

### Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/>	Lobbyist
Name of Filing Committee, Candidate or Lobbyist		Committee to Elect Joe Peck			
Street Address		2716 Summerville Road			
City	State	Zip Code			
Erie	PA	16570-4244			

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year	Amendment Report		Termination Report			
NA		2019	<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date
	01/01/2019	12/31/2019
A. Amount Brought Forward From Last Report	\$	771.30
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0.00
C. Total Funds Available (Sum of Lines A and B)	\$	771.30
D. Total Expenditures (From Schedule III)	\$	771.30
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0

For Office Use Only

2020 JAN 17 PM 10:32

EMC COUNTY  
TERMINATION

X

**Affidavit Section**

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

14 day of January 20 2020

Signature: Michelle Gonda

Commonwealth of Pennsylvania - Notary Seal  
MICHELLE GONDA - Notary Public  
MO. DAY Erie County  
My Commission Expires May 26, 2023

Signature of Person Submitting report: Linda L. Peck

Printed Name: Linda L. Peck

Area Code: 814 Daytime Telephone Number: 825-8589

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

14 day of January 20 2020

Signature: Michelle Gonda

Commonwealth of Pennsylvania - Notary Seal  
MICHELLE GONDA - Notary Public  
MO. DAY EMC-County  
My Commission Expires May 26, 2023  
Commission Number 1290868

Signature of Candidate: Joseph D. Peck

Printed Name: Joseph D. Peck

Area Code: 814 Daytime Telephone Number: 825-8589

SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

<b>Filer Identification Number</b>	<i>Committee to Elect Joe Peck</i>			
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>				
Total for the reporting period		(1)	\$	0.00
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>				
Contributions Received from Political Committees (Part A)			\$	
All Other Contributions (Part B)			\$	
Total for the reporting period		(2)	\$	0.00
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>				
Contributions Received from Political Committees (Part C)			\$	
All Other Contributions (Part D)			\$	
Total for the reporting period		(3)	\$	0.00
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>				
Total for the reporting period		(4)	\$	0.00
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>			\$	

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.

Filer Identification Number	<i>Committee to Elect Joe Peck</i>
-----------------------------	------------------------------------

							Amount		
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$		
House #						Street Address		Date [MM/DD/YYYY]	\$
City	State			Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$		
House #						Street Address		Date [MM/DD/YYYY]	\$
City	State			Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$		
House #						Street Address		Date [MM/DD/YYYY]	\$
City	State			Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$		
House #						Street Address		Date [MM/DD/YYYY]	\$
City	State			Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$		
House #						Street Address		Date [MM/DD/YYYY]	\$
City	State			Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$		
House #						Street Address		Date [MM/DD/YYYY]	\$
City	State			Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$		
House #						Street Address		Date [MM/DD/YYYY]	\$
City	State			Zip Code		Date [MM/DD/YYYY]	\$		

PART B

**All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	<i>Committee to Elect Joe Peck</i>
------------------------------	------------------------------------

Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$	

**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 over \$250.00 in the reporting period.

Filer Identification Number:	Committee to Elect Joe Peck
------------------------------	-----------------------------

Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address			Date [MM/DD/YYYY]		\$		
City		State		Zip Code	Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address			Date [MM/DD/YYYY]		\$		
City		State		Zip Code	Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address			Date [MM/DD/YYYY]		\$		
City		State		Zip Code	Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address			Date [MM/DD/YYYY]		\$		
City		State		Zip Code	Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address			Date [MM/DD/YYYY]		\$		
City		State		Zip Code	Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address			Date [MM/DD/YYYY]		\$		
City		State		Zip Code	Date [MM/DD/YYYY]		\$	

**PART D**  
**All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C)

<b>Filer Identification Number:</b>	<i>Committee to Elect Joe Peck</i>
-------------------------------------	------------------------------------

<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>	\$		
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$		
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>							
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>	\$		
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$		
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>							
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>	\$		
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$		
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>							
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>	\$		
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$		
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>							

PART E

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.

