921101111	F	CIBIC FORM

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

Filer Identification	n 86	-3271844		ort I ark)	Filed B	у	Candi	dat	ate Committee		,		Lob	bylst					
Name of Filing Co	mmittee, Ca	ndidate or			eters	1	<u> </u>	· ·			<u></u>						<u></u>		U
Lobbyist Street Address				1377 Gooper Rd															
City	<u> </u>		4371	1 600	per na		State	Т				Zi	р Сос	le	I docum			<u>-</u>	
Eno							01410	Ľ	PA						16510				
Type of Report (P																e rateless		ial 20 D	011
1-6 th Tuesday 2 Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary		th Tue Elec			^d Friday Electio		6-30 Electi		Post	7-	Ann	uai	Special 2 nd Pre-Election			ial 30 D -Election	
						Ī		1					X						
Date Of Election (MM/DD/YYYY)		11/02/2021	Yea	RF					Amer Repo		ent				Termination Report	on		X	
Summary of Rece Expenditures	ipts and	From Date		T	o Date	+		1				<u> </u>		For	Office Use O	nly	1		
Experiorures		11/23/2021			12/	31/20	21	1											
A. Amount Broug	ht Forward F	rom Last Report		8		0.00		Ī											
B. Total Monetar (From Schedule I		ns and Receipts		8	7	796.84		1											
C. Total Funds Av	ailable			3		796.84		1											3
(Sum of Lines A a D. Total Expendit			-	3				-									Polyn	114	<i>y</i>
(From Schedule I				•	1	796.84	1	ı											;
E. Ending Cash Ba				\$		0.00											(%)	್ಷ	
(Subtract Line D f						0.00		_										الن ادبيا پيرنيست	
F. Value of In-Kin (From Schedule I	l)		\perp	8		0.00													
G. Unpaid Debts (From Schedule I		ons		8		0.00										**		Ç	
				76.7.1			iiidavit S				L							Co	
Part 1- if this is a Co I swear (or affirm) to	mmittee repoi hat this report,	t, treasurer sign ne including the attai	re. II	this i sched	s a Cani ules on	paper	report, Is to th	can e b	didate	sign ny kn	nera. lowled	ge ar	nd bel	lei tr	ue, correct an	d complet	в.	C	
Sworn to and subsc						•				•						-			
day ol		20	·-	•	1		-					4 15							
			_		-		_			Sign	ature	or Pe.	rson s	iubm	itting report				
	Ignature			•	l				-			Pri	Inted	Nami	e				
My Commission exp	MO.	DAY YR.					-	Ar	ea Cod	e			400	Day	tlme Telephor	ne Numbe	<u> </u>		
Part II- If this is a reg																			
I swear (or affirm) the amended.	nat to the best	of my knowledge a	ind be	elief t	his polit	tical co	ommitte	e hs	is not v	/iolat	ed any	/ pro	vision	s of t	he Act of June	3, 1937 (P.L. 133	3, NO.32	0) as
Sworn to and subscr	ibed before m	e this																	
day of		20	-	•	1		_												İ
!					.						Sign	atur	e of C	andid	lat e				
Si	gnature		-				_					Print	ed Na	me			_		
My Commission exp	lres		_				_						_				_		
	MO.	DAY YR.						Ar	ea Code	e				Dayti	lme Telephon	e Number			
																			1

SCHEDULE I Contributions and Receipts Detailed Summary Page

86-3271844		
1.Unitermized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	8	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	8	
All Other Contributions (Part B)	3	
Total for the reporting period (2)	8	
3. Contributions Over \$ 250.00 (From Part C and Part D)	J	
Contributions Received from Political Committees (Part C)	\$	796.84
All Other Contributions (Part D)	8	
Total for the reporting period (3)	3	796.84
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	8	
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	8	

