

Campaign Finance Report

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

Filer Identification Number : 2005279		Report Filed By :	CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST						
Name of Filing Committee, Candidate or Lobbyist: BAKER, ELISABETH FOR SENATE											
Street Address: 1041 MOUNTAIN VIEW DR,PO BOX 59											
City: LEHMAN			State: PA	Zip Code: 18627-0059							
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7. X	Year 2020	FILING METHOD () CHECK ONE			PAPER	<input checked="" type="checkbox"/>	DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code	
				MO	DAY	YEAR					
				11	3	2020	(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		11	24	2020	TO	12	31	2020			
A. Amount Brought Forward From Last Report				\$		103,845.80					
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		0.00					
C. Total Funds Available (Sum Of Lines A and B)				\$		103,845.80					
D. Total Expenditures (From Schedule III)				\$		4,501.54					
E. Ending Cash Balance (Subtract Line D From Line C)				\$		99,344.26					
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00					
G. Unpaid Debts And Obligations (From Schedule IV)				\$		0.00					

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
BAKER, ELISABETH FOR SENATE	From: <u>11/24/2020</u> To: <u>12/31/2020</u>

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 0.00
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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: _____
	DATE AMOUNT

Full Name of Contributing Committee	MO	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 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 Period
	From: _____ To: _____

	DATE	AMOUNT
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Full Name of Contributor	MO	DAY	YEAR				
Mailing Address				\$ 0.00			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 5px;">City</td> <td style="width:20%; padding: 5px;">State</td> <td style="width:50%; padding: 5px;">Zip Code (Plus 4)</td> </tr> </table>	City	State	Zip Code (Plus 4)				
City	State	Zip Code (Plus 4)					

PAGE TOTAL
\$ 0.00

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: To:

	DATE			AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 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: _____ To: _____

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (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: _____ To: _____

				DATE	AMOUNT
Full Name	MO	DAY	YEAR		
Mailing Address				\$	0.00
City	State	Zip Code (Plus 4)			
Receipt Description					

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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 BAKER, ELISABETH FOR SENATE	Reporting Period From: <u>11/24/2020</u> To: <u>12/31/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)	\$ 0.00

**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
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 Detailed Summary Page, Section 2.				PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description 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	Reporting Period
BAKER, ELISABETH FOR SENATE	From <u>11/24/2020</u> To: <u>12/31/2020</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
Elisabeth Baker	12	1	2020	\$ 346.32
Mailing Address PO Box 59				
City Lehman				
State PA				
Zip Code (Plus 4) 18627				
Description of Expenditure Supplies				
To Whom Paid Senator Joe Pittman	12	1	2020	\$ 100.00
Mailing Address 281 Main Capitol				
City Harrisburg				
State PA				
Zip Code (Plus 4) 17120				
Description of Expenditure Donation				
To Whom Paid Rail-Trail Council of Northeast PA	12	1	2020	\$ 35.00
Mailing Address PO BOX 32				
City Uniondale				
State PA				
Zip Code (Plus 4) 18470				
Description of Expenditure Membership Dues				
To Whom Paid Back Mountain Regional EMS	12	1	2020	\$ 100.00
Mailing Address PO Box 41				
City Dallas				
State PA				
Zip Code (Plus 4) 18612				
Description of Expenditure Donation				
To Whom Paid Friends of Salt Springs	12	1	2020	\$ 50.00
Mailing Address PO Box 541				
City Montrose				
State PA				
Zip Code (Plus 4) 18801				
Description of Expenditure Membership Dues				

To Whom Paid Misericordia University			MO	DAY	YEAR	
Mailing Address 301 Lake Street			12	1	2020	
City Dallas	State PA	Zip Code (Plus 4) 18612	Description of Expenditure Donation			
To Whom Paid Wyoming County Chamber of Commerce			MO	DAY	YEAR	
Mailing Address 79 Warren Street			12	8	2020	
City Tunkhannock	State PA	Zip Code (Plus 4) 18657	Description of Expenditure Membership Dues			
To Whom Paid DAA Consulting			MO	DAY	YEAR	
Mailing Address 2024 Rock Fall Road			12	8	2020	
City Harrisburg	State PA	Zip Code (Plus 4) 17110	Description of Expenditure Consulting Services			
To Whom Paid Jennifer Wilson			MO	DAY	YEAR	
Mailing Address 1456 Chase Road			12	8	2020	
City Shavertown	State PA	Zip Code (Plus 4) 18708	Description of Expenditure Cell Phone/Supplies			
To Whom Paid VanGorder's Furniture			MO	DAY	YEAR	
Mailing Address 2561 Route 6			12	8	2020	
City Hawley	State PA	Zip Code (Plus 4) 18428	Description of Expenditure Promotional Items			
To Whom Paid Heather Kukosky			MO	DAY	YEAR	
Mailing Address 1069 Mountain View Drive			12	11	2020	
City Dallas	State PA	Zip Code (Plus 4) 18612	Description of Expenditure Cell Phone			

To Whom Paid Paper Eaters			MO	DAY	YEAR	
Mailing Address PO Box 25			12	11	2020	\$ 195.00
City Wilkes Barre	State PA	Zip Code (Plus 4) 18703	Description of Expenditure Shredding			
To Whom Paid Susan Slocum			MO	DAY	YEAR	
Mailing Address 542 Valley View Road			12	11	2020	\$ 40.80
City Dallas	State PA	Zip Code (Plus 4) 18612	Description of Expenditure Supplies			
To Whom Paid Elisabeth Baker			MO	DAY	YEAR	
Mailing Address PO Box 59			12	11	2020	\$ 294.32
City Lehman	State PA	Zip Code (Plus 4) 18627	Description of Expenditure Lunch Meetings			
To Whom Paid Hershey Food Pantry			MO	DAY	YEAR	
Mailing Address 120 East Derry Road			12	11	2020	\$ 100.00
City Hershey	State PA	Zip Code (Plus 4) 17033	Description of Expenditure Condolence			
To Whom Paid Honesdale Friends of Wrestling			MO	DAY	YEAR	
Mailing Address 23 Fords Road			12	18	2020	\$ 75.00
City Honesdale	State PA	Zip Code (Plus 4) 18431	Description of Expenditure Advertisement			
To Whom Paid Wyoming Seminary			MO	DAY	YEAR	
Mailing Address 201 North Sprague Avenue			12	29	2020	\$ 500.00
City Kingston	State PA	Zip Code (Plus 4) 18704	Description of Expenditure Donation			

To Whom Paid Luzerne Bank			MO	DAY	YEAR	
Mailing Address 118 Main Street			12	1	2020	\$ 120.59
City Luzerne	State PA	Zip Code (Plus 4) 18709	Description of Expenditure Checks			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 4,501.54

