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	20220	C0581				port		CANDI	DATE	√	СО	MMITTEE		LOBI	BYIST		
Name of Filing C	Committee	e, Candida	ate or Lo	obbyist:		ELI	SAB	ETH J.	. BAKER									_
Street Address:																		
City:									State:				Zip Code	e: 18	627			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3. X		AMENDME REPORT?	NT	Yes	No	•	
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA ELECTION	y pri	E-	5.	30 DA		POST-	6.		TERMINATION Yes REPORT?			No	•	
report type)	ANNUAL	REPORT	7.	Year 2022					NG METH				PAPER		✓	DISKE	TTE	
Name of Office S	L Sought by	Candidat	e:						DATE C	F ELE	CTION		District Office Party Code Consumber Code					у
	- 1								МО	DAY	YEA	R	20	STS	REP		Code	
SENATOR IN TH	HE GENE	RAL ASSE	:MBLY						11		8 2	2022		(SEE INS	TRUCTI	ONS FOR (CODES)	_
Summary of	Receipts	and	МО	DAY	YEAR	₹			МО	DAY	YEA	R	FOF	OFFIC	E USE	ONLY		
Expenditures	from:			5 3	2	022	T	0	6	5	6 2	2022						
A. Amount Bro	ught Forv	vard From	ı Last R	eport				\$			1,90	0.35						
B. Total Moneta	ary Contri	ibutions A	and Rec	eipts (From	Sche	dul	e I)	\$			67	3.12						
C. Total Funds Available (Sum Of Lines A and B) \$ 2,578.47																		
D. Total Expenditures (From Schedule III) \$ 0.00																		
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$			(0.00						
F. Value Of In-	Kind Cont	ributions	Receive	ed (From S	chedu	le I	I)	\$			(0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	')			\$			(0.00		•				
					AFF	ID	AVI	T SE	CTION									
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here.	If th	his is	a Can	ndidate r	eport, o	candida	te sig	jn here.					1
I swear (or affirm) correct and comple		eport, inclu	uding the	attached sc	hedule	s file	ed on	paper (or by elect	tronic m	edium, a	re to t	the best of	my know	/ledge	and beli	ef , true	Э,
Sworn to and subs	cribed befo	ore me this		20							Sigi	nature	of Person	Submitti	ing Rep	ort		•
		Signatur	re					-					Printe	ed Name				-
My Commission Ex	cpires							_					Email					•
		мо	D#	ΑY	YR					Are	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	commi	ittee has r	not viola	ted any p	rovis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,	
Sworn to and subsc		re me this										s	ignature of	Candida	te			۱ -
	day of —							_					Printed	Name				-
		Signature						_										_
My Commission Exp	ires												Email					
	_	МО	D/	AY	YR	1		-		Area	Code		Day	time Te	lephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period						
ELISABETH J. BAKER	From:	5/3/202	<u>2</u> To:	6/6/2022			
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	\$	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)	\$	678.12			
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	678.12			

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 Candida	Name of Filing Committee or Candidate			Reporting Period						
			From:		То	•				
		·		DATE			AMOUNT			
Full Name of Contributing Committee			МО	DAY	YEAR					
Mailing Address						\$	0.00			
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 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.

(ZACI			ooiiticai comm			porteu			
Name of Filing Commit	tee or Candidate			Rep	orting P	eriod			
				From: To:					
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address			_					\$	0.00
City	s	State	Zip Code (Plus 4)					
						1			

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	ame of Filing Committee or Candidate		Reporting Period					
			From:			То:		
				DA	TE		,	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							- \$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Schee	dule 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 Candidate			Rep	orting Pe	riod				
			Fror	n:		To	То:		
				D	ATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address							7		
City	State	Zip Code (Plu	s 4)						
Employer Name		•		Occupa	tion				
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)	
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	PAGE TOTAL 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	Reporting Perio	Period					
ELISABETH J. BAKER	From:	<u>5/3/2022</u> To:	6/6/2022				

			D	ATE		AMOUNT		
Full Name			МО	DAY	VEAD	_	670.40	
ELISABETH BAKER			МО	DAY	YEAR	\$	678.12	
Mailing Address 1041 MOUNTAIN VIE	W DRIVE PO BOX 59		5	13	2022			
City LEHMAN	State	Zip Code (Plus 4)						
	PA	18627						
Receipt Description MILEAGE/SUPPLIES								

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

PAGE TOTAL \$ 678.12

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		
ELISABETH J. BAKER	From:	<u>5/3/2022</u> To:	<u>6/6/2022</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 Can	didate		Reporting Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•	•	•	•		·		
					-			
	Enter Grand Total of Part F on Schedule II, In-Kind Contributions Det			ailed Summary Page,			PAGE TOTAL	
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	orting	Period				
				Fro	m:		То:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								֓֟֟֝֟֓֓֓֟֟֓֓֓֓֟֟֓֓֓֟֟֓֓֟֓֟֓֓֟֟֓֓֟֓֓֟֓֓֟֓	\$ 0	.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Place of Business City State Zip Code(Plus 4) Description					on of Contribution	1				
Enter Grand Total of Part G on Schedule II. In-Kind Contributions Detailed					ed				PAGE TOTA	,L
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detail Summary Page, Section 3.									0	.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate			Reporting Period				
						То:		
				DATE			AMOUNT	
To Whom Paid	мо	DAY	YEAR					
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)) Description of Expenditure					
Enter Grand Total of Evnenditures of					PAGE TOTAL			
Lines Grand Total Of Expenditures of	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item					\$	0.00	