

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. Christopher Peters for Congress

12FE4M5

ADDRESS (number and street) PO Box 2202 Iowa City IA 52244-2202

Check if different than previously reported. (ACC)

CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00613539 3. IS THIS REPORT NEW OR AMENDED IA 02

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 07 / 01 / 2017 through M M / D D / Y Y Y Y 09 / 30 / 2017

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 Young, Jack, , ,

Signature of Treasurer Young, Jack, , , [Electronically Filed] Date M M / D D / Y Y Y Y 01 / 31 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Christopher Peters for Congress

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

	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))....	35458.00	35458.00
(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)).....	35458.00	35458.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	14275.64	34976.89
(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)).....	14275.64	34976.89
8. Cash on Hand at Close of Reporting Period (from Line 27).....	25380.22	
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).....	110200.00	

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 05/2016)

Write or Type Committee Name

Christopher Peters 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).....	29670.00	29670.00
(ii) Unitemized	5788.00	5788.00
(iii) TOTAL of contributions from individuals	35458.00	35458.00
(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))..	35458.00	35458.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	5200.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	5200.00
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).....	35458.00	40658.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 34

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	14275.64	34976.89
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	1450.00	1450.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	15725.64	36426.89

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5647.86
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	35458.00
25. SUBTOTAL (add Line 23 and Line 24).....	41105.86
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15725.64
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	25380.22

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
Christopher Peters for Congress

A. Full Name (Last, First, Middle Initial)
ASHBY, ANDREW, , ,
Mailing Address 185 AUBURN EAST

City: CORALVILLE State: IA Zip Code: 52241-3475

FEC ID number of contributing federal political committee: C

Name of Employer: INFORMATION REQUESTED PER BEST EFF Occupation: INFORMATION REQUESTED PER BEST EFF

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt: 08 / 01 / 2017
Transaction ID : SA11A.1099

Amount of Each Receipt this Period: 500.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
IRELAND, JOHN, , ,
Mailing Address 1908 HOLIDAY RD.

City: CORALVILLE State: IA Zip Code: 52241-1082

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Date of Receipt: 08 / 01 / 2017
Transaction ID : SA11A.1100

Amount of Each Receipt this Period: 1000.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GEHRS, KAREN, , DR.,
Mailing Address 1900 TIMBER LANE

City: CORALVILLE State: IA Zip Code: 52241-3018

FEC ID number of contributing federal political committee: C

Name of Employer: U OF IOWA Occupation: PHYSICIAN

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt: 08 / 18 / 2017
Transaction ID : SA11A.1108

Amount of Each Receipt this Period: 1000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
Christopher Peters for Congress

A. Full Name (Last, First, Middle Initial)
HAAG, JUDY, , ,

Mailing Address 201 170TH STREET

City WEST BEND State IA Zip Code 50597-8532

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2017

Transaction ID : SA11A.1107

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GLASS, JASON, , ,

Mailing Address 1730 WINDSOR COURT

City IOWA CITY State IA Zip Code 52245-6059

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

Name of Employer JM SWANK Occupation HUMAN RESOURCES

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2017

Transaction ID : SA11A.1114

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

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

Mailing Address 1730 WINDSOR CT

City IOWA CITY State IA Zip Code 52245-6059

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

Name of Employer REGINA CATHOLIC SCHOOL Occupation TEACHER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2017

Transaction ID : SA11A.1115

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

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

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

2500.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 34
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 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)
Christopher Peters for Congress

A. Full Name (Last, First, Middle Initial)
HELD, BENJAMIN, , ,

Mailing Address 606 11TH AVE

City CORALVILLE State IA Zip Code 52241-1724

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

Name of Employer U OF IOWA Occupation IT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 19 2017

Transaction ID : SA11A.1121

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
INFELT, AMY, , ,

Mailing Address 1636 RED OAK DR.

