lines A	and B)			5	\$		440.69					
D. Total Expen	ditures (Fr	om Sche	dule III	[)			5	\$		0.00					
E. Ending Cash	n Balance (S	Subtract	Line D	From Line	C)			\$		440.69	_				
F. Value Of In-	Kind Contri	ibutions	Receive	ed (From S	chedu	le II)		\$		0.00	-				
G. Unpaid Deb	ts And Oblig	gations	(From S	chedule IV)		9	\$		1,000.00					
					AFF	IDAV	IT SI	ECTION							
PART I - If this i I swear (or affirm		-		-							-	f my knov	vledge	and beli	ef . true
correct and compl	ete.		<u>-</u>				, baba	,		,		,			.,
Sworn to and subs	scribed befor day of	e me this		20						Signatur	e of Perso	n Submitt	ing Rep	oort	
		Signatur	e				_				Prin	ted Name			
My Commission E	xpires						_				Ema	il			
	М	0	DA	NY	YR				Area	Code	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report o	of a cand	idate's a	authorized	Comn	nittee, O	Candio	date shall	sign her	е.					
I swear (or affirm) No 320) as amend		best of m	y knowle	dge and beli	ef this	political	comr	nittee has n	ot violate	d any provis	ions of th	e act of Ju	ine 3,1	937 (P.L	1333,
Sworn to and subscribed before me this day of 20							ite								
											Printe	ed Name			
My Commission Exp	-	gnature					_				Ema	il			
							_								
		мо	DA	NY .	YR				Area Co	ode	D	aytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FRIENDS OF ANNETTE BAKER From: <u>11/24/2020</u> **To:** 12/31/2020 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			Re	porting	Period			
Fro				om:		:		
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City State Zip Code (Plus 4)								
							Γ	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 Candidat	e			orting P	eriod			
			Fro	m:		Тс):	
					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 S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	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 Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	led Summary Pa	age, Sectio	n 3.			\$	0.00

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	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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			Report	ing Perio	d				
Fro			From:	From: To:					
				D	ATE			AMOUNT	1
Full Name				мо	DAY	YEAR	1		
Mailing Address	Mailing Address						\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description						•	•		
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	TAL
		illi y i uge,	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	od	
FRIENDS OF ANNETTE BAKER	From:	<u>11/24/2020</u> To:	<u>12/31/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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			
						То:	
				DATE		АМС	DUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address	Mailing Address					\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL
					4	5	0.00

0.00

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

Name of Filing Committee or Candidate				Rep	oorting P	eriod				
					From: To:					
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								\$	0.00	
City	State		Zip Code(P	Plus 4)						
Employer of Contributor			•			Occupat	tion			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descri	otion o	f Contribution
Enter Grand Total of Part G on Sch	edule II, 1	In-Kind	Contributio	ons De	taile	d				PAGE TOTAL

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				ng Period			
	From			То:			
		AMOUNT					
To Whom Paid				DAY	YEAR		
Mailing Address						\$	0.00
City State Zip Code (Plus 4)				otion of Ex	penditure		
Enter Grand Total of Expenditures	`				PAGE TOTAL		
	on Page 1, Report C	over Page, Item L				\$	0.00

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate			Reporting Period					
FRIENDS OF ANNETTE BAKER			From:	<u>11/24/2020</u> To:			<u>1</u>	12/31/2020
					DATE			Outstanding Balance of Debt
Name of Creditor Annette C. Baker				мо	DAY	YEAR		
Mailing Address 15 Glennola Dr				10	19	2020	\$	1,000.00
City Mohnton	State PA	Zip Code (Pl 19540	us 4)	Description of Debt loan				
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							\$	PAGE TOTAL 1,000.00