

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Peiser For Congress

ADDRESS (number and street)

P O Box 230927

Check if different
than previously
reported. (ACC)

Encinitas

CA

92083

2. FEC IDENTIFICATION NUMBER ▼

C

C00549212

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

CA

49

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y

in the
State of

CA

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y

in the
State of

CA

5. Covering Period

M M / D D / Y Y Y Y

01 / 01 / 2015

Y Y Y Y

through

M M / D D / Y Y Y Y

03 / 31 / 2015

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Patricia A Cratty

Signature of Treasurer

Patricia A Cratty

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04 / 12 / 2015

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 12

Write or Type Committee Name

Peiser For Congress

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 1 | | 2 | 0 | 1 | 5 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 3 | 1 | | 2 | 0 | 1 | 5 |

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 30.00 | 85.00 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) | 30.00 | 85.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 3740.11 | 3740.11 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 719.22 | 719.22 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) | 3020.89 | 3020.89 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 5282.11 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 13000.00 | |

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 12

Write or Type Committee Name

Peiser For Congress

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 1 | | 2 | 0 | 1 | 5 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 3 | 1 | | 2 | 0 | 1 | 5 |

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

0.00

0.00

(ii) Unitemized.....

30.00

85.00

(iii) TOTAL of contributions from individuals ▶

30.00

85.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

30.00

85.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

719.22

719.22

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

749.22

804.22

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 12

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 3740.11 | 3740.11 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 3740.11 | 3740.11 |

III. CASH SUMMARY

| | |
|---|---------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 8273.00 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 749.22 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 9022.22 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 3740.11 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 5282.11 |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 12

| | | | | |
|------------------------------------|-------------------------------------|-------------------------------------|---|-----------------------------|
| <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input checked="" type="checkbox"/> 11d 14 | <input type="checkbox"/> 15 |
|------------------------------------|-------------------------------------|-------------------------------------|---|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Peiser For Congress

| | | | | | | | | | | | | | |
|---|-------------|---|--|---------|---|-----|---|---------|----|--|----|--|------|
| A. Full Name (Last, First, Middle Initial) NGP | | Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>11</td> <td></td> <td>2015</td> </tr> </table> | | M M | / | D D | / | Y Y Y Y | 01 | | 11 | | 2015 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | | |
| 01 | | 11 | | 2015 | | | | | | | | | |
| Mailing Address 1101 15th St NW Ste 500 | | Transaction ID : VNVP2DNT9C7 | | | | | | | | | | | |
| City Washington | State DC | Zip Code 20005-5006 | Amount of Each Receipt this Period <table border="1"> <tr> <td>550.00</td> </tr> </table> | 550.00 | | | | | | | | | |
| 550.00 | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. <div>C</div> | | Credit voucher adjustment | | | | | | | | | | | |
| Name of Employer Occupation | | Amount of Each Receipt this Period <table border="1"> <tr> <td>550.00</td> </tr> </table> | | 550.00 | | | | | | | | | |
| 550.00 | | | | | | | | | | | | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date <table border="1"> <tr> <td>550.00</td> </tr> </table> | | 550.00 | | | | | | | | | |
| 550.00 | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|---|-------|---|---|---------|---|-----|---|---------|--|--|--|--|--|
| B. Full Name (Last, First, Middle Initial) | | Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | M M | / | D D | / | Y Y Y Y | | | | | |
| M M | / | D D | / | Y Y Y Y | | | | | | | | | |
| | | | | | | | | | | | | | |
| Mailing Address | | Amount of Each Receipt this Period <table border="1"> <tr> <td></td> </tr> </table> | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| City | State | Zip Code | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. <div>C</div> | | Amount of Each Receipt this Period <table border="1"> <tr> <td></td> </tr> </table> | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Name of Employer Occupation | | Amount of Each Receipt this Period <table border="1"> <tr> <td></td> </tr> </table> | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date <table border="1"> <tr> <td></td> </tr> </table> | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|---|-------|---|---|---------|---|-----|---|---------|--|--|--|--|--|
| C. Full Name (Last, First, Middle Initial) | | Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | M M | / | D D | / | Y Y Y Y | | | | | |
| M M | / | D D | / | Y Y Y Y | | | | | | | | | |
| | | | | | | | | | | | | | |
| Mailing Address | | Amount of Each Receipt this Period <table border="1"> <tr> <td></td> </tr> </table> | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| City | State | Zip Code | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. <div>C</div> | | Amount of Each Receipt this Period <table border="1"> <tr> <td></td> </tr> </table> | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Name of Employer Occupation | | Amount of Each Receipt this Period <table border="1"> <tr> <td></td> </tr> </table> | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date <table border="1"> <tr> <td></td> </tr> </table> | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| | | | | |
|---|--|--|--|--------|
| SUBTOTAL of Receipts This Page (optional)..... | | <table border="1"> <tr> <td>550.00</td> </tr> </table> | | 550.00 |
| 550.00 | | | | |
| TOTAL This Period (last page this line number only)..... | | <table border="1"> <tr> <td>550.00</td> </tr> </table> | | 550.00 |
| 550.00 | | | | |

