



Reset Form

Print Form

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 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	Erie	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)	11/02/2021		Year	2021		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>
Summary of Receipts and Expenditures		From Date	To Date		For Office Use Only				
		6-8-21	10-18-21		<p>ERIE COUNTY</p> <p>OCT 22 2021</p> <p>VOTER REGISTRATION</p>				
A. Amount Brought Forward From Last Report		\$	100.00						
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	550.00						
C. Total Funds Available (Sum of Lines A and B)		\$	650.00						
D. Total Expenditures (From Schedule III)		\$	-0-						
E. Ending Cash Balance (Subtract Line D from Line C)		\$	650.00						
F. Value of In-Kind Contributions Received (From Schedule II)		\$	-0-						
G. Unpaid Debts and Obligations (From Schedule IV)		\$	796.84						
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 _____									
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 814 _____ Daytime Telephone Number 873-4663									

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)		\$ 50.00
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)		\$ 500.00
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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$ 550.00

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

File Identification Number		86-3271844			
Full Name of Contributing Committee		Erie Refocused		Date (MM/DD/YYYY)	\$
House #	Street Address	1001 State St #321		9/26/21	500.00
City	State	Zip Code			
Erie	PA	16501			
Full Name of Contributing Committee				Date (MM/DD/YYYY)	\$
House #	Street Address				
City	State	Zip Code			
Full Name of Contributing Committee				Date (MM/DD/YYYY)	\$
House #	Street Address				
City	State	Zip Code			
Full Name of Contributing Committee				Date (MM/DD/YYYY)	\$
House #	Street Address				
City	State	Zip Code			
Full Name of Contributing Committee				Date (MM/DD/YYYY)	\$
House #	Street Address				
City	State	Zip Code			
Full Name of Contributing Committee				Date (MM/DD/YYYY)	\$
House #	Street Address				
City	State	Zip Code			
Full Name of Contributing Committee				Date (MM/DD/YYYY)	\$
House #	Street Address				
City	State	Zip Code			
Full Name of Contributing Committee				Date (MM/DD/YYYY)	\$
House #	Street Address				
City	State	Zip Code			

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	
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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	
-----------------------------	--

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
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	
-----------------------------	--

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

Filer Identification Number	
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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	
-----------------------------	--

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	
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SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	
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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	
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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		

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: Janet Peters						Outstanding Balance of Debt:	
House #	4377	Street Address	4377 Cooper	DATE DEBT INCURRED [MM/DD/YYYY]		\$	796.84
				4-26-21			
City	Erie	State	PA	Zip Code	16510		
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:							

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

ERIE COUNTY
 OCT 22 2021
 VOTER REGISTRATION

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.

David A. Seybert
 Signature of Treasurer, Candidate, or Lobbyist

DAVID A SEYBERT
 Printed Name

22/10/2021
 Date (DD/MM/YYYY)

ERIE PA ERIE
 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.



Signature of Treasurer, Candidate, or Lobbyist

10 - 22 - 21

Date (DD/MM/YYYY)

Janet M Peters

Printed Name

Erie PA

Location (City/State/Country)