

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	863271844	Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Committee to Elect Janet M Peters							
Street Address		4377 Cooper Rd							
City	Erle	State	PA	Zip Code	16510				

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd 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	<input type="checkbox"/>	Termination Report	<input checked="" type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	11/23/2021	873-466312/31/2021	
A. Amount Brought Forward From Last Report	\$	650.00	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	146.84	
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	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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

_____ day of _____ 20____

Signature

Signature of Person Submitting report

Printed Name

My Commission expires _____ MO. _____ DAY _____ YR.

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



Signature of Candidate

Janet M Peters

Printed Name

My Commission expires _____ MO. _____ DAY _____ YR.

814 _____ 873-4663
Area Code _____ Daytime Telephone Number

2022 JAN 31 PM 3:31

SCHEDULE I
Contributions and Receipts

Detailed Summary Page

Filer Identification Number	86-3271844		
1. Unitemized Contributions and Receipts—\$ 50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	146.84
2. Contributions of \$ 50.01 to \$ 250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	
3. Contributions Over \$ 250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	
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	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]	§	

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

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					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)

Filer Identification Number:	86-3271844
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #					Date [MM/DD/YYYY]	\$	
Street Address							
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 #					Date [MM/DD/YYYY]	\$	
Street Address							
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 #					Date [MM/DD/YYYY]	\$	
Street Address							
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 #					Date [MM/DD/YYYY]	\$	
Street Address							
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 #					Date [MM/DD/YYYY]	\$	
Street Address							
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

**PART E
Other Receipts**

REFUNDS, INTREST 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									
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	
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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)	
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TOTAL for the reporting period	(2)	\$	
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)	
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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 #					Date [MM/DD/YYYY]	\$	
Street Address							
City			State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #					Date [MM/DD/YYYY]	\$	
Street Address							
City			State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #					Date [MM/DD/YYYY]	\$	
Street Address							
City			State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #					Date [MM/DD/YYYY]	\$	
Street Address							
City			State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #					Date [MM/DD/YYYY]	\$	
Street Address							
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:	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				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:	86-3271844
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To Whom Paid		Janet Peters		Date [MM/DD/YYYY]		\$	796.84
				11/29/2021			
House #	4377	Street Address	Cooper Rd		Description of Expenditure		
City	Erie	State	PA	Zip Code	16510	Money owed for promotional materials	
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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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							



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 • 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"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 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.

 Signature of Treasurer, Candidate, or Lobbyist

12-27-21

 Date (DD/MM/YYYY)

Janet M Peters

 Printed Name

Erie 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 • 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.

David A. Seybora

Signature of Treasurer, Candidate, or Lobbyist

1/27/22

Date (DD/MM/YYYY)

DAVID A SEYBORA

Printed Name

Location (City/State/Country)