NOTIFICATION OF MULTICANDIDATE STATUS

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(See reverse side for instructions)

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1. (a) NAME OF COMMITTEE IN FULL								
BAKER PAC								
					<u> </u>			
. ,	(b) Number and Street Address PO BOX 101					2. FEC IDENTIFICATION NUMBER		
						C00770297		
(c) Ci	(c) City, State and ZIP Code					TYPE OF COMMITTEE (check one) STATE PARTY		
	BAYPORT NY 11705					OTHER		
I certify that one of the following situations is correct (complete line 4 or 5):								
C	STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) on and simultaneously qualified as a multicandidate committee through its affiliation with:							
C	Committee Name:							
_								
Г	FEC Identification Number:							
5.	STATUS BY QUALIFICATION:							
(a) Candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):								
		Name		Office Sought	State/Dis	trict	Date	
	(i)	DAVIS, RODNEY L, , ,		House	IL	15	01/13/2022	
	(ii)	CAMMACK, KAT, , ,		House	FL	03	03/22/2022	
	(iii)	SCHMITT, COLIN J, , ,		House	NY	18	03/30/2022	
	(iv)	MOLINARO, MARCUS J., , ,		House	NY	19	06/23/2022	
	(v)	TENNEY, CLAUDIA, , ,		House	NY	24	06/28/2022	
 (b) Contributors: The committee received a contribution from its 51st contributor on: 12/31/2022 (c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 02/23/2021 (d) Qualification: The committee met the above requirements on: 12/31/2022 								
		re examined this Statement and to the b	pest of my knowledge SIGNATURE OF TR			DATE		
Lisker, Lisa, , ,			Lisker, Lisa, , ,	LE		o3/06/2023		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.								