

**UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT
FOR NEW EMPLOYEE AND CANDIDATE REPORTS**

Last Name	First Name and Middle Initial	New Employee Report	Senate Office / Agency in Which Employed
Peckarsky	Peter	Date of Employment (mm/dd/yy):	
Senate/Candidate Office Address (Number, Street, City, State, and ZIP)	Senate/Candidate Office Telephone No.	Candidate Report	State in which you are a candidate
		Commencement of Candidacy (mm/dd/yy): 07/01/2021	Wisconsin

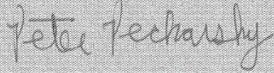
AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS

YES	NO	YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have earned income (e.g., salaries or fees) or non-investment income of more than \$200 from any reportable source in the reporting period? If Yes, Complete and Attach PART II.		Did you hold any reportable positions during the reporting period? If Yes, Complete and Attach PART VIII.	
<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Did you, your spouse, or dependent child hold any reportable asset worth more than \$1,000 at the end of the period or receive unearned or investment income of more than \$200 in the reporting period? If Yes, Complete and Attach PART IIIA and/or IIIB.		<input type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Did you, your spouse, or dependent child have any reportable liability (more than \$10,000) during the reporting period? If Yes, Complete and Attach PART VII.		<input type="checkbox"/>	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Did you receive compensation of more than \$5,000 from a single source in the two prior years? If Yes, Complete and Attach PART X.			

Each question must be answered and the appropriate PART attached for each "YES" response.

File this report and any amendments with the Secretary of the Senate, Office of Public Records, Room 232, Hart Senate Office Building, U.S. Senate, Washington, DC 20510. \$200 Penalty for filing more than 30 days after due date.

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The statement will be made available by the Office of the Secretary of the Senate to any requesting person upon written application and will be reviewed by the Select Committee on Ethics. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 4, § 104, and 18 U.S.C. § 1001.)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		NOV. 26, 2021

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Do Not Write Below this Line

RECEIVED
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2021 DEC - 1 PM 2: 44

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It is the opinion of the reviewer that the statements made in this form are in compliance with Title I of the Ethics in Government Act.	Signature of Reviewing Official	Date (Month, Day, Year)

Reporting Individual's Name Peter Feckarsky		PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES										Page Number 3	
BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources <p>Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, CONTENTS OF REPORTS Part B of Instructions) for production of income or investment which:</p> <ul style="list-style-type: none"> (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. <p>Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.</p>		BLOCK B Valuation of Assets <p>At the close of reporting period. If None, or less than \$1,001, Check the first column.</p>		BLOCK C Type and Amount of Income									
		Type of Income					Amount of Income					Actual Amount Required if "Other" Specified	
		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000		\$25,000,001 - \$50,000,000
1	T Rowe Price U.S. Treasury Money	X											
2	Wisconsin Energy Corp.	X											
3													
4													
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6													
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9													
10													
EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.													
*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.													

Reporting Individual's Name <i>Peter Peckarsky</i>	PART VII. LIABILITIES							Page Number <i>5</i>							
<p>Report liabilities over \$10,000 owed by you, your spouse, or dependent child (See p.3 CONTENTS OF REPORTS Part B of Instructions), to any one creditor at any time during the reporting period. Check the highest amount owed during the reporting period. Exclude: (1) Mortgages on your personal residences unless rented; (2) loans secured by automobiles, household furniture or appliances; and (3) liabilities owed to certain relatives listed in Instructions. See Instructions for reporting revolving charge accounts.</p>															
Name of Creditor		Address	Type of Liability	Date Incurred	Interest Rate	Term if Applicable	Category of Amount of Value (x)								
S. Example: DC, or J (J) John Jones	First District Bank	Wash., DC	Mortgage on undeveloped land	1992	13%	25yrs	<input type="checkbox"/>	<input checked="" type="checkbox"/> X	<input type="checkbox"/> E	<input type="checkbox"/> X	<input type="checkbox"/> A	<input type="checkbox"/> M	<input type="checkbox"/> P	<input type="checkbox"/> L	<input type="checkbox"/> E
1 Jessica Tiniakow	Chicago, IL	Chicago, IL	Promissory Note - paid in full in 2020	2012 4/8	0% on dmd	On dmd	<input type="checkbox"/>	<input checked="" type="checkbox"/> X							
2 Jessica Tiniakow	Chicago, IL	Chicago, IL	Promissory Note - paid in full in 2020	2013 5/9	0% on dmd	On dmd	<input type="checkbox"/>	<input checked="" type="checkbox"/> X							
3															
4															
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9															
10															
11															
12															

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

Reporting Individual's Name <i>Peter Feckarsky</i>	PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT				Page Number <i>6</i>
<p>Report any positions held by you during the applicable reporting period whether compensated or not. Positions include, but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Both the year and month must be reported for the period of time that the position was held.</p> <p>Exclude: Positions with federal government, religious, social, fraternal, or political entities, and those solely of an honorary nature.</p>					
Name of Organization	Address (City, State)	Type of Organization	Position Held	From (Mo/Yr)	To (Mo/Yr)
Example: Jones & Smith	NY,NY EXAMPLE Hometown, USA EXAMPLE	Non-profit education Law Firm	President Partner	6/91 7/96	Present 11/1X
1 Peter Feckarsky	Washington, D.C. Milwaukee, WI	Law Firm	Sole proprietor	1/2019	Present
2 Columbus Institute for Contemporary Journalism	Columbus, Ohio	Charitable organization focus on Journalism	National Director Election Software project	9/20	Present
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4					
5					
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11					
12					
13					
Compensation in excess of \$200 from any position must be reported in Part II.					

RECEIVED BY: SECRETARY OF THE SENATE Date: December 01, 2021

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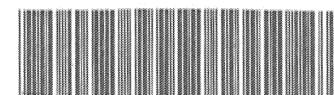


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EP13F May 2020
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PHONE:

P. Feckarsky

PAYMENT BY ACCOUNT (if applicable)

USPS Corporate Acct. No. _____

Federal Agency Acct. No. or Postal Service™ Acct. No. _____

ORIGIN (POSTAL SERVICE USE ONLY)

1-Day 2-Day Military DFO

PO ZIP Code: 53201 Scheduled Delivery Date: 11/27/2021 Postage: \$ 27.10

Date Accepted (MM/DD/YY): 11/26/2021 Scheduled Delivery Time: 10:30 AM Insurance Fee: \$ 0.00

10:30 AM 3:00 PM CCO Fee: \$ 0.00

12:00 NOON 6:00 PM \$ 0.00

Time Accepted: 10:30 AM Delivery Fee: \$ 0.00 Add'l. Insurance Fee: \$ 0.00

1:34 PM AM \$ 0.00 \$ 0.00

Special Handling/Fees: \$ 0.00 Sunday/Holiday Premium Fee: \$ 0.00

Weight: 24 oz Pkg. Rate: \$ 0.00 Acceptable Cut-off time: NOV. 29 2021

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY) Time Employee Signature

AM PM

Delivery Attempt (MM/DD/YY) Time Employee Signature

AM PM

Secretary of the Senate
office of Sub Jz Records
232 Hart Senate Office Bldg.
Washington, D.C. 20510

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