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	Filer Identification 2022C0581 Rep								DATE	√	CC	OMMITTEE		LOBBYIST				
Name of Filing C	ommittee, C	andida	te or Lo	obbyist:		ELIS	SABI	ETH J.	BAKE	R	•							•	
Street Address:																			
City:									State:	ł				Zip Code	: 18	627			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDAY PRIMARY	D FRIDAY PRE- 2. 30 IMARY PR				Y ARY	POST- 3.				AMENDME REPORT?	NT	Yes	No		/
(place X to the right of						30 DA ELECT		Р	POST- 6. X			TERMINATION REPORT?		Yes	No		/		
report type)	ANNUAL REI	PORT	7.	Year 2022						FILING METHOD () CHECK ONE				PAPER	\	DISKE	TTE		
Name of Office S	ought by Car	ndidat	e:						DATE	0	F ELEC	CTION		District Number	Office Code	Par	ty Code	Coun	
									МО		DAY	YEA	R	20	STS	REP			
SENATOR IN TH	1E GENERAL	. ASSEI	MBLY							11		8	2022		(SEE INS	TRUCTI	ONS FOR (CODES	,—
Summary of	•	nd	МО	DAY	YEAR	1		- 1	МО		DAY	YEA	R	FOR	OFFIC	E USE	ONLY		
Expenditures	from:		1	10 25	2	022	Т	0		11	2	28	2022						
A. Amount Bro	ught Forward	d From	Last R	eport				\$				3,77	0.21						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 1,227.38																			
C. Total Funds Available (Sum Of Lines A and B) \$ 4,997.59																			
D. Total Expend	ditures (Fron	n Sche	dule II	[)				\$					0.00						
E. Ending Cash	Balance (Su	btract	Line D	From Line C	:)			\$					0.00						
F. Value Of In-	Kind Contrib	utions	Receive	ed (From Sc	hedu	le II	I)	\$					0.00						
G. Unpaid Debt	s And Obliga	ations ((From S	chedule IV))			\$					0.00		'				
					AFF	ΊD	AVI	T SE	CTIO	N									
PART I - If this is	a Committe	e repo	rt, trea	surer sign h	iere. I	[f th	nis is	a Can	didate	e re	port, c	andida	te sig	jn here.					
I swear (or affirm) correct and comple		rt, inclu	ding the	attached sch	edules	file	d on	paper o	or by el	ectr	onic me	edium, a	ire to 1	the best of 1	my know	/ledge	and beli	ef , tr	ıe
Sworn to and subs	cribed before n	me this		20						•		Sig	nature	e of Person	Submitt	ing Rep	ort		_
	s	Signature						_		•				Printe	d Name				-
My Commission Ex		ignature	•							-				Email					-
	мо		DA	AY	YR						Are	ea Code		Daytime	Telepho	one Nu	mber		_
Part II- If this is	a report of a	a candi	idate's	authorized (Comn	nitte	ee, C	andida	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		est of my	y knowle	dge and belie	f this	poli	itical	commi	ittee ha	s no	ot violat	ted any	provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		ıe this											s	ignature of	Candida	te			-
	day of ——							-						Printed	Name				-
	Sign	nature						-											_
My Commission Exp	ires													Email					
	м	мо	DA	AY	YR			-			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:	10/25/202	<u>2</u> To:	11/28/2022			
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	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)	\$	1,227.38			
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			\$	1,227.38			

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate value		\$2) in the			
Name of Filing Committee or Candidate			From:			То	:	
					DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	!	I	!		<u> </u>			DAGE TOTAL

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 Camulate				Reporting Period From: To:					
					DATE			AMOUNT	
Full Name of Contributor				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

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		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						
Fron				From: To:					
				D	ATE		ı	AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			l	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 Pe	eriod	
ELISABETH J. BAKER	From:	10/25/2022 To:	11/28/2022

			D	ATE		AMOUNT
Full Name ELISABETH J. BAKER			МО	DAY	YEAR	
Mailing Address 1041 MOUNTAIN VIEW DRIVE PO BOX 59			-11	16	2022	\$ 1,227.38
City LEHMAN	State PA	Zip Code (Plus 4) 18627	11	16	2022	
Receipt Description MIL	EAGE/EVENT EXPENSES					

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

PAGE TOTAL \$ 1,227.38

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	
ELISABETH J. BAKER	From:	<u>10/25/2022</u> To:	11/28/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
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 Re			Reporting Period					
Fr				From: To:				
				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	Reporting Period					
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									- \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	n-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period				
			From			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 Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL	
						\$	0.00	