Filer Identification Number:	<i>Committee to Elect Joe Peck</i>
------------------------------	------------------------------------

Full Name						
House #	Street Address					
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description						

Full Name						
House #	Street Address					
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description						

Full Name						
House #	Street Address					
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description						

Full Name						
House #	Street Address					
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description						

Full Name						
House #	Street Address					
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description						

Full Name						
House #	Street Address					
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description						

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**

Filer Identification Number:	<i>Committee to Elect Joe Peck</i>
------------------------------	------------------------------------

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$	<i>0.00</i>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	----	-------------



SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

Filer Identification Number: *Committee to Elect Joe Peck*

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							

SCHEDULE II

Part G

**In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number:	<i>Committee to Elect Joe Peck</i>
------------------------------	------------------------------------

Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #	Street Address			Date [MM/DD/YYYY]		\$		
City	State		Zip Code		Date [MM/DD/YYYY]	\$		
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #	Street Address			Date [MM/DD/YYYY]		\$		
City	State		Zip Code		Date [MM/DD/YYYY]	\$		
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #	Street Address			Date [MM/DD/YYYY]		\$		
City	State		Zip Code		Date [MM/DD/YYYY]	\$		
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #	Street Address			Date [MM/DD/YYYY]		\$		
City	State		Zip Code		Date [MM/DD/YYYY]	\$		
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			

**SCHEDULE III  
Statement of Expenditures**

Filer Identification Number: *Committee to Elect Joe Peck*

To Whom Paid		<i>PNC Bank</i>			Date [MM/DD/YYYY]	\$	
House #	Street Address				<i>09/03/2019</i>		<i>128.00</i>
City	<i>Erie</i>	State	<i>PA</i>	Zip Code	<i>16570</i>		
					Description of Expenditure <i>Bank Fees (accumulated)</i>		
To Whom Paid		<i>Friends of Ryk Faust</i>			Date [MM/DD/YYYY]	\$	
House #	Street Address				<i>08/10/2019</i>		<i>100.00</i>
City		State		Zip Code			
					Description of Expenditure <i>Campaign Fundraiser</i>		
To Whom Paid		<i>Erie County Democratic Party</i>			Date [MM/DD/YYYY]	\$	
House #	Street Address				<i>04/2019</i>		<i>100.00</i>
City		State		Zip Code			
					Description of Expenditure <i>Spring Dinner</i>		
To Whom Paid		<i>Friends of Lynda Meyer</i>			Date [MM/DD/YYYY]	\$	
House #	Street Address				<i>08/2019</i>		<i>100.00</i>
City		State		Zip Code			
					Description of Expenditure <i>Campaign Fundraiser</i>		
To Whom Paid		<i>Erie County Democratic Party</i>			Date [MM/DD/YYYY]	\$	
House #	Street Address				<i>10/2019</i>		<i>200.00</i>
City		State		Zip Code			
					Description of Expenditure <i>5 Dinner Tickets Fall Dinner</i>		
To Whom Paid		<i>Herbocreek Fire Dept.</i>			Date [MM/DD/YYYY]	\$	
House #	Street Address				<i>04/2019</i>		<i>433.00</i>
City		State		Zip Code			
					Description of Expenditure <i>Public Donations</i>		
To Whom Paid		<i>Gift cards for donations</i>			Date [MM/DD/YYYY]	\$	
House #	Street Address						<i>100.00</i>
City		State		Zip Code			
					Description of Expenditure <i>Various donations at fundraisers</i>		
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address						
City		State		Zip Code			
					Description of Expenditure		

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number: *Comm. Hec to Elect Joe Peck*

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City		State	Zip Code			
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City		State	Zip Code			
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City		State	Zip Code			
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City		State	Zip Code			
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City		State	Zip Code			
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City		State	Zip Code			
Description of Debt						