

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

Filer Identification		•			Filed E	v .	Candid				Committee			Lobbyist
Number	863271844 (Mark X)								<u> </u>					
Name of Filing Committee, Candidate or Lobbyist			Co	mmitl	iee to El	ect Jane	t M Pete	ers						
Street Address 45				377 Cooper Rd										
City					opui ilu		State				Zip Code	T		
City	Erle					·	Blate	PA			2.10 0000	16510		
Type of Report (Pl														
1-6 <sup>th</sup> Tuesday 2							Friday			y Post	7- Annual	Special 2		Special 30 Day Post-Election
Pre-Primary P	re-Primary	Primary	Pr	e- Ele	ction	Pre-E	lection	Ele	ction			Pre-Electi	on	POST-Election
					7	Γ					X			
Date Of Election				ear				Am	endm	ent		Terminat	ion	
(MM/DD/YYYY)		11/02/202	21					Rej	ort		<u> </u>	Report		
Summary of Rece	ipts and	From Date	:		To Date	9		Ī			For	Office Use (	Only	
Expenditures		11/23/2	2021	1	873-46	6312/31	/2021	1						
A. Amount Broug	ht Forward F	rom Last Re	port	8		650.00								
B. Total Monetary (From Schedule I)		ns and Rece	ipts	8		146.84								
C. Total Funds Av		···		8		700.04	<del></del>	1						* 100
(Sum of Lines A a				Ш		796.84								
D. Total Expendite (From Schedule II				8		796.84		1						
E. Ending Cash Ba				8				1						1
(Subtract Line D f						0		l						ं दंग
F. Value of In-Kind (From Schedule II	d Contributio	ons Received	j	3		0								
G. Unpaid Debts a (From Schedule IV	and Obligation	ons		8		0							:	P
	•			• •			ildavit S							и •
Part 1- If this is a Co	mmittee repo	rt, treasurer s	ign here	. If thi	s is a Cai	ndldate	report, c	andida	te sigr	n here.	les and halloft	-110 00270010	nd sample:	. <u>53</u>
Sworn to and subsci			attacni	90 8CH	eo uies o	n paper,	is to the	0.0821.0	ai iliy s	KIIOWIBU	រកិត ទរកោ ខេត្តនេត្ត វ	in <del>e</del> , comecia	no compie	le.
day of		20					-		Sla	ınature	of Person Subn	nittina report		<del>_</del>
					r		-							
Si	gnature				. I						Printed Nam	10		
My Commission exp	ires MO.	DAY	YR.				_	Area C	ode		Da	ytime Teleph	ne Numbe	
Part II- If this is a rep	net of a Panel	idate's Author	rized Co	mmlii	an cano	lidate sh	all sinn	here					<del></del>	
i swear (or alfirm) ti amended.	hat to the best	of my knowle	dge and	belie	f this po	litical co	mmitte	has n	ot viola	ated an	y provisions of	the Act of Jun	ie 3, 1937 (	P.L. 1333, NO.320) as
Sworn to and subsc	ribed before n	io this							1		. 1	1		
day of		20			. 1		_		Je	<u>/</u>	1~/V	/ <del>}-</del>		
					ļ.			anot si	Dotos		nature di Candi	date		
S	gnature						₫	anet M	<u>ratul</u>	٥	Printed Name	•		<del></del>
	•				• •		1	314			873-4	1663		
My Commission exp	ires	DAY Y	R.				_	Area (	ode		Dav	time Telepho	na Number	<del></del>
		"										•		,

# SCHEDULE I Contributions and Receipts Detailed Summary Page

86-3271844			
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		******	***
L	(1)	ŧ	146.84
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	-	-	
Contributions Received from Political Committees (Part A)		8	
All Öther Contributions (Part B)	$\dashv$	8	
Total for the reporting period	(2)	8	
3. Contributions Over \$ 250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		8	
All Other Contributions (Part D)	$\dashv$	8	
Total for the reporting period	(3)	8	
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, Repu		8	

#### PART A **Contributions Received From Political Committees**

 $\$\,50.01\,\text{TO}\,\$\,250.00$  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 Identificatio	en Number 86-32718	144			
					Amount
Full Name of C	ontributing			Date [MM/DD/YYYY]	8
Committee	-				
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of C	ontributing		<del></del>	Date [MM/DD/YYYY]	8
Committee					
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	3
Full Name of C	ontributing			Date [MM/DD/YYYY]	8
Committee					
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of C Committee	ontributing gnitudintno			Date [MM/DD/YYYY]	5
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of C Committee	ontributing			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Gode	Date [MM/DD/YYYY]	8
Full Name of C Committee	ontributing			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Gode	Date [MM/DD/YYYY]	8
		t (	1 1	ı	1

