

**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

COMMITTEE TO ELECT SAM PETERS

ADDRESS (number and street)

PO BOX 752555

Check if different  
than previously  
reported. (ACC)

LAS VEGAS

NV

89136

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00700898

3. IS THIS  
REPORT☐ NEW  
(N)

OR

☒ AMENDED  
(A)

STATE ▼ DISTRICT

NV

04

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  
01 / 01 / 2023

through

M M / D D / Y Y Y Y  
03 / 31 / 2023

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

DATWYLER, THOMAS, , ,

Type or Print Name of Treasurer

Signature of Treasurer

DATWYLER, THOMAS, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
04 / 12 / 2023

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 05/2016)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 21

Write or Type Committee Name

COMMITTEE TO ELECT SAM PETERS

Report Covering the Period:

From:

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

To:

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

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....                                              | 610.00                  | 4845.15                            |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 0.00                    | 35.94                              |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 610.00                  | 4809.21                            |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 265.33                  | 49318.38                           |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14) .....                                              | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 265.33                  | 49318.38                           |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27) .....                                             | 0.00                    |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                    |

## 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

PAGE 3 / 21

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**COMMITTEE TO ELECT SAM PETERS**

Report Covering the Period:

From:

MM / DD / YYYY  
01 / 01 / 2023

To:

MM / DD / YYYY  
03 / 31 / 2023**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).....**

500.00

2550.00

**(ii) Unitemized .....**

110.00

2295.15

**(iii) TOTAL of contributions  
from individuals .....**

610.00

4845.15

**(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))..**

610.00

4845.15

**12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....**

1110.86

1110.86

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

0.00

0.00

**(b) All Other Loans.....**

0.00

0.00

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

0.00

0.00

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

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).....**

1720.86

5956.01

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 21

| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 265.33                        | 49318.38                           |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:                                                         |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 35746.29                      | 35746.29                           |
| (b) Of All Other Loans .....                                                 | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 35746.29                      | 35746.29                           |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 35.94                              |
| (b) Political Party Committees.....                                          | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 35.94                              |
| 21. OTHER DISBURSEMENTS .....                                                | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 36011.62                      | 85100.61                           |

## **III. CASH SUMMARY**

|                                                                                       |          |
|---------------------------------------------------------------------------------------|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 34290.76 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 1720.86  |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 36011.62 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 36011.62 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 0.00     |

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

PAGE 5 OF 21

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

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NAME OF COMMITTEE (In Full)

**COMMITTEE TO ELECT SAM PETERS**

Full Name (Last, First, Middle Initial)

**DZIEDZIAK, BRYAN, , ,****A.**

Mailing Address 2964 VIA DELLA AMORE

City

HENDERSON

State

NV

Zip Code

89052-4028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BRYAN J DZIEDZIAK CPA LTD

Occupation

CPA

Receipt For: 2022

☐ Primary  
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

250.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 01  |   | 13  |   | 2023        |

Transaction ID : AFECBE300BF2E477C988

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**HENDRY, JOHN, C, ,****B.**

Mailing Address 1300 BLACKHAWK DR

City

DUBUQUE

State

IA

Zip Code

52003-7867

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2022

☐ Primary  
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

250.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 01  |   | 09  |   | 2023        |

Transaction ID : A006163817D7D4550ADC

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

500.00

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

500.00

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

PAGE 6 OF 21

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

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NAME OF COMMITTEE (In Full)

**COMMITTEE TO ELECT SAM PETERS**

Full Name (Last, First, Middle Initial)

**NRCC NEVADA VICTORY**Mailing Address 228 S WASHINGTON ST  
STE 115

City

ALEXANDRIA

State

VA

Zip Code

22314-5404

FEC ID number of contributing  
federal political committee.**C** C00822650

Name of Employer

Occupation

Receipt For: 2022

☐ Primary  
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

1110.86

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  | / | 31  | / | 2023    |

Transaction ID : A09E33146D7504B59AAA

Amount of Each Receipt this Period

1110.86

☐ Memo Item

TRANSFER FROM AUTHORIZED COMMITTEE

Full Name (Last, First, Middle Initial)

**FREEDOM, FAMILY & PROSPERITY PAC**Mailing Address 50 S JONES BLVD  
STE 201

City

LAS VEGAS

State

NV

Zip Code

89107-2680

FEC ID number of contributing  
federal political committee.**C** C00799510

Name of Employer

Occupation

Receipt For: 2022

☐ Primary  
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  | / | 11  | / | 2022    |

