

# 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

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

Type or Print Name of Treasurer Andrea J Ingraham

Signature of Treasurer Andrea J Ingraham

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Michael Steger for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	13183.00	31241.39
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	40.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	13183.00	31201.39
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	15786.14	31202.46
(b) Total Offsets to Operating Expenditures (from Line 14).....	25.00	37.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	15761.14	31165.46
8. Cash on Hand at Close of Reporting Period (from Line 27).....	35.93	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	925.00	

**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:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3376.00	0.00
(ii) Unitemized.....	3307.00	0.00
(iii) TOTAL of contributions from individuals ▶	6683.00	24741.39
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	6500.00	6500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	13183.00	31241.39
<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>	25.00	37.00
<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>	13208.00	31278.39

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15786.14	31202.46
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	40.00
(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	40.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	15786.14	31242.46

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2614.07
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13208.00
25. SUBTOTAL (add Line 23 and Line 24).....	15822.07
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15786.14
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	35.93

**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 25
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Michael Steger for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**PATRICIA A AINLEY**

Mailing Address 24217 ZELL CT

City State Zip Code  
CRESTLINE CA 92325

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

Name of Employer Occupation  
SELF BOOKKEEPER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : CASHIN00108598111001**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**JEAN ESSIG**

Mailing Address 58979 CARMELITA CIR

City State Zip Code  
YUCCA VALLEY CA 92284

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : CASHIN00108602461001**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 10213 WHITE TAIL DR

City State Zip Code  
OAKDALE CA 95361

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

Name of Employer Occupation  
A.L. GILBERT FEED AND SEED BUSINESS OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : CASHIN00108594661001**

Amount of Each Receipt this Period  
250.00

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

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

1050.00

**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 25
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**EILEEN B GRANICH**

Mailing Address 190 COLERIDGE ST #109

City SAN FRANCISCO State CA Zip Code 94110

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : CASHIN00108594641001**

Amount of Each Receipt this Period  
 216.00

**B.** Full Name (Last, First, Middle Initial)  
**MARGY T JIRAN**

Mailing Address 31073 DEL REY RD

City TEMECULA State CA Zip Code 92591

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : CASHIN00108598091001**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 222 MOLIMO DR

City SAN FRANCISCO State CA Zip Code 94127-1850

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

Name of Employer N/A Occupation RETIRED CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 05 / 2014

**Transaction ID : CASHIN00108611921001**

Amount of Each Receipt this Period  
 500.00

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

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

966.00

**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 25
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**JANET V PHONGSA**

Mailing Address 6908 N RIDGE BLVD #B

City State Zip Code  
CHICAGO IL 60645

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

Name of Employer Occupation  
COMPREHENSIVE MEDICAL STAFFING REGISTERED NURSE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : CASHIN00108598061001**

Amount of Each Receipt this Period  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
**JAMES K REID**

Mailing Address 7770 REGENTS RD 113-307

City State Zip Code  
SAN DIEGO CA 92122

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

Name of Employer Occupation  
INNOMINDS SOFTWARE PROGRAMMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : CASHIN00108598101001**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 23946 TALBOT ST

City State Zip Code  
ST CLAIR SHORES MI 48082

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

Name of Employer Occupation  
MHSI ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : CASHIN00108602001001**

Amount of Each Receipt this Period  
 60.00

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

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

860.00

**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 25
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**ANTHONY G RODRIGUES**

Mailing Address 203 QUARTZ CIRCLE

City: LIVERMORE State: CA Zip Code: 94550

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

Name of Employer: PMA Occupation: LONGSHOREMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 260.00

Date of Receipt: 06 / 02 / 2014

Transaction ID : CASHIN00108602371001

Amount of Each Receipt this Period: 200.00

**B.** Full Name (Last, First, Middle Initial)  
**RAY SILLIMAN**

Mailing Address 10115 GREENWOOD AVE N #168

City: SEATTLE State: WA Zip Code: 98133

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

Name of Employer: MEBA Occupation: MERCHANT MARINE, 3RD AST ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 600.00

Date of Receipt: 05 / 23 / 2014

Transaction ID : CASHIN00108588601001

Amount of Each Receipt this Period: 300.00

**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

Amount of Each Receipt this Period

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

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

500.00

3376.00



**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 9 OF 25
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**KESHA ROGERS FOR US SENATE**