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 Nu	86-	3271844			
					Amount
Full Name of Contri Committee	buting			Date [MM/DD/YYYY]	\$
Variation in	la:				
House #	Street Add	ress		Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	3
Full Name of Contri Committee	buting	1	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	8
House #	Street Add	ress		Date [MM/DD/YYYY]	8
City		State	Zip Gode	Date [MM/DD/YYYY]	8
Full Name of Contri Committee	buting		Date [MM/DD/YYYY]	3	
House #	Street Add	ress		Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Contri Committee	buting			Date [MM/DD/YYYY]	8
House #	Street Add	ress		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contri Committee	buting			Date [MM/DD/YYYY]	8
House #	Street Addi	reas		Date [MM/DD/YYYY]	8
City		State	Zip Gode	Date [MM/DD/YYYY]	8
Full Name of Contril Committee	buting			Date [MM/DD/YYYY]	8
House #	Street Addr	ress		Date [MM/DD/YYYY]	8
City		State	Zip Gode	Date [MM/DD/YYYY]	8

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.)

ruer wentincatio	86-327184	4			
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address	8		Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Co	ontributor			Date [MM/DD/YYYY]	8
House #	Street Addres	s		Date [MM/DD/YYYY]	8
City		State	Zíp Code	Date [MM/DD/YYYY]	8
Full Name of C	ontributor			Date [MM/DD/YYYY]	8
House #	Street Addres	18		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	3
Full Name of Co	ontributor			Date [MM/DD/YYYY]	. 8
House #	Street Addres	S		Date [MM/DD/YYYY]	8
City		State	Zip Gode	Date [MM/DD/YYYY]	8
Full Name of Co	ontributor			Date [MM/DD/YYYY]	3
House #	Street Address	5		Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	3
Full Name of Co	ntributor			Date [MM/DD/YYYY]	1
House #	Street Address			Date [MM/DD/YYYY]	3
City		State	Zip Code	Date [MM/DD/YYYY]	8
1		1 1	1.	1	t I

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.

riiei id	entification Numbe	86-3271844							
Full Ab	ame of								
Contri	ame of buting Committe	e Committee t	o Elect Janet	t M Peters			Date [MM/DD/YYYY]	- 8	!
House	·	Street Address					11/29/2021	Ļ	796.84
	4377		Cooper Rd				Date [MM/DD/YYYY]	. 8	
City	Erie	1	State	PA	Zip Code	16510	Date [MM/DD/YYYY]	8	
Full Na	me of outing Committee						Date [MM/DD/YYYY]	18	
								1	
House	# S	treet Address		******	······································		Date [MM/DD/YYYY]	3	
City			State		Zip Code	Т	Date [MM/DD/YYYY]	<u> </u>	
					-ip oode		Date [WW/DD/1991]	8	
Full Nai Contrib	me of uting Committee					· 	Date [MM/DD/YYYY]	8	
House #	S	reet Address	·				Del- FASS IDD Books		
	•						Date [MM/DD/YYYY]	8	
City	 		State		Zip Code	<u> </u>	Date [MM/DD/YYYY]	8	
Full Nan							Date [MM/DD/YYYY]		
	ıting Committee						Date [mim/DD/1111]	8	
House #	Sti	reet Address					Date [MM/DD/YYYY]	8	
City		<u> </u>	State		77-0-1				
			otate		Zip Code		Date [MM/DD/YYYY]	8	
Full Nam Contribu	e of ting Committee						Date [MM/DD/YYYY]	8	
louse #									
IUUSC #) Sur	eet Address					Date [MM/DD/YYYY]	8	
ity	L		State		Zip Code		Date [MM/DD/YYYY]	8	
							Sate farm/DD/1111	•	
uil Name ontribut	of ing Committee				·		Date [MM/DD/YYYY]	8	
ouse#	Stre	et Address							
							Date [MM/DD/YYYY]	3	,
ty	I		State		Zíp Code		Date [MM/DD/YYYY]	8	

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)