City CORALVILLE State IA Zip Code 52241-1095

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

Name of Employer DESIGN ENGINEERS Occupation ENGINEER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1010.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 19 2017

Transaction ID : SA11A.1127

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 80 UTICA AVENUE

City COLLINGSWOOD State NJ Zip Code 08108-2336

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

Name of Employer SELF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 19 2017

Transaction ID : SA11A.1130

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 34
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 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)
Christopher Peters for Congress

A. Full Name (Last, First, Middle Initial)
MOTTINGER, CHRIS, , ,

Mailing Address 4037 CREST VIEW RD NE

City SOLON State IA Zip Code 52333-9457

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

Name of Employer MOTTINGER REAL ESTATE GROUP Occupation REAL ESTATE BROKER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 19 2017

Transaction ID : SA11A.1117

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PETERS, RICHARD, , ,

Mailing Address 510 PIONEER RD

City LAWRENCE State KS Zip Code 66049-4223

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

Name of Employer RETIRED Occupation ARCHITECT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 19 2017

Transaction ID : SA11A.1128

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address 4721 CHANDLER CT.

City IOWA CITY State IA Zip Code 52245-9213

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

Name of Employer MICRO-SURFACING FINISHING PRODUCTS Occupation OWNER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 19 2017

Transaction ID : SA11A.1113

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 1100.00

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 34
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 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)
Christopher Peters for Congress

A. Full Name (Last, First, Middle Initial)
HOEFT, BILL, , ,

Mailing Address 2307 MUDDY CREEK LANE

City CORALVILLE State IA Zip Code 52241-3465

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

Name of Employer SELF-EMPLOYED Occupation WRITER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 21 2017

Transaction ID : SA11A.1138

Amount of Each Receipt this Period
300.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WRIGHT, JAMES, , ,

Mailing Address 1128 LAKE RIDGE DRIVE

City CEDAR FALLS State IA Zip Code 50613-1639

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

Name of Employer UNITY POINT Occupation PHYSICIAN

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 21 2017

Transaction ID : SA11A.1136

Amount of Each Receipt this Period
2000.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LARIVIERE, GENE, , DR,

Mailing Address 5708 32ND AVE

City CENTER POINT State IA Zip Code 52213-9265

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 28 2017

Transaction ID : SA11A.1147

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2800.00

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
Christopher Peters for Congress

A. Full Name (Last, First, Middle Initial)
O' BRIEN, KEVIN, , ,
 Mailing Address 105 5TH STREET
 City CORALVILLE State IA Zip Code 52241-2416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CREATIVE MANAGEMENT Occupation PRESIDENT
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 28 2017
Transaction ID : SA11A.1145
 Amount of Each Receipt this Period
 2700.00
 Memo Item
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FLOYD, BRUCE, , ,
 Mailing Address 1809 HAFOR DR.
 City IOWA CITY State IA Zip Code 52246-4613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PSCI Occupation FIELD SERVICE
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 07 2017
Transaction ID : SA11A.1162
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GUDENKAUF, THOMAS, J., ,
 Mailing Address 300 KNOWLING DR
 City CORALVILLE State IA Zip Code 52241-3347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PFIZER INC Occupation SALES
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 310.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 07 2017
Transaction ID : SA11A.1157
 Amount of Each Receipt this Period
 310.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 3260.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 34
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 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)
Christopher Peters for Congress

A. Full Name (Last, First, Middle Initial)
HAAG, ROBERT, , ,

Mailing Address 2935 SILVER OAK TRAIL

City MARION State IA Zip Code 52302-9225

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

Name of Employer CRYSTAL GROUP Occupation MANAGMENT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 07 2017

Transaction ID : SA11A.1159

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KORPMAN, RALPH, , DR.,

Mailing Address P.O. BOX 391

City RIVERSIDE State CA Zip Code 92502-0391

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

Name of Employer KMG I Occupation PHYSICIAN EXEC

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 07 2017

Transaction ID : SA11A.1149

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NACHNAUER, CRAIG, , DR.,

Mailing Address 1 JERRY DR

City PLATTSBURGH State NY Zip Code 12901-1421

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

Name of Employer SELF Occupation SURGEON

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 07 2017

Transaction ID : SA11A.1158

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
Christopher Peters for Congress