Transaction ID : AEFC2980CDF5642C6817

Amount of Each Receipt this Period

500.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**HONEY BADGER PAC**Mailing Address 50 S JONES BLVD  
STE 201

City

LAS VEGAS

State

NV

Zip Code

89107-2680

FEC ID number of contributing  
federal political committee.**C** C00794685

Name of Employer

Occupation

Receipt For: 2022

☐ Primary  
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  | / | 17  | / | 2022    |

Transaction ID : A6B7505F67EF74E319F7

Amount of Each Receipt this Period

400.00

☒ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

1110.86

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 21

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

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NAME OF COMMITTEE (In Full)

**COMMITTEE TO ELECT SAM PETERS**

Full Name (Last, First, Middle Initial)

**A.****ISHIDA, TAKUYA, , ,**

Mailing Address 8953 SERENITY SCENE AVE

City

LAS VEGAS

State

NV

Zip Code

89149-1249

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KOWASHOJI CO. LTD

Occupation

CHAIRMAN

Receipt For: 2022

☐ Primary  
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 10  | / | 10  | / | 2022        |

Transaction ID : A7C6892B367304D0CAF2

Amount of Each Receipt this Period

250.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B.****BROWN, JOSEPH, , ,**

Mailing Address 8 TAPADERO LN

City

LAS VEGAS

State

NV

Zip Code

89135-7852

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JOLLEY URG

Occupation

ATTORNEY

Receipt For: 2022

☐ Primary  
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 10  | / | 10  | / | 2022        |

Transaction ID : A24885E1CD0C74CBE809

Amount of Each Receipt this Period

166.67

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C.****SUE, LOWEDEN, , ,**

Mailing Address 9004 GREENSBORO LN

City

LAS VEGAS

State

NV

Zip Code

89134-0500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARCHON CORP

Occupation

GAMING EXEC

Receipt For: 2022

☐ Primary  
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 10  | / | 12  | / | 2022        |

Transaction ID : AB4637E798694491982C

Amount of Each Receipt this Period

166.66

☒ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 21

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

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NAME OF COMMITTEE (In Full)

**COMMITTEE TO ELECT SAM PETERS**

Full Name (Last, First, Middle Initial)

**FUCHS, VICTOR, , ,****A.**

Mailing Address 3078 E SUNSET RD

City

LAS VEGAS

State

NV

Zip Code

89120-2786

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

Name of Employer

HELIIX ELECTRIC

Occupation

PRESIDENT

Receipt For: 2022

☐ Primary  
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

.00

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 11 |   |   | 2022 |   |   |   |

Transaction ID : A78C832ED9FBE42FDA5B

Amount of Each Receipt this Period

166.67

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

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

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

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

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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

1110.86

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

PAGE 9 OF 21

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

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NAME OF COMMITTEE (In Full)

**COMMITTEE TO ELECT SAM PETERS**

Full Name (Last, First, Middle Initial)

**A. MCSHANE LLC**

Mailing Address 7975 BADURA AVE 1000

City  
LAS VEGASState  
NVZip Code  
89113Purpose of Disbursement  
DIRECT MAIL

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2022

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 6 |   | 2 | 0 | 2 | 3 |

FEC Identification Number

C

Amount of Each Disbursement this Period

160.00

Transaction ID : BB751FAF90DDD4313A0E

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

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

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

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

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

160.00

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

160.00

# **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 10 OF 21

☐ 17 ☐ 18 ☒ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

**COMMITTEE TO ELECT SAM PETERS**

Full Name (Last, First, Middle Initial)

**A. PETERS, SAMUEL JAMES MR, , ,**

Mailing Address 6618 COLLINGSWORTH ST

City  
LAS VEGAS

State  
NV

Zip Code  
89131-2966

Purpose of Disbursement  
LOAN REPAYMENT: LOAN RECEIVED

Candidate Name

**PETERS, SAMUEL JAMES MR, , ,**

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV

District: 04

Date of Disbursement

M M / D D / Y Y Y Y  
01 / 19 / 2023

FEC Identification Number

**C** C00700898

Amount of Each Disbursement this Period

10583.96

Transaction ID : B1393099476D34C97ACD

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PETERS, SAMUEL JAMES MR, , ,**

Mailing Address 6618 COLLINGSWORTH ST

City  
LAS VEGAS

State  
NV

Zip Code  
89131-2966

Purpose of Disbursement  
LOAN REPAYMENT: LOAN RECEIVED

Candidate Name

**PETERS, SAMUEL JAMES MR, , ,**

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV

District: 04

Date of Disbursement

M M / D D / Y Y Y Y  
01 / 19 / 2023

FEC Identification Number

**C** C00700898

Amount of Each Disbursement this Period

2500.00

Transaction ID : B2C175F6EF5FC459CB7B

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PETERS, SAMUEL JAMES MR, , ,**

