

## Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	86-3271844	Report Filed By (Mark X)	<input checked="" type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Janet M Peters							
Street Address		4377 Cooper Rd							
City	Erie	State	PA	Zip Code	16510				

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)		11/02/2021	Year	Amendment Report			Termination Report	
				<input type="checkbox"/>			<input checked="" type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	11/23/2021	12/31/2021	
A. Amount Brought Forward From Last Report	\$	0.00	<div style="font-size: 2em; transform: rotate(90deg); opacity: 0.5;">2022 JAN 31 PM 3:55</div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	796.84	
C. Total Funds Available (Sum of Lines A and B)	\$	796.84	
D. Total Expenditures (From Schedule III)	\$	796.84	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	

**Attestation 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

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature

My Commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

\_\_\_\_\_  
Signature of Person Submitting report

\_\_\_\_\_  
Printed Name

\_\_\_\_\_ Area Code \_\_\_\_\_ Daytime Telephone Number

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

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature

My Commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Printed Name

\_\_\_\_\_ Area Code \_\_\_\_\_ Daytime Telephone Number

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

<b>Filer Identification Number</b>	88-3271844
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<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>	
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Total for the reporting period (1)	\$	
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<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>	
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Contributions Received from Political Committees (Part A)	\$	
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All Other Contributions (Part B)	\$	
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Total for the reporting period (2)	\$	
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<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>	
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Contributions Received from Political Committees (Part C)	\$	796.84
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All Other Contributions (Part D)	\$	
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Total for the reporting period (3)	\$	796.84
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<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>	
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Total for the reporting period (4)	\$	
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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>	\$	
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**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	86-3271844
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						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:	86-3271844
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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:	86-3271844
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Full Name of Contributing Committee		Committee to Elect Janet M Peters				Date [MM/DD/YYYY]	\$	796.84
House #	4377	Street Address		Cooper Rd		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16510	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)

Filer Identification Number:	86-3271844
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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									
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									
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									
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									

**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:	86-3271844
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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:	86-3271844
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**1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the reporting period	(1)	\$	
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**2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)**

TOTAL for the reporting period	(2)	\$	
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**3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)**

TOTAL for the reporting period	(3)	\$	
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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)		\$	
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SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$ 50.01 TO \$ 250

Filer Identification Number:	86-3271844
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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**

<b>Filer Identification Number:</b>	86-3271844
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<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>Description of Contribution</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>Description of Contribution</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>Description of Contribution</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>Description of Contribution</b>		

**SCHEDULE III  
Statement of Expenditures**

Filer Identification Number:	86-3271844
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To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City	State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City	State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City	State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City	State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City	State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City	State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City	State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City	State	Zip Code					

**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:	86-3271844
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<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>
House #	Street Address				DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State		Zip Code		
<b>Description of Debt</b>						

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

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

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

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

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



**Pennsylvania Department of State**  
 Bureau of Campaign Finance & Civic Engagement  
 210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)  
[www.dos.pa.gov/campaignfinance](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

## Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

*Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). This particular form is to be used only for Campaign Finance Reports. This form must be signed by hand where a signature is required.*

Name of Filing Committee, Candidate, or Lobbyist				
Reporting Cycle Name				
<input type="checkbox"/> <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<input type="checkbox"/> <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	<input type="checkbox"/> <b>Cycle 3</b> 30 Day Post Primary	<input type="checkbox"/> <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election	<input type="checkbox"/> <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
<input type="checkbox"/> <b>Cycle 6</b> 30 Day Post-Election	<input type="checkbox"/> <b>Cycle 7</b> Annual Report	<input type="checkbox"/> <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Special Election	<input type="checkbox"/> <b>Cycle 9</b> 30 Day Post-Special Election	

**Part I -** *If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.*

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Janet M. Peters  
 Signature of Treasurer, Candidate, or Lobbyist

12/27/21  
 Date (DD/MM/YYYY)

Janet M Peters  
 Printed Name

Eric PA  
 Location (City/State/Country)



**Pennsylvania Department of State**

Bureau of Campaign Finance & Civic Engagement  
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)  
[www.dos.pa.gov/campaignfinance](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

*Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.*

**I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.**

\_\_\_\_\_  
Signature of Treasurer, Candidate, or Lobbyist

\_\_\_\_\_  
Date (DD/MM/YYYY)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Location (City/State/Country)