A. Full Name (Last, First, Middle Initial)
SMITH, WALTER, W., ,

Mailing Address **550 OKEECHOBEE BLVD
UNIT 1602**

City **WEST PALM BEACH** State **FL** Zip Code **33401-6340**

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

Name of Employer **GINGERBREAD HOUSE** Occupation **OWNER**

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 07 / 2017

Transaction ID : SA11A.1166

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HAAG, JUDY, , ,

Mailing Address **201 170TH STREET**

City **WEST BEND** State **IA** Zip Code **50597-8532**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 18 / 2017

Transaction ID : SA11A.1168

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address **1636 RED OAK DR.**

City **CORALVILLE** State **IA** Zip Code **52241-1095**

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

Name of Employer **DESIGN ENGINEERS** Occupation **ENGINEER**

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1010.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 21 / 2017

Transaction ID : SA11A.1178

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ **760.00**

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 34
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 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)
Christopher Peters for Congress

A. Full Name (Last, First, Middle Initial)
IRELAND, JOHN, , ,

Mailing Address 1908 HOLIDAY RD.

City: CORALVILLE State: IA Zip Code: 52241-1082

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 1100.00

Date of Receipt: 09 / 21 / 2017

Transaction ID : SA11A.1174

Amount of Each Receipt this Period: 100.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BARKER, DAVID, , ,

Mailing Address 519 S SUMMIT ST

City: IOWA CITY State: IA Zip Code: 52240-5633

FEC ID number of contributing federal political committee: C

Name of Employer: BARKER APARTMENTS Occupation: OWNER/MANAGER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 5400.00

Date of Receipt: 09 / 30 / 2017

Transaction ID : SA11A.1203

Amount of Each Receipt this Period: 2700.00

Memo Item CONTRIBUTION

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

Mailing Address 519 S SUMMIT ST

City: IOWA CITY State: IA Zip Code: 52240-5633

FEC ID number of contributing federal political committee: C

Name of Employer: BARKER APARTMENTS Occupation: OWNER/MANAGER

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 5400.00

Date of Receipt: 09 / 30 / 2017

Transaction ID : SA11A.1204

Amount of Each Receipt this Period: 2700.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 5500.00

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
Christopher Peters for Congress

A. Full Name (Last, First, Middle Initial)
GEHRS, KAREN, , DR.,
 Mailing Address 1900 TIMBER LANE
 City CORALVILLE State IA Zip Code 52241-3018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer U OF IOWA Occupation PHYSICIAN
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2017
Transaction ID : SA11A.1193
 Amount of Each Receipt this Period
 500.00
 Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GLASGOW, JAMES, P., ,
 Mailing Address 3274 DUBUQUE ST NE
 City IOWA CITY State IA Zip Code 52240-7921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer METRO PLUMBING Occupation OWNER
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2017
Transaction ID : SA11A.1202
 Amount of Each Receipt this Period
 500.00
 Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HARRE, RAYMOND, G., ,
 Mailing Address 13150 - 106TH AVE
 City DAVENPORT State IA Zip Code 52804-8847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF Occupation PHYSICIAN
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2017
Transaction ID : SA11A.1187
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 34
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 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)
Christopher Peters for Congress

A. Full Name (Last, First, Middle Initial)
HELD, BENJAMIN, , ,

Mailing Address 606 11TH AVE

City: CORALVILLE State: IA Zip Code: 52241-1724

FEC ID number of contributing federal political committee: C

Name of Employer: U OF IOWA Occupation: IT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 350.00

Date of Receipt: 09 / 30 / 2017

Transaction ID : SA11A.1185

Amount of Each Receipt this Period: 100.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NORDHUES, CRAIG, , DR,

Mailing Address 104 INVERNESS DR.

