

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

Peter Clemens for Congress

ADDRESS (number and street) ▼

3637 N 600 E

Check if different than previously reported. (ACC)

Ogden

UT

84414

2. **FEC IDENTIFICATION NUMBER** ▼

C C00543223

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

UT

01

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

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

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 Tammy Clemens

Signature of Treasurer Tammy Clemens

[Electronically Filed]

Date

M M /

D D /

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

Write or Type Committee Name

Peter Clemens for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2013 To: M M / D D / Y Y Y Y 12 / 31 / 2013

	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))....	6735.00	47180.00
(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)).....	6735.00	47180.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	10438.24	53716.92
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	10438.24	53716.92
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5510.88	
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).....	12000.00	

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)

Write or Type Committee Name

Peter Clemens for Congress

Report Covering the Period: From: / / To: / /

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).....	4050.00	39850.00
(ii) Unitemized.....	2685.00	7330.00
(iii) TOTAL of contributions from individuals ▶	6735.00	47180.00
(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))..	6735.00	47180.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	12000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	12000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
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)..... ▶	6735.00	59180.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	10438.24	53716.92
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	50.00	100.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	10488.24	53816.92

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	9264.12
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6735.00
25. SUBTOTAL (add Line 23 and Line 24).....	15999.12
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10488.24
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5510.88

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 14
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Peter Clemens for Congress

A. Full Name (Last, First, Middle Initial)
Jon W Ahlstrom

Mailing Address 2743 E 3025 N

City Layton State UT Zip Code 84040

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ob-gyn

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 25 / 2013

Transaction ID : VN8KGBP5362

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Douglas K Anderson MD

Mailing Address 1202 E 5250 S

City Ogden State UT Zip Code 84403-5174

FEC ID number of contributing federal political committee. **C**

Name of Employer Ogden Clinic Occupation Ear, Nose and Throat

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2013

Transaction ID : VN8KGBP51N4

Amount of Each Receipt this Period
 350.00

C. Full Name (Last, First, Middle Initial)
Constance J. Clemens

Mailing Address 2034 I Ave

City Anacortes State WA Zip Code 98221-3715

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 01 / 2013

Transaction ID : VN8KGBT1D0

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 14
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Peter Clemens for Congress

A. Full Name (Last, First, Middle Initial)
Ed Schwartz

Mailing Address 2396 E Cavalier Dr

City State Zip Code
Salt Lake City UT 84121-3915

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Steiner Education Group VP Marketing/Admissions

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 25 / 2013

Transaction ID : VN8KGBP52S9

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Travis Slade MD

Mailing Address 763 Church St

City State Zip Code
Layton UT 84041-2568

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Anestheologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 25 / 2013

Transaction ID : VN8KGBP5498

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Kelly S Stagg

Mailing Address 4650 Harrison Blvd

City State Zip Code
Ogden UT 84403-4303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 16 / 2013

Transaction ID : VN8KGBP4XS9

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 14
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Peter Clemens for Congress

A. Full Name (Last, First, Middle Initial)
Robert Steiner

Mailing Address PO Box 2317

City State Zip Code
Salt Lake City UT 84110-2317

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
American Linen Supply Co-CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 23 / 2013

Transaction ID : VN8KGBP51H3

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Bruce Thomas MD

Mailing Address 1486 East Skyline drive

City State Zip Code
Ogden UT 84405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 23 / 2013

Transaction ID : VN8KGBP51X8

Amount of Each Receipt this Period
 600.00

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1600.00

4050.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Peter Clemens for Congress

Full Name (Last, First, Middle Initial) A. Peter Clemens		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2013
Mailing Address 3637 N 600 E		Amount of Each Disbursement this Period 200.00 Transaction ID : VN7M89P2XG7
City North Ogden	State UT Zip Code 84414-1668	
Purpose of Disbursement Filing fee refund	Category/Type 001	
Candidate Name Peter Clemens	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: UT District: 01		

Full Name (Last, First, Middle Initial) B. Harvest Daurelle		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2013
Mailing Address 1470 E Sandpiper Cir Apt 145		Amount of Each Disbursement this Period 3000.00 Transaction ID : VN7M89P2XF9
City Salt Lake City	State UT Zip Code 84117-6841	
Purpose of Disbursement fundraising	Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Harvest Daurelle		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address 1470 E Sandpiper Cir Apt 145		Amount of Each Disbursement this Period 3000.00 Transaction ID : VN7M89PJ0M3
City Salt Lake City	State UT Zip Code 84117-6841	
Purpose of Disbursement Fundraising	Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6200.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 14
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Peter Clemens for Congress

