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	60600)				port		CAN	IDII	DATE	√	СО	MMITTEE		LOBE	BYIST		
Name of Filing C	committee	e, Candida	ate or Lo	obbyist:			a Bal	<u> </u>											
Street Address:																			
City:									State	:				Zip Code	e:				
TYPE OF REPORT	6TH TUES		1.	2ND FRIDAY PRIMARY	Y PRE	-	2.	30 DA		Р	OST-	3.		AMENDME REPORT?	ENT	Yes	No)	\
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA' ELECTION	y pre	E-	5.	30 DA		Р	OST-	6. X	K	TERMINAT REPORT?	ΓΙΟΝ	Yes	No)	√
report type)	ANNUAL	REPORT	7.	Year 2006					CHECK					PAPER		/	DISKE	TTE	
Name of Office S	L Sought by	Candidat		<u>J</u>					DATE	E 0	F ELEC	CIII	ON	District Number	Office Code	Par	ty Code	Cour	
Nume of office s	ought by	Cumulau	. .						МО		DAY	Y	'EAR	20	STS	REP		40	•
SENATOR IN TH	HE GENEI	RAL ASSE	MBLY							11		7	2006		(SEE INS	TRUCTIO	ONS FOR	CODES)
Summary of		and	МО	DAY	YEAR	2			МО		DAY	Y	/EAR	FOF	OFFIC	E USE	ONLY		
Expenditures	from:			1 1		1	Т	0		11	2	27	2006						
A. Amount Bro	ught Forv	vard Fron	ı Last R	eport				\$	•		•	(3,9	978.91)						
B. Total Moneta	ary Contri	ibutions A	and Rec	eipts (From	Sche	dule	e I)	\$					107.15						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				(3,8	371.76)						
D. Total Expend	ditures (F	rom Sche	dule II	t)				\$					0.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$				(3,8	371.76)						
F. Value Of In-	Kind Cont	tributions	Receive	ed (From So	chedu	le I	I)	\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	ichedule IV)			\$					0.00		'				
					AFF	·ID	AVI	T SE	CTIO	N									
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign l	here.	If th	nis is	a Car	ndidate	e re	port, c	and	idate sig	ın here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached sch	nedule	s file	ed on	paper	or by el	lectr	onic me	ediun	n, are to t	he best of	my know	/ledge	and beli	ef , tr	ue.
Sworn to and subs	cribed befo	ore me this		20									Signature	of Person	Submitt	ing Rep	ort		_
		Signatur	·e					- -						Printe	ed Name				_
My Commission Ex	cpires							_						Email					
		МО	D/	4Y	YR						Are	ea Co	ode	Daytime	Telepho	one Nu	mber		ᆜ
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	dge and beli	ef this	poli	itical	comm	ittee ha	as no	ot violat	ted a	ny provis	ions of the	act of Ju	ne 3,19	937 (P.L	133	3,
Sworn to and subsc		re me this											S	ignature of	Candida	te			-
	day of —							-						Printed	Name				-
	9	Signature						-											_
My Commission Exp	ires													Email					
	_	мо	D/	AY	YR	<u> </u>		-			Area	Code	1	Day	time Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
Lisa Baker	From:	То:	11/27/2006
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)	\$	107.15
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		\$	107.15

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	Name of Filing Committee or Candidate				Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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 Fining 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)						

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 Report				rting Period						
			From:			То:				
				DA	TE		Α	MOUNT		
Full Name of Contributing Commit	tee			мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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					
					То	То:				
			D/	ATE		АМО	UNT			
			МО	DAY	YEAR					
Mailing Address						\$	0.00			
State	Zip Code (Plus	s 4)								
			Occupat	ion						
e of	City			State		Zip Code (Plus 4)			
lule I, Detailed Su	ımmary Page,	Section	on 3.		4		E TOTAL 0.00			
	e of	e of City	State Zip Code (Plus 4)	State Zip Code (Plus 4) Occupat	State Zip Code (Plus 4) Occupation Octobring State	State Zip Code (Plus 4) Occupation Occupation Olivy State State Output Date Occupation Output Output	DATE AMO MO DAY YEAR \$ State Zip Code (Plus 4) Occupation Occupation PAG			

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		
Lisa Baker			From:			То:	11/27/2006
				D	ATE		AMOUNT
Full Name							
Baker for Senate Committee				МО	DAY	YEAR	
Mailing Address 1095 Mountain View	w Drive						\$ 24.00
City Dallas	State	Zip Code (Plus 4)	10	27	2006	
	PA	18612					
Receipt Description Fuel							
Full Name				мо	DAY	YEAR	
Baker for Senate Committee				МО	DAT	IEAR	
Mailing Address 1095 Mountain View	w Drive					2005	\$ 18.90
City Dallas	State	Zip Code (Plus 4)	11	27	2006	
	PA	18612					
Receipt Description Campaign Med	eting - Refreshmen	nts					
Full Name							
Baker for Senate Committee				МО	DAY	YEAR	
Mailing Address 1095 Mountain View	w Drive						\$ 26.25
City Dallas	State	Zip Code (Plus 4)	11	9	2006	
	PA	18612					
Receipt Description Fuel		I					
Full Name							
Baker for Senate Committee				МО	DAY	YEAR	
Mailing Address 1095 Mountain View	w Drive						\$ 38.00
City Dallas	State	Zip Code (Plus 4)	11	3	2006	
	PA	18612					
Receipt Description Campaign Med	<u> </u>	nts		1	1	<u>I</u>	<u> </u>

PAGE 8

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

PAGE TOTAL

107.15

\$

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		
Lisa Baker	From:	To:	11/27/2006
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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 Re				g Period			
	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 S	Schedule II, In-Kir	nd Contributions Deta	iled Sum	ımary Pag	je,		PAGE TOTAL
Section 2.						\$	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	:			
					<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			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
							PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item).			\$	0.00