City: DOTHAN State: AL Zip Code: 36305-7287

FEC ID number of contributing federal political committee: C

Name of Employer: ACMG Occupation: PHYSICIAN

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 500.00

Date of Receipt: 09 / 30 / 2017

Transaction ID : SA11A.1207

Amount of Each Receipt this Period: 500.00

Memo Item CONTRIBUTION

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

Mailing Address 510 PIONEER RD

City: LAWRENCE State: KS Zip Code: 66049-4223

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 2700.00

Date of Receipt: 09 / 30 / 2017

Transaction ID : SA11A.1209

Amount of Each Receipt this Period: 2700.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 3300.00

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
Christopher Peters for Congress

A. Full Name (Last, First, Middle Initial)
PETERS, RICHARD, , ,

Mailing Address 510 PIONEER RD

City LAWRENCE State KS Zip Code 66049-4223

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

Name of Employer RETIRED Occupation ARCHITECT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2017

Transaction ID : SA11A.1208

Amount of Each Receipt this Period
 2600.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PETERS, RICHARD, , ,

Mailing Address 510 PIONEER RD

City LAWRENCE State KS Zip Code 66049-4223

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

Name of Employer RETIRED Occupation ARCHITECT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2017

Transaction ID : SA11A.1412

Amount of Each Receipt this Period
 100.00

Memo Item CONTRIBUTION

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

Mailing Address 10 TOWN PLAZA #81

City DURANGO State CO Zip Code 81301-5104

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

Name of Employer VISA STAFFING Occupation PHYSICIAN ASSISTANT

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2017

Transaction ID : SA11A.1188

Amount of Each Receipt this Period
 1000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶	3700.00
TOTAL This Period (last page this line number only)..... ▶	29670.00

**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 17 OF 34			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)
Christopher Peters for Congress

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement MM / DD / YYYY 07 / 07 / 2017
Mailing Address 1593 SPRING HILL RD		FEC Identification Number C
City VIENNA	State VA	Zip Code 22182
Purpose of Disbursement SOFTWARE SERVICE	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 798.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I236
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. VISTAPRINT		Date of Disbursement MM / DD / YYYY 07 / 10 / 2017
Mailing Address 275 WYMAN ST		FEC Identification Number C
City WALTHAM	State MA	Zip Code 02451
Purpose of Disbursement PRINTING	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 10.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I238
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. COBBLESTONE HOTEL AND SUITES		Date of Disbursement MM / DD / YYYY 07 / 26 / 2017
Mailing Address 1212 ERIC DR		FEC Identification Number C
City KNOXVILLE	State IA	Zip Code 50138
Purpose of Disbursement LODGING	Category/Type 002	
Candidate Name		Amount of Each Disbursement this Period 221.76
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I240
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1029.76
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 18 OF 34			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)
Christopher Peters for Congress

Full Name (Last, First, Middle Initial) A. EVANS, MATTHEW, ELGIN, ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2017		
Mailing Address 618 S LUCAS ST			FEC Identification Number C		
City IOWA CITY	State IA	Zip Code 52240			
Purpose of Disbursement REIMBURSED- MILEAGE		Category/ Type 002	Transaction ID : SB17.I241		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. EVANS, MATTHEW, ELGIN, ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2017		
Mailing Address 618 S LUCAS ST			FEC Identification Number C		
City IOWA CITY	State IA	Zip Code 52240			
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : SB17.I242		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. CMDI			Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2017		
Mailing Address 1593 SPRING HILL RD			FEC Identification Number C		
City VIENNA	State VA	Zip Code 22182			
Purpose of Disbursement SOFTWARE SERVICE		Category/ Type 001	Transaction ID : SB17.I243		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	2237.25
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 19 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
Christopher Peters for Congress

A. HILLS BANK AND TRUST COMPANY

Full Name (Last, First, Middle Initial)
Mailing Address 1009 - 2ND ST

City CORALVILLE State IA Zip Code 52241

Purpose of Disbursement BANK FEE Category/Type 001

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement 08 / 04 / 2017

FEC Identification Number C

Amount of Each Disbursement this Period 27.00

Transaction ID : SB17.I244

Memo Item

B. US POSTAL SERVICE

Full Name (Last, First, Middle Initial)
Mailing Address 925 HIGHWAY 6 E

City IOWA CITY State IA Zip Code 52240

Purpose of Disbursement POSTAGE Category/Type 001

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement 08 / 08 / 2017

FEC Identification Number C

Amount of Each Disbursement this Period 94.00

Transaction ID : SB17.I245

Memo Item P.O. BOX RENTAL

C. VISTAPRINT

Full Name (Last, First, Middle Initial)
Mailing Address 275 WYMAN ST

City WALTHAM State MA Zip Code 02451

Purpose of Disbursement PRINTING Category/Type 001

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement 08 / 15 / 2017

FEC Identification Number C

Amount of Each Disbursement this Period 10.00

Transaction ID : SB17.I246

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 131.00

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 20 OF 34			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)
Christopher Peters for Congress