Mailing Address 9100 SOUTHWEST FWY  
# 241

City HOUSTON State TX Zip Code 77074

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 Y Y  
 06 / 16 / 2014

**Transaction ID : CASHIN00108630701001**

Amount of Each Receipt this Period  
 1500.00

**B.** Full Name (Last, First, Middle Initial)  
**LAROCHE POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 6157

City LEESBURG State VA Zip Code 20178-6157

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 Y Y  
 05 / 29 / 2014

**Transaction ID : CASHIN00108592911001**

Amount of Each Receipt this Period  
 5000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

6500.00

6500.00

**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 10 OF 25
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 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)  
**MICHAEL STEGER FOR CONGRESS**

Mailing Address 350 TOWNSEND ST

City State Zip Code  
SAN FRANCISCO CA 94107

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  
25.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : CSHOUT00101448311001**

Amount of Each Receipt this Period  
25.00

REDEPOSIT UNUSED PETTY CASH

**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).....

25.00

25.00

**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 11 OF 25	
	<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)  
**Michael Steger for Congress**

Full Name (Last, First, Middle Initial)  
**A. ENTERPRISE RENT A CAR**

Mailing Address 25 EMBARCADERO COVE

City OAKLAND State CA Zip Code 946066

Purpose of Disbursement AUTO RENTAL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 09 / 2014

Amount of Each Disbursement this Period: 248.22

Transaction ID : 01014548101013246201

Full Name (Last, First, Middle Initial)  
**B. ENTERPRISE RENT A CAR**

Mailing Address 25 EMBARCADERO COVE

City OAKLAND State CA Zip Code 946066

Purpose of Disbursement AUTO RENTAL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 19 / 2014

Amount of Each Disbursement this Period: 18.90

Transaction ID : 01014548801013246301

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

Mailing Address MARINA AND BUCHANAN LANDMARK BUILDING A

City SAN FRANCISCO State CA Zip Code 94123

Purpose of Disbursement MEETING ROOM RENT & INCIDENTALS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 22 / 2014

Amount of Each Disbursement this Period: 125.40

Transaction ID : 01014546501013240701

**SUBTOTAL** of Disbursements This Page (optional) ..... 392.52

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 25	
	<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)  
**Michael Steger for Congress**

Full Name (Last, First, Middle Initial)  
**A. GENESIS COMMUNICATIONS NETWORK**

Mailing Address 190 COBBLESTONE LANE

City BURNSVILLE State MN Zip Code 55337

Purpose of Disbursement RADIO ADVERTISING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 30 / 2014

Amount of Each Disbursement this Period: 425.00

Transaction ID : 01014546901013247601

Full Name (Last, First, Middle Initial)  
**B. GENESIS COMMUNICATIONS NETWORK**

Mailing Address 190 COBBLESTONE LANE

City BURNSVILLE State MN Zip Code 55337

Purpose of Disbursement RADIO ADVERTISING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 02 / 2014

Amount of Each Disbursement this Period: 850.00

Transaction ID : 01014547301013247901

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

Mailing Address 350 TOWNSEND ST #312

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement REIMBURSE TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 10 / 2014

Amount of Each Disbursement this Period: 140.00

Transaction ID : 01014548301013245701

**SUBTOTAL** of Disbursements This Page (optional) ..... 1415.00

**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 13 OF 25			
	<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)  
**Michael Steger for Congress**

Full Name (Last, First, Middle Initial) <b>A. KKSF CLEAR CHANNEL</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 330 TOWNSEND ST		Amount of Each Disbursement this Period 830.00 <b>Transaction ID : 01014547001013247801</b>
City SAN FRANCISCO	State CA	
Zip Code 94107	Purpose of Disbursement RADIO ADVERTISING	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) <b>B. MICHAEL STEGER FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 350 TOWNSEND ST		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : 01014436101013117501</b>
City SAN FRANCISCO	State CA	
Zip Code 94107	Purpose of Disbursement REPLENISH PETTY CASH	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) <b>C. MICHAEL STEGER FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 350 TOWNSEND ST		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : 01014546601013241001</b>
City SAN FRANCISCO	State CA	
Zip Code 94107	Purpose of Disbursement REPLENISH PETTY CASH	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).....	1330.00
<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: (check only one)		PAGE 14 OF 25	
	<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)  
**Michael Steger for Congress**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL STEGER FOR CONGRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014	
Mailing Address 350 TOWNSEND ST			Amount of Each Disbursement this Period 300.00	
City SAN FRANCISCO	State CA	Zip Code 94107	Transaction ID : 01014547401013241101	
Purpose of Disbursement REPLENISH PETTY CASH		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) <b>B. MULTICULTURAL RADIO BROADCASTING INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address 44 GOUGH ST			Amount of Each Disbursement this Period 578.00	
City SAN FRANCISCO	State CA	Zip Code 94103	Transaction ID : 01014546801013247701	
Purpose of Disbursement RADIO ADVERTISING		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) <b>C. MARK SAMET</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014	
Mailing Address 350 TOWNSEND ST			Amount of Each Disbursement this Period 59.53	
City SAN FRANCISCO	State CA	Zip Code 94107	Transaction ID : 01014546001013245101	
Purpose of Disbursement REIMBURSE TRAVEL		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).....	937.53
<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 15 OF 25			
	<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)  
**Michael Steger for Congress**

Full Name (Last, First, Middle Initial) <b>A. MARK SAMET</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 16 / 2014</b>
Mailing Address <b>350 TOWNSEND ST</b>		Amount of Each Disbursement this Period <b>296.70</b> Transaction ID : <b>01014546001013243001</b>
City <b>SAN FRANCISCO</b> State <b>CA</b> Zip Code <b>94107</b>	Purpose of Disbursement <b>REIMBURSE BANNERS</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) <b>B. BANNERS ON THE CHEAP</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 16 / 2014</b>
Mailing Address <b>11525A STONEHOLLOW DR, SUITE 100</b>		Amount of Each Disbursement this Period <b>296.70</b> Transaction ID : <b>SB1714</b> <b>[MEMO ITEM]</b>
City <b>AUSTIN</b> State <b>TX</b> Zip Code <b>78758</b>	Purpose of Disbursement <b>BANNERS (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) <b>C. MARK SAMET</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 21 / 2014</b>
Mailing Address <b>350 TOWNSEND ST</b>		Amount of Each Disbursement this Period <b>131.32</b> Transaction ID : <b>01014546301013247301</b>
City <b>SAN FRANCISCO</b> State <b>CA</b> Zip Code <b>94107</b>	Purpose of Disbursement <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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>428.02</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: (check only one)	PAGE 16 OF 25			
	<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)  
**Michael Steger for Congress**

Full Name (Last, First, Middle Initial)  
**A. MARK SAMET**

Mailing Address 350 TOWNSEND ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement REIMBURSE BANNERS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 21 / 2014

Amount of Each Disbursement this Period: 207.77

Transaction ID : 01014546301013247401

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

Mailing Address P.O. BOX 800

City CARMICHAEL State CA Zip Code 95609

Purpose of Disbursement BANNERS (SUBITEMIZATION OF MARK SAMET)

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 21 / 2014

Amount of Each Disbursement this Period: 207.77

Transaction ID : SB1717

[MEMO ITEM]

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

Mailing Address 350 TOWNSEND ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement REIMBURSE PRINTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 21 / 2014

Amount of Each Disbursement this Period: 653.72

Transaction ID : 01014546301013247201

**SUBTOTAL** of Disbursements This Page (optional) ..... 861.49

**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 25			
	<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)  
**Michael Steger for Congress**

**A. POPPRINT**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 800

City CARMICHAEL State CA Zip Code 95609

Purpose of Disbursement  
PRINTING (SUBITEMIZATION OF MARK SAMET)

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
05 / 21 / 2014

Amount of Each Disbursement this Period  
653.72

Transaction ID : SB1719

[MEMO ITEM]

**B. MARK SAMET**

Full Name (Last, First, Middle Initial)  
Mailing Address 350 TOWNSEND ST

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
REIMBURSE PRINTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
05 / 28 / 2014

Amount of Each Disbursement this Period  
372.82

Transaction ID : 01014546701013247501

**C. POPPRINT**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 800

City CARMICHAEL State CA Zip Code 95609

Purpose of Disbursement  
PRINTING (SUBITEMIZATION OF MARK SAMET)

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
05 / 28 / 2014

Amount of Each Disbursement this Period  
372.82

Transaction ID : SB1721

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... 372.82

**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 25			
	<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)  
**Michael Steger for Congress**

Full Name (Last, First, Middle Initial) <b>A. MARK SAMET</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 02 / 2014</b>
Mailing Address <b>350 TOWNSEND ST</b>		Amount of Each Disbursement this Period <b>113.55</b> Transaction ID : <b>01014547101013248101</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94107</b>	Purpose of Disbursement <b>REIMBURSE OFFICE &amp; FIELD SUPPLIES</b>	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) <b>B. MARK SAMET</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 05 / 2014</b>
Mailing Address <b>350 TOWNSEND ST</b>		Amount of Each Disbursement this Period <b>66.06</b> Transaction ID : <b>01014549001013249201</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94107</b>	Purpose of Disbursement <b>REIMBURSE OFFICE &amp; FIELD SUPPLIES</b>	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) <b>C. MARK SAMET</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 05 / 2014</b>
Mailing Address <b>350 TOWNSEND ST</b>		Amount of Each Disbursement this Period <b>60.00</b> Transaction ID : <b>01014549001013245201</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94107</b>	Purpose of Disbursement <b>REIMBURSE TRAVEL</b>	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).....	<b>239.61</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: (check only one)	PAGE 19 OF 25			
	<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)  
**Michael Steger for Congress**

Full Name (Last, First, Middle Initial) <b>A. MARK SAMET</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 350 TOWNSEND ST		Amount of Each Disbursement this Period 268.96 <b>Transaction ID : 01014549001013249101</b>
City SAN FRANCISCO	State CA	
Zip Code 94107	Purpose of Disbursement REIMBURSE PRINTING	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) <b>B. OFFICE DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 2300 16TH ST		Amount of Each Disbursement this Period 268.96 <b>Transaction ID : SB1726</b> <b>[MEMO ITEM]</b>
City SAN FRANCISCO	State CA	
Zip Code 94103	Purpose of Disbursement PRINTING (SUBITEMIZATION OF MARK SAMET)	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) <b>C. SOCIAL KITCHEN AND BREWERY</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 1326 9TH AV		Amount of Each Disbursement this Period 76.71 <b>Transaction ID : 01014547701013248201</b>
City SAN FRANCISCO	State CA	
Zip Code 94122	Purpose of Disbursement ROOM RENTAL & CATERING	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).....	345.67
<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 20 OF 25			
	<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)  
**Michael Steger for Congress**

Full Name (Last, First, Middle Initial)  
**A. SOCIAL KITCHEN AND BREWERY**

Mailing Address 1326 9TH AV

City SAN FRANCISCO State CA Zip Code 94122

Purpose of Disbursement ROOM RENTAL & CATERING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 04 / 2014

Amount of Each Disbursement this Period: 547.04

Transaction ID : 01014547801013248301

Full Name (Last, First, Middle Initial)  
**B. MICHAEL STEGER**

Mailing Address 350 TOWNSEND ST, #321

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement REIMBURSE TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 20 / 2014

Amount of Each Disbursement this Period: 127.43

Transaction ID : 01014546101013245301

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

Mailing Address 350 TOWNSEND ST, #321

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement REIMBURSE PRINTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 20 / 2014

Amount of Each Disbursement this Period: 531.26

Transaction ID : 01014546101013247001

**SUBTOTAL** of Disbursements This Page (optional) ..... 1205.73

**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 25		
	<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)  
**Michael Steger for Congress**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL STEGER</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 350 TOWNSEND ST, #321		Amount of Each Disbursement this Period 103.25 <b>Transaction ID : 01014547201013248001</b>
City SAN FRANCISCO	State CA	
Zip Code 94107	Purpose of Disbursement REIMBURSE OFFICE & FIELD SUPPLIES	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) <b>B. MICHAEL STEGER</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 350 TOWNSEND ST, #321		Amount of Each Disbursement this Period 131.22 <b>Transaction ID : 01014547201013245401</b>
City SAN FRANCISCO	State CA	
Zip Code 94107	Purpose of Disbursement REIMBURSE TRAVEL	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) <b>C. MICHAEL STEGER</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2014
Mailing Address 350 TOWNSEND ST, #321		Amount of Each Disbursement this Period 1400.00 <b>Transaction ID : 01014548001013246101</b>
City SAN FRANCISCO	State CA	
Zip Code 94107	Purpose of Disbursement REIMBURSE RADIO ADVERTISING	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).....	1634.47
<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 22 OF 25	
	<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)  
**Michael Steger for Congress**

Full Name (Last, First, Middle Initial) <b>A. BAM RADIO</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2014
Mailing Address 1010 N. CENTRAL AVENUE		Amount of Each Disbursement this Period 1400.00
City State Zip Code GLENDALE CA 91202	Purpose of Disbursement RADIO ADVERTISING (SUBITEMIZATION OF MICHAEL STEGER)	
Candidate Name	Category/Type	Transaction ID : SB1734 <b>[MEMO ITEM]</b>
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) <b>B. MICHAEL STEGER</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2014
Mailing Address 350 TOWNSEND ST, #321		Amount of Each Disbursement this Period 1280.00
City State Zip Code SAN FRANCISCO CA 94107	Purpose of Disbursement REIMBURSE RADIO ADVERTISING	
Candidate Name	Category/Type	Transaction ID : 01014548001013245901
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) <b>C. KGO RADIO</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2014
Mailing Address 55 HAWTHORNE ST		Amount of Each Disbursement this Period 1280.00
City State Zip Code SAN FRANCISCO CA 94105	Purpose of Disbursement RADIO ADVERTISING (SUBITEMIZATION OF MICHAEL STEGER)	
Candidate Name	Category/Type	Transaction ID : SB1736 <b>[MEMO ITEM]</b>
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).....	1280.00
<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: (check only one)	PAGE 23 OF 25			
	<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)  
**Michael Steger for Congress**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL STEGER</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2014
Mailing Address 350 TOWNSEND ST, #321		Amount of Each Disbursement this Period 2810.00 <b>Transaction ID : 01014548001013246001</b>
City SAN FRANCISCO State CA Zip Code 94107	Purpose of Disbursement REIMBURSE RADIO ADVERTISING	
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) <b>B. KCBS RADIO</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2014
Mailing Address 865 BATTERT ST 3RD FL		Amount of Each Disbursement this Period 2810.00 <b>Transaction ID : SB1738</b> <b>[MEMO ITEM]</b>
City SAN FRANCISCO State CA Zip Code 94111	Purpose of Disbursement RADIO ADVERTISING (SUBITEMIZATION OF MICHAEL STEGER)	
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) <b>C. MICHAEL STEGER</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 350 TOWNSEND ST, #321		Amount of Each Disbursement this Period 1900.00 <b>Transaction ID : 01014548701013245801</b>
City SAN FRANCISCO State CA Zip Code 94107	Purpose of Disbursement REIMBURSE RADIO ADVERTISING	
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).....	4710.00
<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: (check only one)		PAGE 24 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. UNIVISION</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 500 FRANK W BURR BLVD, STE 19		Amount of Each Disbursement this Period 1900.00
City TEANECK State NJ Zip Code 07666	Purpose of Disbursement RADIO ADVERTISING (SUBITEMIZATION OF MICHAEL STEGER)	
Candidate Name	Category/Type	Transaction ID : SB1740  [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) <b>B. WELLS FARGO BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 490 BRANNAN ST		Amount of Each Disbursement this Period 3.00
City SAN FRANCISCO State CA Zip Code 94107	Purpose of Disbursement BANK FEE	
Candidate Name	Category/Type	Transaction ID : 01014548201013241401
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) <b>C. WELLS FARGO BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 490 BRANNAN ST		Amount of Each Disbursement this Period 298.99
City SAN FRANCISCO State CA Zip Code 94107	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	Transaction ID : 01014548601013241501
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).....	301.99
<b>TOTAL</b> This Period (last page this line number only).....	15454.85



**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Michael Steger for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**LAROCHE POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 6157

City State Zip Code  
LEESBURG VA 20178-6157

Nature of Debt (Purpose):  
OFFICE USAGE

Outstanding Balance Beginning This Period **Transaction ID : INV6340010132656**

0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

925.00 0.00 925.00

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	925.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	925.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	925.00