Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification Number		-3271844	1 1177 - 1250	ort Filed I ark X)	By Candida	ite	Committee		Lobbyist
Name of Filing Comm Lobbyist	ittee, Ca	ndidate or	Comr	mittee to El	ect Janet M Pete	rs		ACCOUNTS AND	In the second se
Street Address			4377	Cooper Rd					
City	Erie		21		State	PA	Zip Code	16510	
Type of Report (Place	x under r	eport type)							
		3- 30 Day Post Primary		Tuesday 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
	X								
Date Of Election (MM/DD/YYYY)		05/18/2021	Year		2021	Amendment Report		Termination Report	
Summary of Receipts	and	From Date	12/04	To Date			For	Office Use Only	
Expenditures		04/15/2021	- 1	05,	/03/2021				
A. Amount Brought Fo	orward Fr	om Last Repor	t \$		0.00				282.44 (1.1.18) - For AS & C., (1.1.18)
B. Total Monetary Co. (From Schedule I)	ntributior	s and Receipts	\$		100.00	į			
C. Total Funds Availab (Sum of Lines A and B			\$		100.00				·
D. Total Expenditures (From Schedule III)			\$						
E. Ending Cash Balanc (Subtract Line D from	Line C)		\$		100.00				
F. Value of In-Kind Cor (From Schedule II)	ntribution	is Received	\$				•		
G. Unpaid Debts and C (From Schedule IV)	Obligation	ıs	\$		796.84				
			0.898.9		Affidavit Sec				
Part 1- If this is a Commit	tee report,	treasurer sign h	ere. If ti	his is a Cano	lidate report, car	ndidate sign here.			
I swear (or affirm) that the Sworn to and subscribed			cneu sc	nedules on	paper, is to the b	est of my knowledg	ge and belief tri	ತ ಬ	e.
day of	····	20	_	1	<u></u>				_
	•			}-	<u> </u>	Signature o	f Person Submi	tting report	
Signatu	re			, 1			Printed Name	ı	
My Commission expires	MO.	DAY YR.	_		Ar	ea Code	——————————————————————————————————————	ime Telephone Number	_
Dort II If this is a year out of									
Part II- If this is a report of I swear (or affirm) that to amended.	the best of	my knowledge a	nd beli	ef this polit	late shall sign hei ical committee h	re. as not violated any	provisions of th	e Act of June 3, 1937 (F	.L. 1333, NO.320) as
Sworn to and subscribed b	efore me i	this							
day of	···-	20	_	1		 		V - 1000	_
			_		<u>Jane</u>	Signa et M Peters	ture of Candida	ite	_
Signatui	re			.1		Р	rinted Name		
My Commission expires	MO. [DAY YR.	-		Are	ea Code	Daytin	ne Telephone Number	_
					· · · · · · · · · · · · · · · · · · ·				

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer identification Number 86-32718	844
60-32714	

1. Uniternized Contributions and Receipts-\$50.00 or Less per Contributo	XY .	e në d Liveta	
Total for the reporting	period	(1)	\$
2. Contributions of \$50.01 to \$250,00 (Fram Part A and Part B)			
Contributions Received from Political Committees (Part A)			\$
All Other Contributions (Part B)	<u> </u>		\$ 100.00
Total for the reporting p	period	(2)	\$ 100.00
3. Contributions Over \$250:00 (From Part C and Part D)		ing.	
Contributions Received from Political Committees (Part C)			\$
All Other Contributions (Part D)			\$
Total for the reporting pe	eriod	(3)	\$
4. Other Receipts-Refunds, interest Earned, Returned Checks, ETC. (From	m Part E)		
Total for the reporting pe	eriod	(4)	\$
Total Monetary Contributions and Receipts during this reporting period (A enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Pa Cover Page, Item B)	ldd and age 1, Rep	ort	\$ 100.00

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	n Number 86-327184	14			
- 1 15 A 20 A 20 A 10 A 10 A 10 A 10 A 10 A 10	gg/ Kenger yara Yage garaga yekan et				Amount
Full Name of Cor Committee	ntributing	-		Date [MM/DD/YYYY] S	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Control of the contro	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee	itributing	Estimate 1	**************************************	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee	tributing	In Section	P. St. Company	Date [MM/DD/YYYY] S	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	ACTIVITY OF THE PROPERTY OF	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee				Date [MM/DD/YYYY] S	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Con Committee	tributing			Date [MM/DD/YYYY] S	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	等等。 (2) 14 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	State	Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Cont 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:	
Filer Identification Number: 86-3271844	
86-32/1844	