Full Name (Last, First, Middle Initial) A. EVANS, MATTHEW, ELGIN, ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2017		
Mailing Address 618 S LUCAS ST			FEC Identification Number C		
City IOWA CITY	State IA	Zip Code 52240	Amount of Each Disbursement this Period 1250.00		
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : SB17.I247		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. EVANS, MATTHEW, ELGIN, ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2017		
Mailing Address 618 S LUCAS ST			FEC Identification Number C		
City IOWA CITY	State IA	Zip Code 52240	Amount of Each Disbursement this Period 129.94		
Purpose of Disbursement REIMBURSED- MILEAGE		Category/ Type 002	Transaction ID : SB17.I250		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. AIRBNB, INC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2017		
Mailing Address 888 BRANNAN ST FLOOR 4			FEC Identification Number C		
City SAN FRANCISCO	State CA	Zip Code 94117	Amount of Each Disbursement this Period 1090.26		
Purpose of Disbursement LODGING		Category/ Type 002	Transaction ID : SB17.I249		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	2470.20
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 21 OF 34			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)
Christopher Peters for Congress

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES INC.			Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2017		
Mailing Address 1030 DELTA BLVD			FEC Identification Number C		
City ATLANTA	State GA	Zip Code 30354	Amount of Each Disbursement this Period 482.60		
Purpose of Disbursement AIRFARE		Category/ Type 002	Transaction ID : SB17.I248		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. HINES DIGITAL			Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2017		
Mailing Address 6 HOLLIBEN CT			FEC Identification Number C		
City SEVERNA PARK	State MD	Zip Code 21146	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement FINANCE CONSULTING		Category/ Type 003	Transaction ID : SB17.I252		
Candidate Name		Memo Item <input type="checkbox"/> DIGITAL FINANCE CONSULTING			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. HINES DIGITAL			Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2017		
Mailing Address 6 HOLLIBEN CT			FEC Identification Number C		
City SEVERNA PARK	State MD	Zip Code 21146	Amount of Each Disbursement this Period 36.00		
Purpose of Disbursement FINANCE CONSULTING		Category/ Type 003	Transaction ID : SB17.I253		
Candidate Name		Memo Item <input type="checkbox"/> DIGITAL FINANCE CONSULTING			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	1518.60
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 22 OF 34			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)
Christopher Peters for Congress

Full Name (Last, First, Middle Initial) A. HINES DIGITAL			Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2017		
Mailing Address 6 HOLLIBEN CT			FEC Identification Number C		
City SEVERNA PARK	State MD	Zip Code 21146	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement FINANCE CONSULTING		Category/ Type 003	Transaction ID : SB17.I254		
Candidate Name		Memo Item DIGITAL FINANCE CONSULTING			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. EVANS, MATTHEW, ELGIN, ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2017		
Mailing Address 618 S LUCAS ST			FEC Identification Number C		
City IOWA CITY	State IA	Zip Code 52240	Amount of Each Disbursement this Period 1250.00		
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : SB17.I255		
Candidate Name		Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. OLD CHICAGO CORALVILLE			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2017		
Mailing Address 75 2ND ST			FEC Identification Number C		
City CORALVILLE	State IA	Zip Code 52241	Amount of Each Disbursement this Period 26.23		
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type 001	Transaction ID : SB17.I256		
Candidate Name		Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	2276.23
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 23 OF 34			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)
Christopher Peters for Congress

