

# 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

Michael Steger for Congress

ADDRESS (number and street) 350 TOWNSEND ST

Check if different than previously reported. (ACC)

SAN FRANCISCO

CA

94107

2. **FEC IDENTIFICATION NUMBER** ▼

C C00558536

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

CA

12

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 11 / 04 / 2014 in the State of CA

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

- General (30G)  Runoff (30R)  Special (30S)

Election on / / in the State of

5. Covering Period

04 / 01 / 2014 through 05 / 14 / 2014

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 Andrea J Ingraham

Signature of Treasurer Andrea J Ingraham

[Electronically Filed]

Date

05 / 20 / 2014

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

|                 |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|
| Office Use Only |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Michael Steger for Congress**

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

|   | 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))....   | 7101.50                 | 18058.39                           |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | 15.00                   | 40.00                              |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 7086.50                 | 18018.39                           |
| 7. Net Operating Expenditures   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 6417.37                 | 15416.32                           |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 12.00                   | 12.00                              |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 6405.37                 | 15404.32                           |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....   | 2614.07                 |                                    |
| 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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Michael Steger for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 05 / 14 / 2014

| I. RECEIPTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| <b>11. CONTRIBUTIONS (other than loans) FROM:</b>  |                               |                                    |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                    |
| (i) Itemized (use Schedule A).....   | 3250.00                       | 0.00                               |
| (ii) Unitemized.....   | 3851.50                       | 0.00                               |
| (iii) TOTAL of contributions from individuals ▶  | 7101.50                       | 18058.39                           |
| (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))..                     | 7101.50                       | 18058.39                           |
| <b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>  | 0.00                          | 0.00                               |
| <b>13. LOANS:</b>  |                               |                                    |
| (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                               |
| <b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>                                | 12.00                         | 12.00                              |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>  | 0.00                          | 0.00                               |
| <b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b> | 7113.50                       | 18070.39                           |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 6417.37                       | 15416.32                           |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 15.00                         | 40.00                              |
| (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)).....       | 15.00                         | 40.00                              |
| 21. OTHER DISBURSEMENTS .....  | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 6432.37                       | 15456.32                           |

**III. CASH SUMMARY**

|   |         |
|---|---------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 1932.94 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 7113.50 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 9046.44 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 6432.37 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 2614.07 |

**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 22 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Michael Steger for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**KEVIN A ARTISS**

Mailing Address 1860 NASHUA CIRCLE

City LAS VEGAS State NV Zip Code 89123

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 07 / 2014

**Transaction ID : CASHIN00108497811001**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**ELLIOT ATLAS**

Mailing Address 118 AUBURN ST

City SAN RAFAEL State CA Zip Code 94901

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

Name of Employer SELF-EMPLOYED Occupation WINDOW/CARPET CLEANER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 16 / 2014

**Transaction ID : CASHIN00108514941001**

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
**ELLIOT ATLAS**

Mailing Address 118 AUBURN ST

City SAN RAFAEL State CA Zip Code 94901

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

Name of Employer SELF-EMPLOYED Occupation WINDOW/CARPET CLEANER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 05 / 2014

**Transaction ID : CASHIN00108554571001**

Amount of Each Receipt this Period  
100.00

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

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

1500.00

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 6 OF 22 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Michael Steger for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOSEPH COSTELLO**

Mailing Address 1880 LOMBARD ST

City SAN FRANCISCO State CA Zip Code 94123

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 03 / 2014

**Transaction ID : CASHIN00108495011001**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**JUDITH NUERGE**

Mailing Address 3732 RANDOLPH AVE

City OAKLAND State CA Zip Code 94602-1232

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

Name of Employer Occupation  
 KAISER PERMANENTE REGISTERED NURSE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 01 / 2014

**Transaction ID : CASHIN00108482511001**

Amount of Each Receipt this Period  
 200.00

**C.** Full Name (Last, First, Middle Initial)  
**JUDITH NUERGE**

Mailing Address 3732 RANDOLPH AVE

City OAKLAND State CA Zip Code 94602-1232

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

Name of Employer Occupation  
 KAISER PERMANENTE REGISTERED NURSE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 14 / 2014

**Transaction ID : CASHIN00108509431001**

Amount of Each Receipt this Period  
 200.00

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

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

650.00

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 7 OF 22 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Michael Steger for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**BRUCE TODD**

Mailing Address 26 LETTS LANDING RD

City State Zip Code  
WARETOWN NJ 08758-1803

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

Name of Employer Occupation  
N/A RETIRED MILLWRIGHT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2014

**Transaction ID : CASHIN00108512061001**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**ANTHONY E WICHER**

Mailing Address P.O. BOX 2830

City State Zip Code  
LAKE ARROWHEAD CA 92352

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

Name of Employer Occupation  
SELF-EMPLOYED PROGRAMMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2014

**Transaction ID : CASHIN00108499761001**

Amount of Each Receipt this Period  
600.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1100.00

3250.00

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 8 OF 22 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input checked="" type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Michael Steger for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**FORT MASON CENTER**

Mailing Address **MARINA AND BUCHANAN  
LANDMARK BUILDING A**

City **SAN FRANCISCO** State **CA** Zip Code **94123**

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

Name of Employer [Information Requested] Occupation [Information Requested]

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **12.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 02 / 2014**

**Transaction ID : CSHOUT00101441381001**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **12.00**

**MEETING ROOM CHARGE CORRECTION**

**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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period  
 \_\_\_\_\_

**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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period  
 \_\_\_\_\_

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

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

\_\_\_\_\_ **12.00**

\_\_\_\_\_ **12.00**

**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 9 OF 22                        |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Michael Steger for Congress**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. FORT MASON CENTER</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>04 / 10 / 2014  |
| Mailing Address <b>MARINA AND BUCHANAN<br/>LANDMARK BUILDING A</b>   |  | Amount of Each Disbursement this Period<br>614.00<br><b>Transaction ID : 01014411801013089401</b> |
| City <b>SAN FRANCISCO</b> State <b>CA</b> Zip Code <b>94123</b>  | Purpose of Disbursement<br><b>MEETING ROOM RENT &amp; INCIDENTALS</b>  |   |
| Candidate Name   | Category/Type  |   |
| 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)<br><b>B. MICHAEL STEGER FOR CONGRESS</b>                                 |  | Date of Disbursement<br>MM / DD / YYYY<br>04 / 07 / 2014  |
| Mailing Address <b>350 TOWNSEND ST</b>   |  | Amount of Each Disbursement this Period<br>200.00<br><b>Transaction ID : 01014411601013087901</b> |
| City <b>SAN FRANCISCO</b> State <b>CA</b> Zip Code <b>94107</b>  | Purpose of Disbursement<br><b>REPLENISH PETTY CASH</b>   |   |
| Candidate Name   | Category/Type  |   |
| 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)<br><b>C. MICHAEL STEGER FOR CONGRESS</b>                                 |  | Date of Disbursement<br>MM / DD / YYYY<br>04 / 14 / 2014  |
| Mailing Address <b>350 TOWNSEND ST</b>   |  | Amount of Each Disbursement this Period<br>200.00<br><b>Transaction ID : 01014412601013091501</b> |
| City <b>SAN FRANCISCO</b> State <b>CA</b> Zip Code <b>94107</b>  | Purpose of Disbursement<br><b>REPLENISH PETTY CASH</b>   |   |
| Candidate Name   | Category/Type  |   |
| 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:   |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1014.00 |
| <b>TOTAL</b> 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:<br>(check only one)          | PAGE 10 OF 22                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Michael Steger for Congress**

|   |  |                   |   |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. MICHAEL STEGER FOR CONGRESS</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 30 / 2014                                     |
| Mailing Address 350 TOWNSEND ST   |  |                   | Amount of Each Disbursement this Period<br>200.00<br><b>Transaction ID : 01014413501013088001</b> |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94107 |   |
| Purpose of Disbursement<br>REPLENISH PETTY CASH   |  | Category/<br>Type |   |
| Candidate Name  |  |                   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |
| State: District:  |  |                   |   |

|   |  |                   |   |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. MICHAEL STEGER FOR CONGRESS</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 05 / 2014                                     |
| Mailing Address 350 TOWNSEND ST   |  |                   | Amount of Each Disbursement this Period<br>200.00<br><b>Transaction ID : 01014413701013088101</b> |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94107 |   |
| Purpose of Disbursement<br>REPLENISH PETTY CASH   |  | Category/<br>Type |   |
| Candidate Name  |  |                   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |
| State: District:  |  |                   |   |

|   |  |                   |  |
|---|--|-------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. MARK SAMET</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 03 / 2014                                    |
| Mailing Address 350 TOWNSEND ST   |  |                   | Amount of Each Disbursement this Period<br>82.50<br><b>Transaction ID : 01014411401013090101</b> |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94107 |  |
| Purpose of Disbursement<br>REIMBURSE TRAVEL   |  | Category/<br>Type |  |
| Candidate Name  |  |                   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |  |
| State: District:  |  |                   |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 482.50 |
| <b>TOTAL</b> 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:<br>(check only one)          |                                    | PAGE 11 OF 22                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Michael Steger for Congress**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MARK SAMET</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 03 / 2014</b>                                     |
| Mailing Address <b>350 TOWNSEND ST</b>   |  | Amount of Each Disbursement this Period<br><b>256.01</b><br>Transaction ID : <b>01014411401013089601</b> |
| City <b>SAN FRANCISCO</b> State <b>CA</b> Zip Code <b>94107</b>  | Purpose of Disbursement<br><b>REIMBURSE PRINTING</b>   |  |
| Candidate Name   | Category/Type  |  |
| 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)<br><b>B. FEDEX OFFICE</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 03 / 2014</b>  |
| Mailing Address <b>303 2ND ST</b>  |  | Amount of Each Disbursement this Period<br><b>256.01</b><br>Transaction ID : <b>SB178</b><br><b>[MEMO ITEM]</b> |
| City <b>SAN FRANCISCO</b> State <b>CA</b> Zip Code <b>94107</b>  | Purpose of Disbursement<br><b>PRINTING (SUBITEMIZATION OF MARK SAMET)</b>  |   |
| Candidate Name   | Category/Type  |   |
| 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)<br><b>C. MARK SAMET</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 03 / 2014</b>                                     |
| Mailing Address <b>350 TOWNSEND ST</b>   |  | Amount of Each Disbursement this Period<br><b>118.01</b><br>Transaction ID : <b>01014411401013090201</b> |
| City <b>SAN FRANCISCO</b> State <b>CA</b> Zip Code <b>94107</b>  | Purpose of Disbursement<br><b>REIMBURSE OFFICE &amp; ORGANIZING SUPPLIES</b>   |  |
| Candidate Name   | Category/Type  |  |
| 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:   |  |  |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>374.02</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 12 OF 22                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Michael Steger for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. MARK SAMET</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 03 / 2014 |
| Mailing Address 350 TOWNSEND ST   |  | Amount of Each Disbursement this Period<br>305.82             |
| City<br>SAN FRANCISCO   | State<br>CA  |   |
| Zip Code<br>94107   | Purpose of Disbursement<br>REIMBURSE PRINTING  | <b>Transaction ID : 01014411401013089701</b>                  |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. POPPRINT</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 03 / 2014 |
| Mailing Address P.O. BOX 800  |  | Amount of Each Disbursement this Period<br>305.82             |
| City<br>CARMICHAEL  | State<br>CA  |   |
| Zip Code<br>95609   | Purpose of Disbursement<br>PRINTING (SUBITEMIZATION OF MARK SAMET)   | <b>Transaction ID : SB1711</b><br><b>[MEMO ITEM]</b>          |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. MARK SAMET</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 03 / 2014 |
| Mailing Address 350 TOWNSEND ST   |  | Amount of Each Disbursement this Period<br>19.69              |
| City<br>SAN FRANCISCO   | State<br>CA  |   |
| Zip Code<br>94107   | Purpose of Disbursement<br>REIMBURSE INTERNET COSTS  | <b>Transaction ID : 01014411401013090001</b>                  |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 325.51 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 13 OF 22                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Michael Steger for Congress**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MARK SAMET</b>  |   | Date of Disbursement<br>MM / DD / YYYY<br>04 / 18 / 2014   |
| Mailing Address 350 TOWNSEND ST  |   | Amount of Each Disbursement this Period<br>42.73<br><b>Transaction ID : 01014412201013090401</b> |
| City<br>SAN FRANCISCO  | State<br>CA   |  |
| Zip Code<br>94107  | Purpose of Disbursement<br>REIMBURSE OFFICE & ORGANIZING SUPPLIES   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. MARK SAMET</b>  |   | Date of Disbursement<br>MM / DD / YYYY<br>04 / 18 / 2014   |
| Mailing Address 350 TOWNSEND ST  |   | Amount of Each Disbursement this Period<br>35.13<br><b>Transaction ID : 01014412201013090301</b> |
| City<br>SAN FRANCISCO  | State<br>CA   |  |
| Zip Code<br>94107  | Purpose of Disbursement<br>REIMBURSE PARKING  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. MARK SAMET</b>  |   | Date of Disbursement<br>MM / DD / YYYY<br>04 / 18 / 2014  |
| Mailing Address 350 TOWNSEND ST  |   | Amount of Each Disbursement this Period<br>229.90<br><b>Transaction ID : 01014412201013089801</b> |
| City<br>SAN FRANCISCO  | State<br>CA   |   |
| Zip Code<br>94107  | Purpose of Disbursement<br>REIMBURSE PRINTING (NO PURCH OVER \$200)   | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 307.76 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 14 OF 22 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Michael Steger for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. MARK SAMET</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 29 / 2014 |
| Mailing Address 350 TOWNSEND ST   |  | Amount of Each Disbursement this Period<br>541.33             |
| City<br>SAN FRANCISCO   | State<br>CA  |   |
| Zip Code<br>94107   | Purpose of Disbursement<br>REIMBURSE PRINTING  | Transaction ID : 01014413101013089902                         |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. POPPRINT</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 29 / 2014 |
| Mailing Address P.O. BOX 800  |  | Amount of Each Disbursement this Period<br>541.33             |
| City<br>CARMICHAEL  | State<br>CA  |   |
| Zip Code<br>95609   | Purpose of Disbursement<br>PRINTING (SUBITEMIZATION OF MARK SAMET)   | Transaction ID : SB1717                                       |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. MARK SAMET</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 29 / 2014 |
| Mailing Address 350 TOWNSEND ST   |  | Amount of Each Disbursement this Period<br>139.24             |
| City<br>SAN FRANCISCO   | State<br>CA  |   |
| Zip Code<br>94107   | Purpose of Disbursement<br>REIMBURSE BANNERS   | Transaction ID : 01014413101013090501                         |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

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|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 680.57 |
| <b>TOTAL</b> 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:<br>(check only one)          |                                    | PAGE 15 OF 22                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Michael Steger for Congress**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MARK SAMET</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 30 / 2014</b> |
| Mailing Address <b>350 TOWNSEND ST</b>   |   | Amount of Each Disbursement this Period<br><b>11.03</b>              |
| City <b>SAN FRANCISCO</b> State <b>CA</b> Zip Code <b>94107</b>  | Purpose of Disbursement<br><b>REIMBURSE BANNERS</b> |  |
| Candidate Name   | Category/Type                                       | <b>Transaction ID : 01014413301013090501</b>                         |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District:                                    |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. MARK SAMET</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 30 / 2014</b> |
| Mailing Address <b>350 TOWNSEND ST</b>   |   | Amount of Each Disbursement this Period<br><b>26.00</b>              |
| City <b>SAN FRANCISCO</b> State <b>CA</b> Zip Code <b>94107</b>  | Purpose of Disbursement<br><b>REIMBURSE PARKING</b> |  |
| Candidate Name   | Category/Type                                       | <b>Transaction ID : 01014413301013090601</b>                         |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District:                                    |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. SOUTHWEST AIRLINES</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 21 / 2014</b> |
| Mailing Address <b>P.O. BOX 63347</b>  |  | Amount of Each Disbursement this Period<br><b>69.00</b>              |
| City <b>DALLAS</b> State <b>TX</b> Zip Code <b>75235-1647</b>  | Purpose of Disbursement<br><b>TRAVEL</b> |  |
| Candidate Name   | Category/Type                            | <b>Transaction ID : 01014412401013088701</b>                         |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District:                         |  |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>106.03</b> |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 16 OF 22 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Michael Steger for Congress**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. SOUTHWEST AIRLINES</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 05 / 2014                                     |
| Mailing Address P.O. BOX 63347   |  | Amount of Each Disbursement this Period<br>411.50<br><b>Transaction ID : 01014426801013105901</b> |
| City DALLAS State TX Zip Code 75235-1647   | Purpose of Disbursement TRAVEL   |   |
| Candidate Name   | Category/Type  |   |
| 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)<br><b>B. SOUTHWEST AIRLINES</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 05 / 2014                                     |
| Mailing Address P.O. BOX 63347   |  | Amount of Each Disbursement this Period<br>411.50<br><b>Transaction ID : 01014426901013106001</b> |
| City DALLAS State TX Zip Code 75235-1647   | Purpose of Disbursement TRAVEL   |   |
| Candidate Name   | Category/Type  |   |
| 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)<br><b>C. MICHAEL STEGER</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 16 / 2014                                     |
| Mailing Address 350 TOWNSEND ST, #321  |  | Amount of Each Disbursement this Period<br>163.08<br><b>Transaction ID : 01014413901013092101</b> |
| City SAN FRANCISCO State CA Zip Code 94107   | Purpose of Disbursement REIMBURSE SOUND EQUIPMENT (NO PURCH OVER \$200)  |   |
| Candidate Name   | Category/Type  |   |
| 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:   |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 986.08 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 17 OF 22 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Michael Steger for Congress**

|   |  |                   |   |  |  |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MICHAEL STEGER</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 16 / 2014 |  |  |
| Mailing Address 350 TOWNSEND ST, #321   |  |                   | Amount of Each Disbursement this Period<br>186.51             |  |  |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94107 | Transaction ID : 01014413901013091201                         |  |  |
| Purpose of Disbursement<br>REIMBURSE TRAVEL   |  | Category/<br>Type |   |  |  |
| Candidate Name  |  |                   |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |  |
| State: District:  |  |                   |   |  |  |

|   |  |                   |   |  |  |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. MICHAEL STEGER</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 28 / 2014 |  |  |
| Mailing Address 350 TOWNSEND ST, #321   |  |                   | Amount of Each Disbursement this Period<br>122.45             |  |  |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94107 | Transaction ID : 01014413001013090701                         |  |  |
| Purpose of Disbursement<br>REIMBURSE TRAVEL   |  | Category/<br>Type |   |  |  |
| Candidate Name  |  |                   |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |  |
| State: District:  |  |                   |   |  |  |

|   |  |                   |   |  |  |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. MICHAEL STEGER</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 28 / 2014 |  |  |
| Mailing Address 350 TOWNSEND ST, #321   |  |                   | Amount of Each Disbursement this Period<br>263.23             |  |  |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94107 | Transaction ID : 01014413001013090901                         |  |  |
| Purpose of Disbursement<br>REIMBURSE SOUND EQUIPMENT (NO PURCH OVER \$200)  |  | Category/<br>Type |   |  |  |
| Candidate Name  |  |                   |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |  |
| State: District:  |  |                   |   |  |  |

|   |        |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 572.19 |
| <b>TOTAL</b> 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:<br>(check only one)          | PAGE 18 OF 22                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Michael Steger for Congress**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. MICHAEL STEGER</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 29 / 2014</b>                                    |
| Mailing Address <b>350 TOWNSEND ST, #321</b>   |  | Amount of Each Disbursement this Period<br><b>33.43</b><br>Transaction ID : <b>01014413201013091101</b> |
| City <b>SAN FRANCISCO</b> State <b>CA</b> Zip Code <b>94107</b>  | Purpose of Disbursement<br><b>REIMBURSE FIELD ORGANIZING SUPPLIES</b>  |   |
| Candidate Name   | Category/Type  |   |
| 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)<br><b>B. MICHAEL STEGER</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 29 / 2014</b>                                     |
| Mailing Address <b>350 TOWNSEND ST, #321</b>   |  | Amount of Each Disbursement this Period<br><b>171.08</b><br>Transaction ID : <b>01014413201013091001</b> |
| City <b>SAN FRANCISCO</b> State <b>CA</b> Zip Code <b>94107</b>  | Purpose of Disbursement<br><b>REIMBURSE SOUND EQUIPMENT (NO PURCH OVER \$200)</b>  |  |
| Candidate Name   | Category/Type  |  |
| 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)<br><b>C. MICHAEL STEGER</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 29 / 2014</b>                                    |
| Mailing Address <b>350 TOWNSEND ST, #321</b>   |  | Amount of Each Disbursement this Period<br><b>70.00</b><br>Transaction ID : <b>01014413201013090801</b> |
| City <b>SAN FRANCISCO</b> State <b>CA</b> Zip Code <b>94107</b>  | Purpose of Disbursement<br><b>REIMBURSE TRAVEL</b>   |   |
| Candidate Name   | Category/Type  |   |
| 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:   |  |   |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>274.51</b> |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 19 OF 22 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Michael Steger for Congress**

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MICHAEL STEGER</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 09 / 2014 |  |
| Mailing Address 350 TOWNSEND ST, #321   |  |                   | Amount of Each Disbursement this Period<br>178.56             |  |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94107 | Transaction ID : 01014427101013106201                         |  |
| Purpose of Disbursement<br>REIMBURSE TRAVEL   |  | Category/<br>Type |   |  |
| Candidate Name  |  |                   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |
| State: District:  |  |                   |   |  |

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. MICHAEL STEGER</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 09 / 2014 |  |
| Mailing Address 350 TOWNSEND ST, #321   |  |                   | Amount of Each Disbursement this Period<br>150.08             |  |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94107 | Transaction ID : 01014427101013106301                         |  |
| Purpose of Disbursement<br>REIMBURSE PRINTING   |  | Category/<br>Type |   |  |
| Candidate Name  |  |                   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |
| State: District:  |  |                   |   |  |

|   |  |                   |   |  |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. MICHAEL STEGER</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 09 / 2014 |  |
| Mailing Address 350 TOWNSEND ST, #321   |  |                   | Amount of Each Disbursement this Period<br>10.85              |  |
| City<br>SAN FRANCISCO   | State<br>CA  | Zip Code<br>94107 | Transaction ID : 01014427101013106401                         |  |
| Purpose of Disbursement<br>REIMBURSE OFFICE & ORGANIZING SUPPLIES   |  | Category/<br>Type |   |  |
| Candidate Name  |  |                   |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |
| State: District:  |  |                   |   |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 339.49 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 20 OF 22                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Michael Steger for Congress**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. WELLS FARGO BANK</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 08 / 2014</b>                                   |
| Mailing Address <b>490 BRANNAN ST</b>  |  | Amount of Each Disbursement this Period<br><b>3.00</b><br>Transaction ID : <b>01014411701013088201</b> |
| City <b>SAN FRANCISCO</b> State <b>CA</b> Zip Code <b>94107</b>  | Purpose of Disbursement<br><b>BANK FEE</b>   |  |
| Candidate Name   | Category/Type  |  |
| 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)<br><b>B. WELLS FARGO BANK</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 10 / 2014</b>                                     |
| Mailing Address <b>490 BRANNAN ST</b>  |  | Amount of Each Disbursement this Period<br><b>308.00</b><br>Transaction ID : <b>01014412001013088301</b> |
| City <b>SAN FRANCISCO</b> State <b>CA</b> Zip Code <b>94107</b>  | Purpose of Disbursement<br><b>MERCHANT FEES</b>  |  |
| Candidate Name   | Category/Type  |  |
| 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)<br><b>C. WELLS FARGO BANK</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>05 / 08 / 2014</b>                                   |
| Mailing Address <b>490 BRANNAN ST</b>  |  | Amount of Each Disbursement this Period<br><b>3.00</b><br>Transaction ID : <b>01014427001013106101</b> |
| City <b>SAN FRANCISCO</b> State <b>CA</b> Zip Code <b>94107</b>  | Purpose of Disbursement<br><b>BANK FEE</b>   |  |
| Candidate Name   | Category/Type  |  |
| 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:   |  |  |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>314.00</b> |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 21 OF 22 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |

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NAME OF COMMITTEE (In Full)  
**Michael Steger for Congress**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. WELLS FARGO BANK</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 12 / 2014 |
| Mailing Address 490 BRANNAN ST   |  | Amount of Each Disbursement this Period<br>166.24             |
| City SAN FRANCISCO   | State CA Zip Code 94107  |   |
| Purpose of Disbursement<br>MERCHANT FEES   | Category/Type  | <b>Transaction ID : 01014428901013108701</b>                  |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y |
| Mailing Address  |  | Amount of Each Disbursement this Period     |
| City   | State Zip Code   |   |
| Purpose of Disbursement  | Category/Type  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y |
| Mailing Address  |  | Amount of Each Disbursement this Period     |
| City   | State Zip Code   |   |
| Purpose of Disbursement  | Category/Type  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 166.24  |
| <b>TOTAL</b> This Period (last page this line number only)..... | 5942.90 |

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

|   |  |   |  |   |
|---|--|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                                   |   | PAGE 22 OF 22  |   |
|   | <input type="checkbox"/> 17<br><input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 18<br><input type="checkbox"/> 20b | <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c | <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)  
**Michael Steger for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. LINDA DELLERA</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 15 / 2014 |
| Mailing Address 555 WILSON AVE  |  | Amount of Each Disbursement this Period<br>10.00              |
| City<br>NOVATO  | State<br>CA  |   |
| Zip Code<br>94947   | Purpose of Disbursement  | Transaction ID : CashIn00108510641001                         |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. PATRICK MCINTOSH</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 15 / 2014 |
| Mailing Address 2135 VINEYARD RD.   |  | Amount of Each Disbursement this Period<br>5.00               |
| City<br>NOVATO  | State<br>CA  |   |
| Zip Code<br>94947   | Purpose of Disbursement  | Transaction ID : CashIn00108510651001                         |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y |
| Mailing Address   |  | Amount of Each Disbursement this Period     |
| City  | State  |   |
| Zip Code  | Purpose of Disbursement  |   |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 15.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... | 15.00 |