Full Name of Contributor			Date (MM//OD//YY/Y)	\$
House # Street Address	***************************************		Date [MM/DD/YYYY]	Š
City	State	Zip Code	Date [MM/DD/YYYY]	**************************************
Full Name of Contributor			Date (MM/DD/YXXX)	\$
House # Street Address			Date (MM/DD/YYYY)	
GHY.	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]	Ś
Full Name of Contributor	(and all to your own)	The desired in the second seco	Date [MM/DD/YYYY]	Ś
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Contributor			Date (MM/DD/YYYY)	\$ 1.
House # Street Address			Date [MM/DD/YYYY]	S
City	State	Zip Code	Date [MM/DD/YYYY]	Ś
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	

the territories of the control of th	and the same of th	r		 One of the Property Company Section (Section 2015) to the property of the Company o	G-Co-graph (C)	
Full Name of Contributing Committee	6			Date [MM/DD/YYYY]	*	
House:#	Street Address			Date [MM/DD/YYYY]	Š	
City		State	Zip Code	Date [MM/DD/YYYY]	S	
					5.90	
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	ANTO THE STATE OF	State	Zip Code	-Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee	B			Date [MM/DD/YYYY]	5	
House #	Street Address			Date [MM/DD/YYYY]	S	· · · · · · · · · · · · · · · · · · ·
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee	•			Chate (MM/DD/YYYY)	\$	
House # S	treet Address			Date [MM/DD/YYYY]	\$	
City	海·蒙洛·安克·苏·苏·苏·苏·苏·苏·苏·苏·	State	Zip Code	Oate [MIM/DD///YYY]	S.	
Full Name of Contributing Committee	<u>.</u>			Date MM/DD/YYYY)	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	DOT WESTERN OF RESIDENCE TO THE CONTROL OF THE CONT	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee	3			Date [MM/DD/YYYY]	\$	
	treet Address			Date [MM/DD/XXYY]	S	
City		State	Zip Gode	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)

ang	86-3271844				
Full Name of Contribut	X		ED 211	e (MM/DD/YYYY) \$	
			201000000000		
House #	street Address		Dat	e [MM/DD/YYYY] \$	
Chy	State	Zip Code	Dat	e [MM/DD/YYYY] \$	
Employer Name			Occ	upation	
Employer Mailing Addre Principal Place of Busine					
Full Name of Contributo	or .		(Dat	e [MM/DD/YYYY] \$	
	Street Address		and the state of t	e [MM/DD/YYYY] S	
Gity	State	Zip Code	Date	e [MM/DD/YYYY] S	
Employer Name	A SANGARY	and the second s	Occi	upation	5:1
Employer Mailing Addre					
Full Name of Contributo	decision of the American Street Control to 180		Pati	e [MM/DD/YYYY] \$	
	freet Address		Date	e [MM/DD/YYYY] \$	
City	State	Zip Gode	Date	e [MM/DD/YYYY] \$	
Employer Name	postar belief	1245-248-334411-34-34-34-34-34-34-34-34-34-34-34-34-34-	Occi	upation	***
Employer Mailing Addre Principal Place of Busine					
Full Name of Contributo	T.		Date	s [MM/DD/YYYY] \$	
	treet Address		Date	s [MM/DD/YYYY] \$	
City	State	Zip Code	Art Sandra	• [MM/DD/YYYY] \$	
Employer Name			Occu	upation	
Employer Mailing Addre Principal Place of Busine		·			

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 Num	ber: 86-3271844			
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House#	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		5 00000 m (An-6) 1500	Managara Santagan Paga	Piesch.
Full Name				
House #	Street Address			
City Geography		State /	Zip Code	Date [MM/DD/YYYY] S
Receipt Description		\$4452850000000000000000000000000000000000	N-2000 Section 1	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] S
Receipt Description	de la companya de la		District Description	Purcell
Full Name				
House #	Street Address			
City		State	Zip Code	Date (MM/DD/YYYY) \$
Receipt Description			100120000000000000000000000000000000000	
Full/Name				
	Street Address			
City		State	Zip Gode	Date [MM/DD/YYYY] \$
Receipt Description				

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification/Number: 86-327	1844			
1. UNITEMIZED IN-KIND CONT	NIDIOTECNIC DESCRIPTION (AL			er 2011 (2011) og er skriver komber kleves
		UE OF SOUD ON LESS FER	CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$		
Part A Military responses with the Art and Constitution of				
2. IN-KIND CONTRIBUTIONS RE	CEIVED-VALUE OF \$50.01	LTO \$250.00 (FROM PART	F)	
TOTAL for the reporting period	(2)	\$		
3. IN-KIND CONTRIBUTION REC	EIVED VALUE OVER \$250):00/(FROM PART G)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUT PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	from boxes 1, 2, and 3; a	1 '		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer identification Number: 86-3271844		