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2017
Mailing Address 1593 SPRING HILL RD		FEC Identification Number C
City VIENNA	State VA	Zip Code 22182
Purpose of Disbursement SOFTWARE SERVICE	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 798.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.I257 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. VISTAPRINT		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2017
Mailing Address 275 WYMAN ST		FEC Identification Number C
City WALTHAM	State MA	Zip Code 02451
Purpose of Disbursement PRINTING	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 10.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.I258 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER.COM		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2017
Mailing Address 1455 MARKET ST 4TH FLOOR		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL	Category/Type 002	
Candidate Name		Amount of Each Disbursement this Period 75.31
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.I259 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	883.31
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 24 OF 34			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)
Christopher Peters for Congress

Full Name (Last, First, Middle Initial) A. RED TOP CAB			Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2017		
Mailing Address 1200 N HUDSON ST			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22201	Amount of Each Disbursement this Period 19.58		
Purpose of Disbursement TRAVEL		Category/ Type 002	Transaction ID : SB17.I260		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. RED TOP CAB			Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2017		
Mailing Address 1200 N HUDSON ST			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22201	Amount of Each Disbursement this Period 25.26		
Purpose of Disbursement TRAVEL		Category/ Type 002	Transaction ID : SB17.I261		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES INC.			Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2017		
Mailing Address 1030 DELTA BLVD			FEC Identification Number C		
City ATLANTA	State GA	Zip Code 30354	Amount of Each Disbursement this Period 622.80		
Purpose of Disbursement AIRFARE		Category/ Type 002	Transaction ID : SB17.I266		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	667.64
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 25 OF 34			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)
Christopher Peters for Congress

Full Name (Last, First, Middle Initial) A. GRILLE DISTRICT			Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2017		
Mailing Address 1 S SMITH BLVD					
City ARLINGTON	State VA	Zip Code 22202	FEC Identification Number C		
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type 001	Amount of Each Disbursement this Period 28.43		
Candidate Name		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Transaction ID : SB17.I265 <input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) B. RED TOP CAB			Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2017		
Mailing Address 1200 N HUDSON ST					
City ARLINGTON	State VA	Zip Code 22201	FEC Identification Number C		
Purpose of Disbursement TRAVEL		Category/ Type 002	Amount of Each Disbursement this Period 12.67		
Candidate Name		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Transaction ID : SB17.I263 <input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) C. RED TOP CAB			Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2017		
Mailing Address 1200 N HUDSON ST					
City ARLINGTON	State VA	Zip Code 22201	FEC Identification Number C		
Purpose of Disbursement TRAVEL		Category/ Type 002	Amount of Each Disbursement this Period 13.97		
Candidate Name		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Transaction ID : SB17.I264 <input type="checkbox"/> Memo Item			

SUBTOTAL of Disbursements This Page (optional).....▶	55.07
TOTAL This Period (last page this line number only).....▶	55.07

**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 26 OF 34			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)
Christopher Peters for Congress

Full Name (Last, First, Middle Initial) A. WENDY'S INC.			Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2017		
Mailing Address 2506 WORLDGATEWAY PL			FEC Identification Number C		
City ROMULUS	State MI	Zip Code 48174	Amount of Each Disbursement this Period 8.75		
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type 001	Transaction ID : SB17.I262		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. EVANS, MATTHEW, ELGIN, ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2017		
Mailing Address 618 S LUCAS ST			FEC Identification Number C		
City IOWA CITY	State IA	Zip Code 52240	Amount of Each Disbursement this Period 1250.00		
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : SB17.I267		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. ANEDOT			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2017		
Mailing Address P O BOX 84314			FEC Identification Number C		
City BATON ROUGE	State LA	Zip Code 70884	Amount of Each Disbursement this Period 1530.83		
Purpose of Disbursement E-MERCHANT FEES		Category/ Type 001	Transaction ID : SB17.I268		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	2789.58
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 27 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
Christopher Peters for Congress

Full Name (Last, First, Middle Initial) A. STRIPE, INC.			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2017	
Mailing Address 3180 - 18TH ST			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94110	Amount of Each Disbursement this Period 217.00	
Purpose of Disbursement BANK FEE		Category/Type 003		
Candidate Name			Transaction ID : SB17.I269	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item TRANSACTION FEE	
State: District:				

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/Type		
Candidate Name			Memo Item	
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:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/Type		
Candidate Name			Memo Item	
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:				