#### PART B **All Other Contributions**

850.01 TO 8250

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				
	······································				
Full Name of Co	ntributor			Date [MM/DD/YYYY] 8	
House #	Street Address			Date [MM/DD/YYYY] 8	
City		State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Go	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] 8	
City		State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Co	intributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] 8	<u> </u>
City		State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Co	ontributor			Date [MM/DD/YYYY] 8	
				Date [MM/DD/YYYY] 8	
House #	Street Address				
City		State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Co		<del>.</del> ——		Date [MM/DD/YYYY] 8	
House #	Street Address			Date [MM/DD/YYYY] 8	
City		State	Zip Code	Date [MM/DD/YYYY] 4	
Full Name of C	ontributor			Date [MM/DD/YYYY] {	
House #	Street Address	5		Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	J

#### 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.

rneriuentineatii	86-327184	14			
Full Name of				Date [MM/DD/YYYY]	[8]
Contributing C	ommittee			Pero Haustran 11111	-  "
House #	Street Addres	is		Date [MM/DD/YYYY]	8
City	······································	State	Zip Gode	Date [MM/DD/YYYY]	8
Full Name of				B. 1 11111 (M. 1)1111	
Contributing C	ommittee			Date [MM/DD/YYYY]	-   <b>8</b>
House #	Street Addre	38		Date [MM/DD/YYYY]	<b>3</b>
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Contributing C	ommittee		i	Date [MM/DD/YYYY]	. 8
House #	Street Addre	38		Date [MM/DD/YYYY]	- 8
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing C	ommittee			Date [MM/DD/YYYY]	8
House #	Street Addres	33		Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	-   8
Full Name of Contributing C	ommittee			Date [MM/DD/YYYY]	. 8
House #	Street Addres	S		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	\$
House #	Street Addres	\$		Date [MM/DD/YYYY]	8
City		State	Zip Gode	Date [MM/DD/YYYY]	8
1					

### 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)

ll Name of Con	tributor			Data (MALIAN/WWW)	0 1
name vi vv)j	erroutor			Date [MM/DD/YYYY]	8
ouse #	Street Address			Date [MM/DD/YYYY]	8
Rity		State	Zip Code	Date [MM/DD/YYYY]	8
mployer Name				Occupation	<u> </u>
Employer Mallin Principal Place o	g Address / f Business			· · · · · · · · · · · · · · · · · · ·	i, i , i
Full Name of Gor		·····		Date [MM/DD/YYYY]	1
House # I	Street Address			Data FARLE (DD /ANAU)	
IOUSC T	otreet Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				Occupation	
Employer Name	•			ous aparton	
Employer Name Employer Mailir Principal Place o	ng Address /	***************************************		- Coodparion	
Employer Mailir	ng Address / of Business			Date [MM/DD/YYYY]	8
Employer Mailir Principal Place o	ng Address / of Business				3
Employer Mailir Principal Place of Full Name of Co	ng Address / of Business intributor	State	Zip Code	Date [MM/DD/YYYY]	
Employer Mailir Principal Place of Full Name of Co House #	ng Address / of Business intributor Street Address	State	Zip Code	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	3
Employer Mailir Principal Place of Full Name of Co House # City Employer Name	Street Address  and Address	State	Zip Code	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	3
Employer Mailir Principal Place of Full Name of Co House #  City  Employer Name	Street Address  Barrens  Street Address  Barrens  Barrens	State	Zip Code	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	3
Employer Mailir Principal Place of Full Name of Co House #  City  Employer Name Employer Maili Principal Place	Street Address  Barrens  Street Address  Barrens  Barrens	State	Zip Code	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Occupation	3
Employer Mailir Principal Place of Full Name of Co House # City Employer Name Employer Maili Principal Place Full Name of Co	Street Address  Street Address  B  B  B  B  B  B  B  B  B  B  B  B	State State	Zip Code	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Occupation  Date [MM/DD/YYYY]	3

### 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	n Number: 86-3271844			
Full Name		·		
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY]   \$
Receipt Descri	ption			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY]   8
Receipt Descri	ption	L		
Full Name			· · · · · · · · · · · · · · · · · · ·	
House #	Street Address			-
City		State	Zip Code	Date [MM/DD/YYYY] 8
Receipt Descr	iption	1		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] 8
Receipt Descr	iption			
Full Name		· · · · · · · · · · · · · · · · · · ·		
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] 8
Receipt Descr	ription			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY]   8
Receipt Descr	iption			

#### 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: 86-3271844	
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALU	JE OF \$50.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	8
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01	TO \$ 250.00 (FROM PART F)
TOTAL for the reporting period (2)	18
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 REPOR PERIOD (Add and enter amount totals from boxes 1, 2, and 3; all on Page 1, Report Cover Page, item F)	

#### SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF 8 50.01 TO 8 250

Filer Identification	No1		VALUE OF 850.01 TO	3 230		
rae identification	86-3271844					
						<del>liminali listi tali imagani para di p</del>
Full Name of Co	ntributor			Date [MM/DD/YYYY]	8	
House #	Street Address			Date [MM/DD/YYYY]	8	
0:3-1						
City		State	Zip Code	Date [MM/DD/YYYY]	8	
Description of C	ontribution					
Full Name of Co	ntributor			Date [MM/DD/YYYY]	8	
11 11						
House #	Street Address			Date [MM/DD/YYYY]	3	
City		1 0		·		
City		State	Zip Code	Date [MM/DD/YYYY]		
Description of C	ontribution					
Full Name of Co	intributor			Date [MM/DD/YYYY]	8	
71 01						
House #	Street Address			Date [MM/DD/YYYY]	8	
City		State	Zip Gode	Date [MM/DD/YYYY]		
U.Ly		State	Lip Gode	Date [mm/DD/1111]	•	
Description of (	Contribution	-	<u> </u>		Ш.	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	3	
House #	Street Address			Date [MM/DD/YYYY]	8	
City		State	Zip Code	Date [MM/DD/YYYY]	8	
Description of 6	) Aultrialian					
Full Name of Co	ontributor			Date [MM/DD/YYYY]	3	
House #	Street Address			Date [MM/DD/YYYY]	8	
-		- I Maka	7in Code	Date [MM/DD/YYYY]		
City		State	Zip Code	Date [WW/DD/TYTY]	8	
Description of	Contribution			<u> </u>	<u> </u>	
	· · · · · · · · · · · · · · · · · ·					

#### SCHEDULE II Part G

#### **In-Kind Contributions Received**

VALUE OVER \$ 250

			VALUE OVER \$ 200		
Filer Identificatio	n Number: 86-3271844				
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]	18
Employer Nam	ie .			Occupation	
Employer Mail Place of Busine	ling Address / Principal ess			Description of Contribution	
Full Name of C	ontributor	<u> </u>		Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8
Employer Nan	ne			Occupation	<u>. L </u>
Employer Mai Place of Busin	ling Address / Principal ess			Description of Contribution	and Andrews
Full Name of (	Contributor		<u></u>	Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Gode	Date [MM/DD/YYYY]	
Employer Nar	me			Occupation	
Employer Mai Place of Busin	iling Address / Principal ess			Description of Contribution	TO THE TOTAL STATE OF THE TOTAL
Full Name of (	Contributor		<u> </u>	Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Nar	ne			Occupation	
Employer Ma Place of Busin	iling Address / Principal less		1.00	Description of Contribution	

## Statement of Expenditures

		·	
Filer Identification Number:			
	86-3271844	•	

To like	om Paid	<del>,</del>				Date [MM/DD/YYYY]   \$	
IO WN	uili ralu	Janet Peters		•	11/29/2021 796.84		
House	#1	Stroot Address	·		Description of Expenditure		
,,,,,,,,,	4377	Street Address	Cooper Rd				
City	Erle	1	State PA	Zip Gode	16510	Money owed for promotional materials	
To Wh	om Paid					Date [MM/DD/YYYY] \$	
House	#	Street Address				Description of Expenditure	
City			State	Zip Code			
To Wh	om Pald					Date [MM/DD/YYYY] 8	
House	#	Street Address				Description of Expenditure	
City	·		State	Zip Code			
To Wh	om Pald					Date [MM/DD/YYYY] \$	
House	#	Street Address				Description of Expenditure	
City			State	Zip Code			
To Wh	om Paid					Date [MM/DD/YYYY] \$	
House	#	Street Address				Description of Expenditure	·
City			State	Zip Code			
To Wh	om Paid			<u>,,,,,</u>		Date [MM/DD/YYYY] \$	
House	#	Street Address			· · · · · · · · · · · · · · · · · · ·	Description of Expenditure	
City			State	Zip Code			
To Wh	om Pald					Date [MM/DD/YYYY] 8	
House	#	Street Address				Description of Expenditure	
City			State	Zip Code			
To Wh	om Paid					Date [MM/DD/YYYY] 8	
House	#	Street Address				Description of Expenditure	
City	<u> </u>	<u> </u>	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:

Name of Cred	itor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	8
City		State	Zip Code	_
Description of	Debt		9000	
Name of Cred	itor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Gode	-
Description of	Debt		I -	
Name of Gredi	tor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	8
City		State	Zip Gode	
Description of	Debt			
Name of Credi	tor			Outstanding Balance of Debt
House #	Street Address	_	DATE DEBT INCURRED [MM/DD/YYYY]	8
City		State	Zip Code	
Description of	Debt			
Name of Credit	tor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	•
City		State	Zip Code	
Description of I	Debt			
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	8
City		State	Zip Code	_
Description of D	Pebt			. d . l



#### 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 Gydl	Name / //								
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3		Cycle 4	☐ Cycle 5				
6 <sup>ւո</sup> Tuesday	2 <sup>nd</sup> Friday	30 Day	6 <sup>th</sup> Tuesday		2 <sup>nd</sup> Friday				
Pre-Primary	Pre-Primary	Post Primary	Pre-Election		Pre-Election				
☐ Cycle 6	☐ Cycle 7	☐ Cycle 8	☐ Cyc		cle 9				
30 Day Post-Election	Annual Report	2 <sup>nd</sup> Friday Pre-Specia	of Election 30 Day Po		ost-Special Election				
I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.									
tat.	12h	12.27.21							
Signature of Trea	asurer, Candidate,	Date (DD/MM/YYYY)							
Janet	n Peter inted Name	Erie PA							
Pr	inted Name	Location (City/State/Country)							
					DSEB-502 Updated 1/22/202				



#### 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)