Full Name of Contributor	•	· · ·	Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	ZIp Code	Date [MM/DD/YYYY)	S .
Description of Contribution		Tamaccast on Canada electrical		
Full:Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$ \$
Chý.	State	Zip Gode	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	S
House# Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor			Date [MJM/DD/XYXY]	\$
		÷		
Hause # 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		(\$
Description of Contribution		Diversionalization reported	<u> </u>	19(453)

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer identification Number: 86-3271844	

Full Name of Contributor	····		Date [MM/DD/YYYY] \$
House # Street Aridress			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Transferred to a contract of the contract of t	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/NYYY] \$
Employer Name		Traff v. Charleston of Sect	Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] S
House # Street Address			Date [MM/DD/YYYY] S
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 [MIM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
Gity.	State	Zip Code	Date [MM/DD/YYYY] S
Employer Name Employer Mailing Address / Principal			Occupation
Place of Business			Description of Contribution

Statement of Expenditures

		 		_
Filer Identification Number: 86-3;	271844			

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 Pald				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] S
Hause #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date/[MM/DD/YYYY] S
House #	Street Address			Description of Expenditure
House#	Street Address	State	Zip Gode	Description of Expenditure
House# City To Whom Paid	Street Address	State		Description of Expenditure Date [MM/DD/YYYY] -\$
House# Citý To Whom Paid. House#	Street Address Street Address		Code	Description of Expenditure
House # City To Whom Paid House #		State		Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure
House# City To Whom Paid House#		State	Code Zip	Description of Expenditure Date [MM/DD/YYYY] -\$
House # City To Whom Paid City To Whom Paid House #		State	Zip Code	Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure
House # City To Whom Paid House # City To Whom Paid House # City	Street Address	State	Code Zip	Description of Expenditure Date [MM/DD/YYYY] -\$ Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure
House # City To Whom Paid House # City To Whom Paid House # City To Whom Paid	Street Address	State	Zip Code	Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$
House # City To Whom Paid House # City To Whom Paid House # City To Whom Paid	Street Address	State	Zip Code	Description of Expenditure Date [MM/DD/YYYY] -\$ Description of Expenditure Date [MM/DD/YYYY] \$ 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: 86-3271844		-	 — . — — — — — — — — — — — — — — — — — —	<u> </u>
Filer Identification Number: 86-3271844				
	8			

Name of Creditor	Janet Peters		Outstanding Balance of Debt
House # 4377	Street Address Cooper RD	DATE DEBT INCURRED [MM/DD/YYYY] 04/26/2021	95
City	Erie State	PA	796.84
Description of Debt	Promotional Materials		
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State	Zip Code	
Description of Debt		[2273539] [231 (331 (347)	1920/921
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State	Žíp Codé	
Description of Debt		Acres de destrice a selector	3000 to 1000 t
Name of Creditor	3.00		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.	1122 753 244	In Procession, produced a 2000 COM	and the second



Pennsylvania Department of State

Name of Filing Committee, Candidate, or Lobbyist

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

2021 MAY 12 PM 6: 20

Unsworn Declaration in Lieu of Sworn Statement for the 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.

Reporting Cycle	Name				
☐ Cycle 1	🕅 Cycle 2	☐ Cycle 3		Cycle 4	☐ Cycle 5
6 th Tuesday	2 nd Friday	30 Day	6 th Tuesday Pre-Election		2 nd Friday
Pre-Primary	Pre-Primary	Post Primary			Pre-Election
☐ Cycle 6	☐ Cycle 7	☐ Cycle 8		□ Су	cle 9
30 Day Post-Election	Annual Report	2 nd Friday Pre-Special	lElection	30 Day Po	st-Special Election
is submitted with o I declare under pe that the accompa	nalty of perjury u	nder the law of th	ne Comn	nonwealth	
Davi	Q Q L	ee folgo t		5-11	-21
Signature of Trea	asurer, Candidate,	or Lobbyist	D	ate (DD/M	IM/YYYY)
Dau, D	A Seybolo inted Name	et	• • • • • • • • • • • • • • • • • • • •	ion (City/S	しら A tate/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.

Jank Al 5-11-21

Signature of Treasurer, Candidate, or Lobbyist Date (DD/MM/YYYY)

Janet of Peters Eric PA 16516

Printed Name Location (City/State/Country)