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	√	СС	MMITTEE		LOBE	SYIST	
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		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 REPORT?			Yes	No	~		
report type)	ANNUAL	REPORT	7.	Year 2022					NG METH					\checkmark	DISKE	TTE	
Name of Office S	L Sought by	Candidat	:e:						DATE C	F ELE	CTION		District Number	Office Code	Par	ty Code	County Code
	- 1								МО	DAY	YEA	R	20	STS	REP		Code
SENATOR IN TH	HE GENER	RAL ASSE	MBLY						11		8 2	2022	2 (SEE INSTRUCTIONS FOR CO				ODES)
Summary of	Receipts	and	МО	DAY	YEAR	2			МО	DAY	YEA	R	FOR	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	tributions	Receive	ed (From S	chedu	le I	I)	\$			(0.00					
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV)			\$			(0.00		,			
					AFF	ΊD	AVI	T SE	CTION								
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here.	If th	nis is	a Can	ndidate r	eport, o	candida	te siç	ın here.				
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 belie	ef , true
Sworn to and subs	cribed befo	ore me this		20							Sigi	nature	of Person	Submitt	ng Rep	ort	
		Signatur	·e					-					Printe	d Name			
My Commission Ex	opires .							_					Email				
		мо	D/	ΑY	YR					Are	ea Code		Daytime	Telepho	ne 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	ne 3,19	937 (P.L.	1333,
Sworn to and subsc		re me this										s	ignature of	Candida	te		
-	day of —							_					Printed	Name			
	5	Signature						-									
My Commission Exp	ires												Email				
	_	мо	D	AY	YR	ì		-		Area	Code		Day	time Te	lephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
ELISABETH J. BAKER	From:	5/3/202	<u>2</u> To:	<u>6/6/2022</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	J 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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	678.12
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			\$	678.12

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Committee 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 of Candidate				Reporting Period From: 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					ng 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 Candidate					Reporting Period					
			Froi	m:		To	To:			
				D	ATE		А	MOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plu	s 4)							
Employer Name		•		Occupa	tion		•			
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Cod	de (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	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	Report	ing Perio				
ELISABETH J. BAKER	From:		5/3/202	<u>2</u> To:	<u>6/6/2022</u>	
		D	ATE		AMOUN	т
Full Name			DAY	VEAD		
ELISABETH BAKER		МО	DAY	YEAR		
Mailing Address					\$	678.12

Zip Code (Plus 4)

18627

Receipt Description MILEAGE/SUPPLIES

City

LEHMAN

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

State

PA

PAGE TOTAL678.12

13

5

2022

\$

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 Candidate				g Period				
	From:							
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL	
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting	Period					
					Fro	m:		То	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	cripti	ion of (Contributio	on
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	taile	ed					PAGE TOT	ΓAL
Summary Page, Section 3.												0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Reporti						
			From		То:		
				DATE			AMOUNT
To Whom Paid	MO DAY YEAR						
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Description of Expenditure				
							PAGE TOTAL
Enter Grand Total of Expe	naitures on Page 1, Re	port Cover Page, Item L).			\$	0.00