Mailing Address 6618 COLLINGSWORTH ST

City  
LAS VEGAS

State  
NV

Zip Code  
89131-2966

Purpose of Disbursement  
LOAN REPAYMENT: LOAN RECEIVED

Candidate Name

**PETERS, SAMUEL JAMES MR, , ,**

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV

District: 04

Date of Disbursement

M M / D D / Y Y Y Y  
01 / 19 / 2023

FEC Identification Number

**C** C00700898

Amount of Each Disbursement this Period

1551.47

Transaction ID : BF0C888F53BFD4ABF834

☐ Memo Item

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

14635.43

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 21

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

**COMMITTEE TO ELECT SAM PETERS**

Full Name (Last, First, Middle Initial)

**A. PETERS, SAMUEL JAMES MR, , ,**

Mailing Address 6618 COLLINGSWORTH ST

City  
LAS VEGASState  
NVZip Code  
89131-2966Purpose of Disbursement  
LOAN REPAYMENT: LOAN RECEIVED

Candidate Name

**PETERS, SAMUEL JAMES MR, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2022

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV

District: 04

Category/  
Type

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 19  |   | 2023    |

FEC Identification Number

**C** C00700898

Amount of Each Disbursement this Period

5000.00

Transaction ID : BE542ECB39CC646F29E7

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PETERS, SAMUEL JAMES MR, , ,**

Mailing Address 6618 COLLINGSWORTH ST

City  
LAS VEGASState  
NVZip Code  
89131-2966Purpose of Disbursement  
LOAN REPAYMENT: LOAN RECEIVED

Candidate Name

**PETERS, SAMUEL JAMES MR, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV

District: 04

Category/  
Type

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 19  |   | 2023    |

FEC Identification Number

**C** C00700898

Amount of Each Disbursement this Period

2500.00

Transaction ID : BDC96CDDD491E4075B98

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PETERS, SAMUEL JAMES MR, , ,**

Mailing Address 6618 COLLINGSWORTH ST

City  
LAS VEGASState  
NVZip Code  
89131-2966Purpose of Disbursement  
LOAN REPAYMENT: LOAN RECEIVED

Candidate Name

**PETERS, SAMUEL JAMES MR, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV

District: 04

Category/  
Type

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 19  |   | 2023    |

FEC Identification Number

**C** C00700898

Amount of Each Disbursement this Period

12500.00

Transaction ID : B40321E9422BB46469F3

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

20000.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 21

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

COMMITTEE TO ELECT SAM PETERS

Full Name (Last, First, Middle Initial)

**A. PETERS, SAMUEL JAMES MR, , ,**

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 31  |   | 2023    |

Mailing Address 6618 COLLINGSWORTH ST

City  
LAS VEGASState  
NVZip Code  
89131-2966

FEC Identification Number

C C00700898

Purpose of Disbursement  
LOAN REPAYMENT: LOAN RECEIVED

Candidate Name

PETERS, SAMUEL JAMES MR, , ,

Category/  
Type

Amount of Each Disbursement this Period

1110.86

Transaction ID : BD3680C1F0BDF4422813

☐ Memo Item

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV

District: 04

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

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

Mailing Address

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

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

1110.86

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

35746.29

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

PAGE 13 OF 21

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

NAME OF COMMITTEE (In Full)

Transaction ID : CDFF9F11C580842C18AC

COMMITTEE TO ELECT SAM PETERS

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

PETERS, SAMUEL JAMES MR, , ,

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

6618 COLLINGSWORTH ST

City

LAS VEGAS

State

NV

ZIP Code

89131-2966

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

0.00

**TERMS**

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 03<sup>M</sup> /D 19<sup>D</sup> /

Y 2019 Y

M 12<sup>M</sup> /D 31<sup>D</sup> /

Y 2020 Y

2.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

0.00

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

PAGE 14 OF 21

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

NAME OF COMMITTEE (In Full)

Transaction ID : C0BC7A2003FEC49459DD

COMMITTEE TO ELECT SAM PETERS

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

PETERS, SAMUEL JAMES MR, , ,

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

6618 COLLINGSWORTH ST

City

LAS VEGAS

State

NV

ZIP Code

89131-2966

☒ Personal Funds of the Candidate

Original Amount of Loan

10583.96

Cumulative Payment To Date

10583.96

Balance Outstanding at Close of This Period

0.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 09 M /

D 30 D /

Y 2019 Y

M 12 M /

D 31 D /

Y 2020 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

0.00

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

PAGE 15 OF 21

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

NAME OF COMMITTEE (In Full)

Transaction ID : C2619B1C86AF54296B4D

COMMITTEE TO ELECT SAM PETERS

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2020

PETERS, SAMUEL JAMES MR, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

6618 COLLINGSWORTH ST

City

LAS VEGAS

State

NV

ZIP Code

89131-2966

☒ Personal Funds of the Candidate

Original Amount of Loan

2500.00

Cumulative Payment To Date

2500.00

Balance Outstanding at Close of This Period

0.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 03 M /

D 30 D /

Y 2020 Y

M 12 M /

D 31 D /

Y 2020 Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

0.00

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

PAGE 16 OF 21

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

NAME OF COMMITTEE (In Full)

Transaction ID : C59EB367E820041EA824

COMMITTEE TO ELECT SAM PETERS

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

PETERS, SAMUEL JAMES MR, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

6618 COLLINGSWORTH ST

City

LAS VEGAS

State

NV

ZIP Code

89131-2966

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

5000.00

Balance Outstanding at Close of This Period

0.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 05 M /

D 18 D /

Y 2022 Y

M 12 M /

D 31 D /

Y 2022 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

0.00

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

PAGE 17 OF 21

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

NAME OF COMMITTEE (In Full)

Transaction ID : CCD5D487E028A44B2B6D

COMMITTEE TO ELECT SAM PETERS

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

PETERS, SAMUEL JAMES MR, , ,

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

6618 COLLINGSWORTH ST

City

LAS VEGAS

State

NV

ZIP Code

89131-2966

☒ Personal Funds of the Candidate

Original Amount of Loan

2500.00

Cumulative Payment To Date

2500.00

Balance Outstanding at Close of This Period

0.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 06 M /

D 30 D /

Y 2020 Y

M 12 M /

D 31 D /

Y 2020 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

0.00

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

PAGE 18 OF 21

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

NAME OF COMMITTEE (In Full)

Transaction ID : CFF924599C2464965AF9

COMMITTEE TO ELECT SAM PETERS

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

PETERS, SAMUEL JAMES MR, , ,

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

6618 COLLINGSWORTH ST

City

LAS VEGAS

State

NV

ZIP Code

89131-2966

☒ Personal Funds of the Candidate

Original Amount of Loan

3853.36

Cumulative Payment To Date

1110.86

Balance Outstanding at Close of This Period

0.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 05 M /

D 01 D /

Y 2019 Y

M 12 M /

D 31 D /

Y 2020 Y

2.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

0.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 19 OF 21

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

NAME OF COMMITTEE (In Full)

Transaction ID : CC89FD18BB5FA43838BD

COMMITTEE TO ELECT SAM PETERS

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

PETERS, SAMUEL JAMES MR, , ,

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

6618 COLLINGSWORTH ST

City

LAS VEGAS

State

NV

ZIP Code

89131-2966

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

1551.47

Balance Outstanding at Close of This Period

0.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 09 M

D 29 D

Y 2019 Y

M 12 M

D 31 D

Y 2020 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

0.00

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

PAGE 20 OF 21

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

NAME OF COMMITTEE (In Full)

Transaction ID : CA47C7D4C09C34E08986

COMMITTEE TO ELECT SAM PETERS

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

PETERS, SAMUEL JAMES MR, , ,

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

6618 COLLINGSWORTH ST

City

LAS VEGAS

State

NV

ZIP Code

89131-2966

☒ Personal Funds of the Candidate

Original Amount of Loan

12500.00

Cumulative Payment To Date

12500.00

Balance Outstanding at Close of This Period

0.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 03 M /

D 31 D /

Y 2020 Y

M 12 M /

D 31 D /

Y 2020 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

0.00

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

0.00

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

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 21 OF 21

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**COMMITTEE TO ELECT SAM PETERS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

PETERS, SAMUEL JAMES MR, , ,

Nature of Debt (Purpose):

RADIO ADS

Mailing Address 6618 COLLINGSWORTH ST

City

LAS VEGAS

State

NV

Zip Code

89131-2966

Outstanding Balance Beginning This Period

9100.00

Transaction ID : D284875A6E6264F5394A

Amount Incurred This Period

0.00

Payment This Period

9100.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) .....

0.00

2) **TOTALS** This Period (last page this line number only) .....

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....