Full Name (Last, First, Middle Initial) A. Jim Fleishmann		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2013
Mailing Address 1316 Howell St		Amount of Each Disbursement this Period 411.80 Transaction ID : VN7M89PJ319
City Missoula	State MT	
Zip Code 59802-2328	Purpose of Disbursement Campaign consulting	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Oscar L Mata		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2013
Mailing Address 5153 Aztec Dr		Amount of Each Disbursement this Period 500.00 Transaction ID : VN7M89P2XH5
City Ogden	State UT	
Zip Code 84403-4606	Purpose of Disbursement Fundraising	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Oscar L Mata		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2013
Mailing Address 5153 Aztec Dr		Amount of Each Disbursement this Period 500.00 Transaction ID : VN7M89PJ0J7
City Ogden	State UT	
Zip Code 84403-4606	Purpose of Disbursement Fundraising	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1411.80
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 14	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Peter Clemens for Congress

Full Name (Last, First, Middle Initial) A. Oscar L Mata		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address 5153 Aztec Dr		Amount of Each Disbursement this Period 500.00 Transaction ID : VN7M89PJ327
City Ogden	State UT	
Zip Code 84403-4606	Purpose of Disbursement Fundraising	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. NGP VAN, Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2013
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 1950.00 Transaction ID : VN7M89P2XM8
City Washington	State DC	
Zip Code 20005-5006	Purpose of Disbursement database software	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Shout Signs		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2013
Mailing Address 2159 E Downington Ave		Amount of Each Disbursement this Period 256.32 Transaction ID : VN7M89PJ0R4
City Salt Lake City	State UT	
Zip Code 84108-3009	Purpose of Disbursement Signs	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2706.32
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 14			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Peter Clemens for Congress

Full Name (Last, First, Middle Initial) A. ACTBLUE Technical Services			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2013	
Mailing Address 14 Arrow St			Amount of Each Disbursement this Period 9.29	
City Cambridge	State MA	Zip Code 02138-5106	Transaction ID : VN7M89P2X34	
Purpose of Disbursement Credit card processing fee		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. ACTBLUE Technical Services			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2013	
Mailing Address 14 Arrow St			Amount of Each Disbursement this Period 39.50	
City Cambridge	State MA	Zip Code 02138-5106	Transaction ID : VN7M89P2X68	
Purpose of Disbursement Credit card processing fee		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. ACTBLUE Technical Services			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2013	
Mailing Address 14 Arrow St			Amount of Each Disbursement this Period 35.77	
City Cambridge	State MA	Zip Code 02138-5106	Transaction ID : VN7M89P2X76	
Purpose of Disbursement Credit card processing fee		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	84.56
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Peter Clemens for Congress

Full Name (Last, First, Middle Initial) A. ACTBLUE Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2013
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 15.80 Transaction ID : VN7M89PHZ96
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit card processing fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ACTBLUE Technical Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2013
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 8.89 Transaction ID : VN7M89PHZA4
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit card processing fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ACTBLUE Technical Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2013
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 3.95 Transaction ID : VN7M89PJ0F3
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit card processing fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	28.64
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Peter Clemens for Congress

Full Name (Last, First, Middle Initial) A. ACTBLUE Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2013
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 0.99 Transaction ID : VN7M89PJ2F9
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit card processing fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ACTBLUE Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2013
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 4.94 Transaction ID : VN7M89PJ369
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit card processing fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. ACTBLUE Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 0.99 Transaction ID : VN7M89PJ2N6
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Credit card processing fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	6.92
TOTAL This Period (last page this line number only).....	10438.24

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Peter Clemens for Congress** Transaction ID : VN8KG9NVZ82L

LOAN SOURCE Full Name (Last, First, Middle Initial) Peter Clemens	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3637 N 600 E		
City North Ogden	State UT	ZIP Code 84414-1668

Original Amount of Loan 12000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 12000.00
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TERMS

Date Incurred M 03 / D 08 / Y 2013	Date Due M / D / Y none	Interest Rate none % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....	▶	12000.00
TOTALS This Period (last page in this line only).....	▶	12000.00

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