Full Name of Co	ontributor			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8.
City	······································	State	Zip Code	Date [MM/DD/YYYY]	8
mployer Name	•		Occupation		
mployer Maili Principal Place	ng Address / of Business				·····
ull Name of Co				Date [MM/DD/YYYY]	_ ³
łouse #	Street Address	···		Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	1.8
			<u> </u>		
mployer Name mployer Maili			Occupation		
rincipal Place (of Business				
ull Name of Co	ntributor			Date [MM/DD/YYYY]	\$
louse #	Street Address			Date [MM/DD/YYYY]	8
ity		State	Zip Code	Date [MM/DD/YYYY]	8
mployer Name				Occupation	
mployer Mailin				Owopation	
rincipal Place o	f Business				
ull Name of Co	ntributor		·	Date [MM/DD/YYYY]	8
ouse #	Street Address			Date [MM/DD/YYYY]	8
ity		State	Zip Code	Date [MM/DD/YYYY]	5 S
nployer Name				Occupation	<u> </u>

PART E

Use this Part to report	REFUNDS, INTI	PART I Other Red REST INCOME, F	ceipts Eturned Chec	KS, ETC.	eturned to the filer
Filer Identification Number:	86-3271844	arriod, roedinod	mone une prior c	Apontarian ou mar violo	
Full Name					
	eet Address				
City	Sta	te Zip Code	•	Date [MM/DD/YYYY]	8
Receipt Description			<u> </u>	<u>L</u>	· · · · · · · · · · · · · · · · · · ·
Full Name		<u> </u>			
House # Str	eet Address				
City	Sta	te Zip Code	>	Date [MM/DD/YYYY]	8
Receipt Description		· I		<u>L</u>	
Full Name					
House # Str	eet Address				
City	Sta	te Zip Code	•	Date [MM/DD/YYYY]	•
Receipt Description					
Full Name					
House # Str	eet Address				
City	Sta	te Zip Code		Date [MM/DD/YYYY]	8
Receipt Description					
Full Name					
House # Str	eet Address				
City	Sta	te Zip Code	•	Date [MM/DD/YYYY]	8
Receipt Description		<u> </u>	<u> </u>		
Full Name					
House # Str	eet Address	·			
City	Sta	te Zip Cod	9	Date [MM/DD/YYYY]	8
Receipt Description			- I		

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: 86-32718	144			
1. UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-V	ALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	
TOTAL for the reporting period	(1)	3		
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	01 TO \$250.00 (FROM PAR	IT F)	
TOTAL for the reporting period	(2)	8		
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$ 25	0.00 (FROM PART G)		
TOTAL for the reporting period	(3)	8		
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals in on Page 1, Report Cover Page, Item F)				

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

		TALOE OF \$00.01 TO	· 4 moo	
Filer Identification Number: 86-	3271844			
Full Name of Contributor		Date [MM/DD/YYYY]	8	
House # Street A	ddress		Date [MM/DD/YYYY]	3
City	State	Zip Code	Date [MM/DD/YYYY]	8
Description of Contribution			<u> </u>	
Full Name of Contributor			Date [MM/DD/YYYY]	8
House # Street A	ddress		Date [MM/DD/YYYY]	8
City	State	Zip Code	Date [MM/DD/YYYY]	8
Description of Contribution				<u> </u>
Full Name of Contributor		Date [MM/DD/YYYY]	8	
House # Street A	ddress		Date [MM/DD/YYYY]	8
City	State	Zip Code	Date [MM/DD/YYYY]	8
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY)	8
House # Street A	ddress		Date [MM/DD/YYYY]	8
City	State	Zip Code	Date [MM/DD/YYYY]	8
Description of Contribution				
Full Name of Contributor		Date [MM/DD/YYYY]	8	
House # Street A	ddress		Date [MM/DD/YYYY]	8
City	State	Zip Code	Date [MM/DD/YYYY]	8
Description of Contribution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$ 250

Filer Identificatio	n Number: 86-3271844				
Full Name of C	ontributor			Date [MM/DD/YYYY]	- 8
House #	Street Address			Date [MM/DD/YYYY]	3
City		State	Zip Gode	Date [MM/DD/YYYY]	8
Employer Nam	e			Occupation	
	ing Address / Principal	·		Description of Contribution	
Full Name of C	ontributor			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8
Employer Nam	le .			Occupation	<u> </u>
Employer Mail Place of Busine	ing Address / Principal ess			Description of Contribution	
Full Name of C	ontributor	······································		Date [MM/DD/YYYY]	- 8
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zíp Code	Date [MM/DD/YYYY]	8
Employer Nam	е .			Occupation	
Employer Mail Place of Busine	ing Address / Principal iss			Description of Contribution	<u></u>
Full Name of C	ontributor			Date [MM/DD/YYYY]	8
House #	Street Address		44-54MA-474A	Date [MM/DD/YYYY]	3
City		State	Zip Gode	Date [MM/DD/YYYY]	3.
Employer Nam	e			Occupation	
Employer Maili Place of Busine	ng Address / Principal ss			Description of Contribution	

Statement of Expenditures

Filer Identification	Number:		tomont or Expo	
	86-3271844			
To Whom Paid				Date [MM/DD/YYYY] 3
House #	Street Address			Description of Expenditure
City		State	Zip Gode	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address	·····		Description of Expenditure
City		State	Zip Code	
To Whom Paid		· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] 3
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] 8
House #	Street Address			Description of Expenditure
City		State	Zíp Code	
To Whom Pald				Date [MM/DD/YYYY] \$

Zip Code

Zip Code Description of Expenditure

Date [MM/DD/YYYY] | \$

Description of Expenditure

House #

House #

City

To Whom Paid

City

Street Address

Street Address

State

State

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 Iden	itification Number:	86-3271844			-		
Name o	f Creditor					l Out	standing Balance of Debt
		eet Address		DATE DEBT INCURRED [MM/DD/YYYY]		8	diamang balance of 5550
City			State	Zip Code		-	
Descript	tion of Debt			<u> </u>			
Name o	f Creditor	}	· · · · · · · · · · · · · · · · · · ·			Out	standing Balance of Debt
House #	Stre	et Address	***************************************	DATE DEBT		8	
City	<u> </u>		State	Zip Code		-	
Descript	tion of Debt				······································		
Name o	f Creditor			·		Out	standing Balance of Debt
House #	Stre	et Address	· · · · · · · · · · · · · · · · · · ·	DATE DEBT I [MM/DD		8	
City			State	Zip Code			
	tion of Debt						
	f Creditor			p			standing Balance of Debt
House #	Stre	et Address		DATE DEBT I [MM/DD		\$	
City			State	Zíp Gode			
Descript	ion of Debt						
Name of	Creditor					Out	standing Balance of Debt
House #	Stre	et Address		DATE DEBT I (MM/DD		8	
City	<u> </u>		State	Zip Code		1	
Descript	on of Debt						
Name of	Creditor			· · · · · · · · · · · · · · · · · · ·		Out	standing Balance of Debt
House #	Stre	et Address		DATE DEBT [MM/DD		- 8	
City			State	Zip Code			
Description	on of Debt			<u> </u>		1 1	



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.

Namerofitilling	Committee, Can	didate; or leabby	ist						
Reporting Gyal	elName								
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3		Cycle 4	☐ Cycle 5				
б th Tuesday	2 nd Friday	30 Day	6 th Tuesday		2 nd Friday				
Pre-Primary	Pre-Primary	Post Primary	Pre-l	Election	Pre-Election				
☐ Cycle 6	☐ Cycle 7	☐ Cycle 8	<u> </u>	□ Су	cle 9				
30 Day Post-Election	Annual Report	rt 2 nd Friday Pre-Special Election 30 I		30 Day Po	Post-Special Election				
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.									
Jarle Q1 12/27/21									
Signature of Treasurer, Candidate, or Lobbyist Date (DD/MM/YYYY)									
Jan	et m f	etes		Ene	PA				
P	rinted Name		Loca	tion (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	Date (DD/MM/YYYY)		
Printed Name	Location (City/State/Country)		