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA14

Transaction ID : VNVP2DNT9C7

Credit voucher issued from NGP

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 12

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Peiser For Congress

Full Name (Last, First, Middle Initial)

A. Susan Cratty

Mailing Address 917 Rosemary Ave

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 07 | | 2015 |

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| Carlsbad | CA | 92011-3941 |

Purpose of Disbursement
Salary

001

Category/
Type

Candidate Name

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For: 2016

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State: District:

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Transaction ID : VNTPT9RERD8

Salary

Full Name (Last, First, Middle Initial)

B. NGPMailing Address 1101 15th St NW
Ste 500

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 02 | | 2015 |

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Washington | DC | 20005-5006 |

Purpose of Disbursement
data base

001

Category/
Type

Candidate Name

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For: 2016

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State: District:

Amount of Each Disbursement this Period

| |
|--------|
| 550.00 |
|--------|

Transaction ID : VNTPT9RERA4

data base

Full Name (Last, First, Middle Initial)

C. NGPMailing Address 1101 15th St NW
Ste 500

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 13 | | 2015 |

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Washington | DC | 20005-5006 |

Purpose of Disbursement
data base

001

Category/
Type

Candidate Name

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For: 2016

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State: District:

Amount of Each Disbursement this Period

| |
|--------|
| 750.00 |
|--------|

Transaction ID : VNTPT9RERE6

data base

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2300.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 12

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Peiser For Congress

Full Name (Last, First, Middle Initial)

A. Tazheen V Nizam

Mailing Address 971 Sheffield Dr

| | | |
|-------|-------|------------|
| City | State | Zip Code |
| Vista | CA | 92081-8915 |

Purpose of Disbursement
Salary

Candidate Name

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For: 2016

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 02 | | 2015 |

Amount of Each Disbursement this Period

| |
|--------|
| 652.50 |
|--------|

Transaction ID : VNTPT9RERY2

Salary

Full Name (Last, First, Middle Initial)

B.

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | |
|--|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

C.

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | |
|--|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

| |
|--------|
| 652.50 |
|--------|

| |
|---------|
| 2952.50 |
|---------|

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 9 OF 12

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNVP2A38SD5L

Peiser For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Dave Peiser

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1106 2nd St
PMB 127

City

State

ZIP Code

Encinitas

CA

92024-5008

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
09 / 05 / 2013

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

500.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 10 OF 12

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNVP2A38SG9L

Peiser For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Dave Peiser

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1106 2nd St
PMB 127

City

State

ZIP Code

Encinitas

CA

92024-5008

Original Amount of Loan

7500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

7500.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
12 / 22 / 2013

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

7500.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 11 OF 12

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNVP2A381H4L

Peiser For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Dave Peiser

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1106 2nd St
PMB 127

City

State

ZIP Code

Encinitas

CA

92024-5008

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
05 / 05 / 2014

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

13000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A=G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SC/10

Transaction ID : VNVP2A381H4L

Loan from candidate

Form/Schedule:

Transaction ID: