

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

John Peters for Congress Committee

ADDRESS (number and street)

PO Box 6934

Check if different than previously reported. (ACC)

Lakeland

FL

33807

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00929620

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

FL

14

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 2026

through

M M /

D D /

Y Y Y Y 2026

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 Peters, John, , ,

Signature of Treasurer

Peters, John, , ,

Date

M M /

D D /

Y Y Y Y 2026

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

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

John Peters for Congress Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2026 To: M M / D D / Y Y Y Y 03 / 31 / 2026

	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))	7383.00	7383.00
(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))	7383.00	7383.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	24437.31	33279.91
(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))	24437.31	33279.91
8. Cash on Hand at Close of Reporting Period (from Line 27)	2466.95	
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)	28363.86	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

John Peters for Congress Committee

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).....	7110.94	7110.94
(ii) Unitemized	272.06	272.06
(iii) TOTAL of contributions from individuals	7383.00	7383.00
(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))..	7383.00	7383.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	23921.26	33363.86
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	23921.26	33363.86
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).....	31304.26	40746.86

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	24437.31	33279.91
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	5000.00	5000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	5000.00	5000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	29437.31	38279.91

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	600.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	31304.26
25. SUBTOTAL (add Line 23 and Line 24).....	31904.26
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	29437.31
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2466.95

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 38	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
John Peters for Congress Committee

A. Full Name (Last, First, Middle Initial)
Bashkim, Ibraimi, , ,

Mailing Address 1304 Lawnview Dr

City Forney	State TX	Zip Code 75126
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FEC ID number of contributing federal political committee. **C**

Name of Employer Nina's Brunch	Occupation Owner
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1033.06

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 04 / 2026

Transaction ID : SA11AI.4150

Amount of Each Receipt this Period
1033.06

Memo Item
Contribution earmarked through WinRed PAC

B. Full Name (Last, First, Middle Initial)
WinRed PAC

Mailing Address PO Box 9891

City Arlington	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5609.43

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 06 / 2026

Transaction ID : SA11AI.4150.0

Amount of Each Receipt this Period
1033.06

Memo Item
Total earmarked through conduit. Limit not affected.

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

Mailing Address 2060 Wilson Rd

City Carthage	State MO	Zip Code 64836
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1033.06

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 04 / 2026

Transaction ID : SA11AI.4154

Amount of Each Receipt this Period
1033.06

Memo Item
Contribution earmarked through WinRed PAC

SUBTOTAL of Receipts This Page (optional).....▶	2066.12
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: (check only one)		PAGE 6 OF 38	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
John Peters for Congress Committee

A. Full Name (Last, First, Middle Initial)
WinRed PAC

Mailing Address PO Box 9891

City: Arlington State: VA Zip Code: 22219

FEC ID number of contributing federal political committee: **C** C00694323

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 6668.52

Date of Receipt: 03 / 09 / 2026

Transaction ID : SA11AI.4154.0

Amount of Each Receipt this Period: 1033.06

Memo Item
Total earmarked through conduit. Limit not affected.

B. Full Name (Last, First, Middle Initial)
Epley, Kelly, , ,

Mailing Address 106 N Water St

City: Wilmington State: NC Zip Code: 24801

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

Name of Employer: Occupation:
Self Call Center

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 260.25

Date of Receipt: 03 / 26 / 2026

Transaction ID : SA11AI.4163

Amount of Each Receipt this Period: 260.25

Memo Item
Contribution earmarked through WinRed PAC

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

Mailing Address PO Box 9891

City: Arlington State: VA Zip Code: 22219

FEC ID number of contributing federal political committee: **C** C00694323

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 7283.00

Date of Receipt: 03 / 30 / 2026

Transaction ID : SA11AI.4163.0

Amount of Each Receipt this Period: 260.25

Memo Item
Total earmarked through conduit. Limit not affected.

SUBTOTAL of Receipts This Page (optional)..... ▶	260.25
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 7 OF 38
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
John Peters for Congress Committee

A. Full Name (Last, First, Middle Initial)
Farrel, Stu, , ,

Mailing Address 6355 Oxbridge Dr

City Salisbury State MD Zip Code 21801

FEC ID number of contributing federal political committee. C

Name of Employer Hot Springs Ent. Occupation Mechanic

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
260.25

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 26 / 2026

Transaction ID : SA11AI.4144

Amount of Each Receipt this Period
260.25

Memo Item
Contribution earmarked through WinRed PAC

B. Full Name (Last, First, Middle Initial)
WinRed PAC

Mailing Address PO Box 9891

City Arlington State VA Zip Code 22219

FEC ID number of contributing federal political committee. C C00694323

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3059.84

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 02 / 2026

Transaction ID : SA11AI.4144.0

Amount of Each Receipt this Period
260.25

Memo Item
Total earmarked through conduit. Limit not affected.

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

Mailing Address 17532 Raymer St

City Sherwood Forest State CA Zip Code 91325

FEC ID number of contributing federal political committee. C

Name of Employer Simba Growth LLC Occupation Real Estate

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
516.53

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 28 / 2026

Transaction ID : SA11AI.4146

Amount of Each Receipt this Period
516.53

Memo Item
Contribution earmarked through WinRed PAC

SUBTOTAL of Receipts This Page (optional)..... ▶ 776.78

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 38
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
John Peters for Congress Committee

A. Full Name (Last, First, Middle Initial)
WinRed PAC

Mailing Address PO Box 9891

City: Arlington State: VA Zip Code: 22219

FEC ID number of contributing federal political committee: **C** C00694323

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 3576.37

Date of Receipt: 03 / 04 / 2026

Transaction ID : SA11AI.4146.0

Amount of Each Receipt this Period: 516.53

Memo Item
Total earmarked through conduit. Limit not affected.

B. Full Name (Last, First, Middle Initial)
Garcia, Sergio, , ,

Mailing Address 1602 West Third St

City: Irving State: TX Zip Code: 75060

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

Name of Employer: Occupation:
Real Estate Real Estate

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 1000.00

Date of Receipt: 02 / 02 / 2026

Transaction ID : SA11AI.4148

Amount of Each Receipt this Period: 1000.00

Memo Item
Contribution earmarked through WinRed PAC

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

Mailing Address PO Box 9891

City: Arlington State: VA Zip Code: 22219

FEC ID number of contributing federal political committee: **C** C00694323

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 4576.37

Date of Receipt: 03 / 04 / 2026

Transaction ID : SA11AI.4148.0

Amount of Each Receipt this Period: 1000.00

Memo Item
Total earmarked through conduit. Limit not affected.

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

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

1000.00

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 38
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
John Peters for Congress Committee

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

Mailing Address 6602 NW 84th Circle

City Johnston State IA Zip Code 50131

FEC ID number of contributing federal political committee. C

Name of Employer Stanley Steemer Occupation Owner

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1033.06

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 02 / 2026

Transaction ID : SA11AI.4142

Amount of Each Receipt this Period
1033.06

Memo Item
Contribution earmarked through WinRed PAC

B. Full Name (Last, First, Middle Initial)
WinRed PAC

Mailing Address PO Box 9891

City Arlington State VA Zip Code 22219

FEC ID number of contributing federal political committee. C C00694323

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2799.59

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 04 / 2026

Transaction ID : SA11AI.4142.0

Amount of Each Receipt this Period
1033.06

Memo Item
Total earmarked through conduit. Limit not affected.

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

Mailing Address 1003 Windmill Farms

City Forney State TX Zip Code 75126

FEC ID number of contributing federal political committee. C

Name of Employer Unco Occupation Management

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
208.20

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 07 / 2026

Transaction ID : SA11AI.4159

Amount of Each Receipt this Period
208.20

Memo Item
Contribution earmarked through WinRed PAC

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

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

1241.26

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 38	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
John Peters for Congress Committee

A. Full Name (Last, First, Middle Initial)
WinRed PAC

Mailing Address PO Box 9891

City Arlington	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6996.72

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 11 / 2026

Transaction ID : SA11AI.4159.0

Amount of Each Receipt this Period
208.20

Memo Item
Total earmarked through conduit. Limit not affected.

B. Full Name (Last, First, Middle Initial)
White, Chester, , ,

Mailing Address 3505 E. Oak Trace Path

City Inverness	State FL	Zip Code 34452
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FEC ID number of contributing federal political committee. **C**

Name of Employer Stanley Steemer	Occupation Carpet Cleaner
-------------------------------------	------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 18 / 2026

Transaction ID : SA11AI.4138

Amount of Each Receipt this Period
250.00

Memo Item
Contribution earmarked through WinRed PAC

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

Mailing Address PO Box 9891

City Arlington	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
766.53

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 22 / 2026

Transaction ID : SA11AI.4138.0

Amount of Each Receipt this Period
250.00

Memo Item
Total earmarked through conduit. Limit not affected.

SUBTOTAL of Receipts This Page (optional)..... ▶	250.00
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: (check only one)		PAGE 11 OF 38	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
John Peters for Congress Committee

A. Full Name (Last, First, Middle Initial)
White, Josephine, , ,

Mailing Address PO Box 2654

City Inverness	State FL	Zip Code 34451
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FEC ID number of contributing federal political committee. **C**

Name of Employer Stanley Steemer	Occupation Carpet Cleaning
-------------------------------------	-------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 18 / 2026

Transaction ID : SA11AI.4140

Amount of Each Receipt this Period
1000.00

Memo Item
Contribution earmarked through WinRed PAC

B. Full Name (Last, First, Middle Initial)
WinRed PAC

Mailing Address PO Box 9891

City Arlington	State VA	Zip Code 22219
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FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1766.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 22 / 2026

Transaction ID : SA11AI.4140.0

Amount of Each Receipt this Period
1000.00

Memo Item
Total earmarked through conduit. Limit not affected.

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

Mailing Address 8471 Fulton Dr NW

City Massillon	State OH	Zip Code 44646
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FEC ID number of contributing federal political committee. **C**

Name of Employer Natimark	Occupation National Sales
------------------------------	------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
516.53

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 07 / 2026

Transaction ID : SA11AI.4136

Amount of Each Receipt this Period
516.53

Memo Item
Contribution earmarked through WinRed PAC

SUBTOTAL of Receipts This Page (optional)..... ▶	1516.53
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 38
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
John Peters for Congress Committee

A. Full Name (Last, First, Middle Initial)
WinRed PAC

Mailing Address PO Box 9891

City: Arlington State: VA Zip Code: 22219

FEC ID number of contributing federal political committee: **C** C00694323

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
516.53

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 09 / 2026

Transaction ID : SA11AI.4136.0

Amount of Each Receipt this Period
516.53

Memo Item
Total earmarked through conduit. Limit not affected.

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

Mailing Address

City: State: Zip Code:

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

Name of Employer: Occupation:

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City: State: Zip Code:

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

Name of Employer: Occupation:

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y 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).....▶	7110.94

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 38
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
John Peters for Congress Committee

A. Full Name (Last, First, Middle Initial)
Peters, John, , ,

Mailing Address PO Box 6934

City Lakeland	State FL	Zip Code 33807
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H4FL14141

Name of Employer Sido, Inc.	Occupation Manager
--------------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10252.65

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 06 / 2026

Transaction ID : SA13A.4214

Amount of Each Receipt this Period
810.05

Memo Item

B. Full Name (Last, First, Middle Initial)
Peters, John, , ,

Mailing Address PO Box 6934

City Lakeland	State FL	Zip Code 33807
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FEC ID number of contributing federal political committee. **C** H4FL14141

Name of Employer Sido, Inc.	Occupation Manager
--------------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
11272.91

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 07 / 2026

Transaction ID : SA13A.4215

Amount of Each Receipt this Period
1020.26

Memo Item

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

Mailing Address PO Box 6934

City Lakeland	State FL	Zip Code 33807
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FEC ID number of contributing federal political committee. **C** H4FL14141

Name of Employer Sido, Inc.	Occupation Manager
--------------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
16062.41

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 19 / 2026

Transaction ID : SA13A.4216

Amount of Each Receipt this Period
4789.50

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	6619.81
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: (check only one)		PAGE 14 OF 38	
	<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
John Peters for Congress Committee

A. Full Name (Last, First, Middle Initial)
Peters, John, , ,

Mailing Address PO Box 6934

City Lakeland	State FL	Zip Code 33807
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FEC ID number of contributing federal political committee. **C** H4FL14141

Name of Employer Sido, Inc.	Occupation Manager
--------------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
17503.86

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 04 / 2026

Transaction ID : SA13A.4217

Amount of Each Receipt this Period
1441.45

Memo Item

B. Full Name (Last, First, Middle Initial)
Peters, John, , ,

Mailing Address PO Box 6934

City Lakeland	State FL	Zip Code 33807
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FEC ID number of contributing federal political committee. **C** H4FL14141

Name of Employer Sido, Inc.	Occupation Manager
--------------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
23505.67

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2026

Transaction ID : SA13A.4218

Amount of Each Receipt this Period
6001.81

Memo Item

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

Mailing Address PO Box 6934

City Lakeland	State FL	Zip Code 33807
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FEC ID number of contributing federal political committee. **C** H4FL14141

Name of Employer Sido, Inc.	Occupation Manager
--------------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
24074.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2026

Transaction ID : SA13A.4219

Amount of Each Receipt this Period
568.78

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	8012.04
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: (check only one)	PAGE 15 OF 38
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
John Peters for Congress Committee

A. Full Name (Last, First, Middle Initial)
Peters, John, , ,

Mailing Address PO Box 6934

City Lakeland	State FL	Zip Code 33807
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FEC ID number of contributing federal political committee. **C** H4FL14141

Name of Employer Sido, Inc.	Occupation Manager
--------------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
28863.95

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2026

Transaction ID : SA13A.4220

Amount of Each Receipt this Period
4789.50

Memo Item

B. Full Name (Last, First, Middle Initial)
Peters, John, , ,

Mailing Address PO Box 6934

City Lakeland	State FL	Zip Code 33807
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FEC ID number of contributing federal political committee. **C** H4FL14141

Name of Employer Sido, Inc.	Occupation Manager
--------------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
32387.49

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2026

Transaction ID : SA13A.4221

Amount of Each Receipt this Period
3523.54

Memo Item

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

Mailing Address PO Box 6934

City Lakeland	State FL	Zip Code 33807
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FEC ID number of contributing federal political committee. **C** H4FL14141

Name of Employer Sido, Inc.	Occupation Manager
--------------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
33363.86

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2026

Transaction ID : SA13A.4222

Amount of Each Receipt this Period
976.37

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	9289.41
TOTAL This Period (last page this line number only)..... ▶	23921.26

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 16 OF 38			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
John Peters for Congress Committee

A. Clear Channel Outdoor

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 402379

City Atlanta State GA Zip Code 30384

Purpose of Disbursement
Billboard Advertising

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 01 / 19 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 4789.50

Transaction ID : SB17.4208

Memo Item

B. Clear Channel Outdoor

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 402379

City Atlanta State GA Zip Code 30384

Purpose of Disbursement
Billboard Advertising

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 02 / 16 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 6001.81

Transaction ID : SB17.4209

Memo Item

C. Clear Channel Outdoor

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 402379

City Atlanta State GA Zip Code 30384

Purpose of Disbursement
Billboard Advertising

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 03 / 13 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 4789.50

Transaction ID : SB17.4210

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 15580.81

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 17 OF 38			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
John Peters for Congress Committee

Full Name (Last, First, Middle Initial) A. iHeart Media			Date of Disbursement MM / DD / YYYY 01 / 06 / 2026
Mailing Address 20880 Stone Oak Parkway			FEC Identification Number C
City San Antonio	State TX	Zip Code 78258	Amount of Each Disbursement this Period 810.05
Purpose of Disbursement Radio Advertising		Category/ Type	Transaction ID : SB17.4202
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. iHeart Media			Date of Disbursement MM / DD / YYYY 01 / 07 / 2026
Mailing Address 20880 Stone Oak Parkway			FEC Identification Number C
City San Antonio	State TX	Zip Code 78258	Amount of Each Disbursement this Period 1020.26
Purpose of Disbursement Radio Advertising		Category/ Type	Transaction ID : SB17.4203
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. iHeart Media			Date of Disbursement MM / DD / YYYY 02 / 04 / 2026
Mailing Address 20880 Stone Oak Parkway			FEC Identification Number C
City San Antonio	State TX	Zip Code 78258	Amount of Each Disbursement this Period 1441.45
Purpose of Disbursement Radio Advertising		Category/ Type	Transaction ID : SB17.4204
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	3271.76
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 38	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
John Peters for Congress Committee

Full Name (Last, First, Middle Initial) A. iHeart Media			Date of Disbursement MM / DD / YYYY 02 / 19 / 2026	
Mailing Address 20880 Stone Oak Parkway			FEC Identification Number C	
City San Antonio	State TX	Zip Code 78258	Amount of Each Disbursement this Period 568.78	
Purpose of Disbursement Radio Advertising		Category/ Type	Transaction ID : SB17.4205	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. iHeart Media			Date of Disbursement MM / DD / YYYY 03 / 13 / 2026	
Mailing Address 20880 Stone Oak Parkway			FEC Identification Number C	
City San Antonio	State TX	Zip Code 78258	Amount of Each Disbursement this Period 3523.54	
Purpose of Disbursement Radio Advertising		Category/ Type	Transaction ID : SB17.4206	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. iHeart Media			Date of Disbursement MM / DD / YYYY 03 / 26 / 2026	
Mailing Address 20880 Stone Oak Parkway			FEC Identification Number C	
City San Antonio	State TX	Zip Code 78258	Amount of Each Disbursement this Period 976.37	
Purpose of Disbursement Radio Advertising		Category/ Type	Transaction ID : SB17.4207	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	5068.69
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 38	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
John Peters for Congress Committee

Full Name (Last, First, Middle Initial) A. Lamar		Date of Disbursement MM / DD / YYYY 03 / 16 / 2026
Mailing Address 3760 New Tampa Hwy		FEC Identification Number C
City Lakeland	State FL	Zip Code 33815
Purpose of Disbursement Billboard Advertising	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 225.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4211
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. WinRed Technical Services LLC		Date of Disbursement MM / DD / YYYY 03 / 04 / 2026
Mailing Address 1776 Wilson Blvd Suite 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22219
Purpose of Disbursement Processing fee	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 33.06	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4195
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. WinRed Technical Services LLC		Date of Disbursement MM / DD / YYYY 03 / 04 / 2026
Mailing Address 1776 Wilson Blvd Suite 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22219
Purpose of Disbursement Processing fee	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 3.94	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4196
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	262.00
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 38			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
John Peters for Congress Committee

Full Name (Last, First, Middle Initial) A. WinRed Technical Services LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2026
Mailing Address 1776 Wilson Blvd Suite 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22219
Purpose of Disbursement Processing fee		Amount of Each Disbursement this Period 0.79
Candidate Name	Category/ Type	Transaction ID : SB17.4197
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. WinRed Technical Services LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2026
Mailing Address 1776 Wilson Blvd Suite 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22219
Purpose of Disbursement Processing fee		Amount of Each Disbursement this Period 8.20
Candidate Name	Category/ Type	Transaction ID : SB17.4198
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. WinRed Technical Services LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2026
Mailing Address 1776 Wilson Blvd Suite 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22219
Purpose of Disbursement Processing fee		Amount of Each Disbursement this Period 1.03
Candidate Name	Category/ Type	Transaction ID : SB17.4199
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	10.02
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 38		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
John Peters for Congress Committee

Full Name (Last, First, Middle Initial) A. WinRed Technical Services LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2026
Mailing Address 1776 Wilson Blvd Suite 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22219
Purpose of Disbursement Processing fee		Amount of Each Disbursement this Period 10.25
Candidate Name		Transaction ID : SB17.4200
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
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
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> 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
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> 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).....▶	10.25
TOTAL This Period (last page this line number only).....▶	24203.53

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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
John Peters for Congress Committee

Full Name (Last, First, Middle Initial) A. Peters, John, , ,		Date of Disbursement MM / DD / YYYY 02 / 06 / 2026
Mailing Address PO Box 6934		FEC Identification Number C H4FL14141
City Lakeland	State FL	Zip Code 33807
Purpose of Disbursement Loan Repayment		Amount of Each Disbursement this Period 2000.00
Candidate Name		Transaction ID : SB19A.4223
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL District: 14	Category/Type	

Full Name (Last, First, Middle Initial) B. Peters, John, , ,		Date of Disbursement MM / DD / YYYY 03 / 10 / 2026
Mailing Address PO Box 6934		FEC Identification Number C H4FL14141
City Lakeland	State FL	Zip Code 33807
Purpose of Disbursement Loan Repayment		Amount of Each Disbursement this Period 3000.00
Candidate Name		Transaction ID : SB19A.4224
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL District: 14	Category/Type	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> 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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4118**
 John Peters for Congress Committee

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Peters, John, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address PO Box 6934		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Lakeland	State FL	ZIP Code 33807
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1582.06	0.00	1582.06

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	10 / 06 / 2025	12/31/26	0.00 % (apr)	<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).....▶	1582.06
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 : SC/10.4119**
 John Peters for Congress Committee

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Peters, John, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address PO Box 6934		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Lakeland	State FL	ZIP Code 33807
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
207.12	0.00	207.12

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 07 / 2025	M M / D D / Y Y Y Y 12/31/26	0.00 % (apr)	<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).....▶	207.12
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) **John Peters for Congress Committee** Transaction ID : **SC/10.4120**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Peters, John, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
PO Box 6934			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Lakeland	FL	33807	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
719.76	0.00	719.76

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 20 / 2025	M M / D D / Y Y Y Y 12/31/26	0.00 % (apr)	<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).....▶	719.76
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 : SC/10.4123**
 John Peters for Congress Committee

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Peters, John, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address PO Box 6934		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Lakeland	State FL	ZIP Code 33807
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan 210.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 210.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 11 / 2025	M M / D D / Y Y Y Y 12/31/26	0.00 % (apr)	<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).....▶	210.00
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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4124

John Peters for Congress Committee

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

Memo Item

Election: 2026

Peters, John, , ,

Primary

General

Other (specify) ▼

Mailing Address

PO Box 6934

City

Lakeland

State

FL

ZIP Code

33807

Personal Funds of the Candidate

Original Amount of Loan

199.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

199.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 16 / 2025

M M / D D / Y Y Y Y

12/31/26

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).....▶

199.00

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) **John Peters for Congress Committee** Transaction ID : **SC/10.4125**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Peters, John, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
PO Box 6934			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Lakeland	FL	33807	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
600.00	0.00	600.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 22 / 2025	M M / D D / Y Y Y Y 12/31/26	0.00 % (apr)	<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).....▶	600.00
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 : SC/10.4126**
 John Peters for Congress Committee

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Peters, John, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address PO Box 6934		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Lakeland	State FL	ZIP Code 33807
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5924.66	Cumulative Payment To Date 5000.00	Balance Outstanding at Close of This Period 924.66
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 31 / 2025	M M / D D / Y Y Y Y 12/31/26	0.00 % (apr)	<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).....▶	[] 924.66
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 : SC/10.4214**
 John Peters for Congress Committee

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Peters, John, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address PO Box 6934		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Lakeland	State FL	ZIP Code 33807
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 810.05	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 810.05
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 01 / 06 / 2026	M M / D D / Y Y Y Y none	0.00 % (apr)	<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).....▶	810.05
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) **John Peters for Congress Committee** Transaction ID : **SC/10.4215**

LOAN SOURCE Full Name (Last, First, Middle Initial)			<input type="checkbox"/> Memo Item	Election: 2026
Peters, John, , ,				<input checked="" type="checkbox"/> Primary
Mailing Address				<input type="checkbox"/> General
PO Box 6934				<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code		
Lakeland	FL	33807	<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1020.26	0.00	1020.26

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	01 / 07 / 2026	none	0.00	

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).....▶	1020.26
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) **John Peters for Congress Committee** Transaction ID : **SC/10.4216**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Peters, John, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
PO Box 6934			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Lakeland	FL	33807	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4789.50	0.00	4789.50

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	01 / 19 / 2026	none	0.00	

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).....▶	4789.50
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) **John Peters for Congress Committee** Transaction ID : **SC/10.4217**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Peters, John, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
PO Box 6934			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Lakeland	FL	33807	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1441.45	0.00	1441.45

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 02 / 04 / 2026	M M / D D / Y Y Y Y none	0.00 % (apr)	<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).....▶	1441.45
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) **John Peters for Congress Committee** Transaction ID : **SC/10.4218**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Peters, John, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
PO Box 6934			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Lakeland	FL	33807	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6001.81	0.00	6001.81

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 02 / 16 / 2026	M M / D D / Y Y Y Y none	0.00 % (apr)	<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).....▶	6001.81
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 : SC/10.4219**
 John Peters for Congress Committee

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Peters, John, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address PO Box 6934		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Lakeland	State FL	ZIP Code 33807
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 568.78	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 568.78
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 02 / 19 / 2026	M M / D D / Y Y Y Y none	0.00 % (apr)	<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).....▶	568.78
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 : SC/10.4220**
 John Peters for Congress Committee

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Peters, John, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address PO Box 6934		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Lakeland	State FL	ZIP Code 33807
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4789.50	0.00	4789.50

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 13 / 2026	M M / D D / Y Y Y Y none	0.00 % (apr)	<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).....▶	4789.50
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) **John Peters for Congress Committee** Transaction ID : **SC/10.4221**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Peters, John, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address PO Box 6934		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Lakeland	State FL	ZIP Code 33807
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3523.54	0.00	3523.54

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 13 / 2026	M M / D D / Y Y Y Y none	0.00 % (apr)	<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).....▶	3523.54
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) **John Peters for Congress Committee** Transaction ID : **SC/10.4222**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Peters, John, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
PO Box 6934			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Lakeland	FL	33807	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
976.37	0.00	976.37

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	03 / 26 / 2026	none		

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).....▶	976.37
TOTALS This Period (last page in this line only).....▶	28363.86

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