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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MAY 03 2022

UNITED STATES HOUSE OF REPRESENTATIVES		FORM B	
FINANCIAL DISCLOSURE STATEMENT		For New Members, Candidates, and New Employees	
Name: <u>Walter Charles Peters</u> Daytime Telephone: _____			
FILER STATUS	<input checked="" type="checkbox"/>	New Member of or Candidate for U.S. House of Representatives State: <u>IL</u> District: <u>16</u> Candidates - Date of Election: <u>6/28/22</u>	<input type="checkbox"/> Check if Amendment
	<input type="checkbox"/>	New Officer or Employee Employing Office: _____ Staff Filer Type (if Applicable): Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>	Period Covered: January 1, _____ to _____
			(Office Use Only)
			A \$200 penalty shall be assessed against any individual who files more than 30 days late.

cc

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