SUBTOTAL of Disbursements This Page (optional).....▶	217.00
TOTAL This Period (last page this line number only).....▶	14275.64

**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 28 OF 34	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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)
Christopher Peters for Congress

A. REPUBLICAN NATIONAL COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 310 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement TRANSFER Category/Type 011

Candidate Name

Office Sought: House Senate President Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement 08 / 29 / 2017

FEC Identification Number C C00003418

Amount of Each Disbursement this Period 350.00

Transaction ID : SB21.I251

Memo Item

B. MARCUS BAIL BOND

Full Name (Last, First, Middle Initial)
Mailing Address 2045 15TH STREET N SUITE 101

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement INADVERTENT CHARGE- SEE REPAYMENT 11/08/2017 Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 18 / 2017

FEC Identification Number C

Amount of Each Disbursement this Period 1100.00

Transaction ID : SB21.I312

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1450.00
TOTAL This Period (last page this line number only).....▶	1450.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Christopher Peters for Congress** Transaction ID : **SC10.233**

LOAN SOURCE Full Name (Last, First, Middle Initial) CHRISTOPHER PETERS FOR CONGRESS		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary PERSONAL LOAN <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 2202			
City IOWA CITY	State IA	ZIP Code 52244	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
-------------------------------------	------------------------------------	---

TERMS	Date Incurred M 08 / D 14 / Y 2016	Date Due M M / D D / Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	10000.00
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

NAME OF COMMITTEE (In Full) **Christopher Peters for Congress** Transaction ID : **SC10.231**

LOAN SOURCE Full Name (Last, First, Middle Initial) PETERS, CHRISTOPHER, CARL, DR.,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary PERSONAL LOAN General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1995 ASHLYND DRIVE			
City CORALVILLE	State IA	ZIP Code 52241	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
-------------------------------------	------------------------------------	---

TERMS	Date Incurred M 06 / D 01 / Y 2016	Date Due M M / D D / Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	10000.00
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

NAME OF COMMITTEE (In Full) **Christopher Peters for Congress** Transaction ID : **SC10.232**

LOAN SOURCE Full Name (Last, First, Middle Initial) PETERS, CHRISTOPHER, CARL, DR.,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary PERSONAL LOAN <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1995 ASHLYND DRIVE			
City CORALVILLE	State IA	ZIP Code 52241	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
-------------------------------------	------------------------------------	---

TERMS	Date Incurred M 09 / D 30 / Y 2016	Date Due M M / D D / Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	10000.00
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

NAME OF COMMITTEE (In Full) **Christopher Peters for Congress** Transaction ID : **SC10.234**

LOAN SOURCE Full Name (Last, First, Middle Initial) PETERS, CHRISTOPHER, CARL, DR.,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary PERSONAL LOAN <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1995 ASHLYND DRIVE			
City CORALVILLE	State IA	ZIP Code 52241	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 75000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 75000.00
-------------------------------------	------------------------------------	---

TERMS	Date Incurred M 10 / D 18 / Y 2016	Date Due M M / D D / Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	75000.00
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

NAME OF COMMITTEE (In Full) **Christopher Peters for Congress** Transaction ID : **SC10.235**

LOAN SOURCE Full Name (Last, First, Middle Initial) PETERS, CHRISTOPHER, CARL, DR.,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary PERSONAL LOAN <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1995 ASHLYND DRIVE			
City CORALVILLE	State IA	ZIP Code 52241	<input checked="" type="checkbox"/> Personal Funds of the Candidate

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 12 / D 16 / Y 2016	Date Due M M / D D / Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	

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

NAME OF COMMITTEE (In Full) Transaction ID : SC10.236
 Christopher Peters for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item PETERS, CHRISTOPHER, CARL, DR.,		Election: 2018 <input checked="" type="checkbox"/> Primary PERSONAL LOAN <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1995 ASHLYND DRIVE		
City CORALVILLE	State IA	ZIP Code 52241
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 200.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 200.00
-----------------------------------	------------------------------------	---

TERMS Date Incurred M 06 / D 26 / Y 2017	Date Due M M / D D / Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	200.00
TOTALS This Period (last page in this line only).....▶	110200.00

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