

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Stephen Eisele for Congress

ADDRESS (number and street) 14006 Palawan Way
PH 19
 Check if different than previously reported. (ACC) Marina Del Ray CA 90292

2. **FEC IDENTIFICATION NUMBER** C00494369
CITY STATE ZIP CODE STATE DISTRICT
3. IS THIS REPORT NEW (N) OR AMENDED (A) CA 36

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 [] [] [] in the State of []
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] [] [] in the State of []

5. Covering Period 01 01 2011 through 03 31 2011

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 Jonathan Hofeller

Signature of Treasurer Electronically Filed by Jonathan Hofeller Date 04 12 2011

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

2 / 18

Write or Type Committee Name

Stephen Eisele for Congress

Report Covering the Period:

From:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

| | 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))..... | 3375.00 | 3375.00 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 3375.00 | 3375.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 19764.55 | 19764.55 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 19764.55 | 19764.55 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 3493.14 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 19882.69 | |

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
Stephen Eisele for Congress

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|--------------------------------------|---|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | 2950.00 | 2950.00 |
| (i) Itemized (use Schedule A)..... | 425.00 | 425.00 |
| (ii) Unitemized..... | 3375.00 | 3375.00 |
| (iii) TOTAL of contributions from individuals..... ▶ | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACS)..... | 0.00 | 0.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) | 3375.00 | 3375.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 13. LOANS | | |
| (a) Made or Guaranteed by the Candidate..... | 19882.69 | 19882.69 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 19882.69 | 19882.69 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..... | 0.00 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 23257.69 | 23257.69 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

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| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES..... | 19764.55 | 19764.55 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of all Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS..... | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 19764.55 | 19764.55 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 0.00 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 23257.69 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 23257.69 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 19764.55 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 3493.14 |

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

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

FOR LINE NUMBER: PAGE 5 / 18

(check only one)

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 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)
Stephen Eisele for Congress

A.

Full Name (Last, First, Middle Initial)
Royce Dalby

Mailing Address 1303 Corcoran St.

City State Zip Code
Washington DC 20009

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

Name of Employer Occupation
Avascent Consultant

Receipt For: 2011 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
Special-Primary 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.4104

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Arthur Dula

Mailing Address 3106 Beauchamp Street

City State Zip Code
Houston TX 77009

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

Name of Employer Occupation
Excalibur Almaz CEO

Receipt For: 2011 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
Special-Primary 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 1 1

Transaction ID: SA11AI.4110

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Richard Gruver

Mailing Address 105 Olive Branch

City State Zip Code
Georgetown TX 98628

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

Name of Employer Occupation
Excalibur Almaz CFO

Receipt For: 2011 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
Special-Primary 1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 1 1

Transaction ID: SA11AI.4099

Amount of Each Receipt this Period
1200.00

SUBTOTAL of Receipts This Page (optional)

2700.00

TOTAL This Period (last page this line number only)

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

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 6 / 18 | |
| | (check only one) | | | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Stephen Eisele for Congress

A.

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|-------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) Steven Irwin | | Date of Receipt | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 3339 Reservoir Road, NW | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 3 | 1 | | 2 | 0 | 1 | 1 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 3 | | 3 | 1 | | 2 | 0 | 1 | 1 | | | | | | | | | | | | | | |
| City | State | Zip Code | Transaction ID: SA11AI.4120 | | | | | | | | | | | | | | | | | | | | |
| Washington | DC | 20007 | Amount of Each Receipt this Period | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="250.00"/> | | | | | | | | | | | | | | | | | | | | |
| Name of Employer The Avascent Group | Occupation Consulting | | | | | | | | | | | | | | | | | | | | | | |
| Receipt For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary | Election Cycle-to-Date ▼ <input type="text" value="250.00"/> | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="250.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="2950.00"/> |

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

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

FOR LINE NUMBER: PAGE 7 / 18
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Stephen Eisele for Congress

A.

Full Name (Last, First, Middle Initial)
STEPHEN KARL Karl EISELE

Mailing Address 14006 PALAWAN WAY PH 19

City State Zip Code
MARINA DEL REY CA 90292

FEC ID number of contributing federal political committee. **C** H2CA36306

Name of Employer Occupation
Excalibur Almaz Marketing

Receipt For: 2011 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Special-Primary 26.39

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 07 / 2011

Transaction ID: SA13A.4152

Amount of Each Receipt this Period
26.39

CVS expenditure

B.

Full Name (Last, First, Middle Initial)
STEPHEN KARL Karl EISELE

Mailing Address 14006 PALAWAN WAY PH 19

City State Zip Code
MARINA DEL REY CA 90292

FEC ID number of contributing federal political committee. **C** H2CA36306

Name of Employer Occupation
Excalibur Almaz Marketing

Receipt For: 2011 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Special-Primary 526.39

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 14 / 2011

Transaction ID: SA13A.4103

Amount of Each Receipt this Period
500.00

Bank Account Set up

C.

Full Name (Last, First, Middle Initial)
STEPHEN KARL Karl EISELE

Mailing Address 14006 PALAWAN WAY PH 19

City State Zip Code
MARINA DEL REY CA 90292

FEC ID number of contributing federal political committee. **C** H2CA36306

Name of Employer Occupation
Excalibur Almaz Marketing

Receipt For: 2011 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Special-Primary 551.39

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 14 / 2011

Transaction ID: SA13A.4144

Amount of Each Receipt this Period
25.00

Piryx set up

SUBTOTAL of Receipts This Page (optional) ► **551.39**

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

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

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

FOR LINE NUMBER: PAGE 8 / 18
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Stephen Eisele for Congress

A. Full Name (Last, First, Middle Initial)
STEPHEN KARL Karl EISELE
Mailing Address 14006 PALAWAN WAY PH 19
City MARINA DEL REY State CA Zip Code 90292
FEC ID number of contributing federal political committee. **C** H2CA36306
Name of Employer Excalibur Almaz Occupation Marketing
Receipt For: 2011
 Primary General
 Other (specify) ▼ Special-Primary
Election Cycle-to-Date ▼ 1551.39
Date of Receipt 03 / 18 / 2011
Transaction ID: SA13A.4148
Amount of Each Receipt this Period 1000.00
Direct Payment to Andrews Gettens for Video

B. Full Name (Last, First, Middle Initial)
STEPHEN KARL Karl EISELE
Mailing Address 14006 PALAWAN WAY PH 19
City MARINA DEL REY State CA Zip Code 90292
FEC ID number of contributing federal political committee. **C** H2CA36306
Name of Employer Excalibur Almaz Occupation Marketing
Receipt For: 2011
 Primary General
 Other (specify) ▼ Special-Primary
Election Cycle-to-Date ▼ 6551.39
Date of Receipt 03 / 23 / 2011
Transaction ID: SA13A.4147
Amount of Each Receipt this Period 5000.00
Direct Payment of Zion

C. Full Name (Last, First, Middle Initial)
STEPHEN KARL Karl EISELE
Mailing Address 14006 PALAWAN WAY PH 19
City MARINA DEL REY State CA Zip Code 90292
FEC ID number of contributing federal political committee. **C** H2CA36306
Name of Employer Excalibur Almaz Occupation Marketing
Receipt For: 2011
 Primary General
 Other (specify) ▼ Special-Primary
Election Cycle-to-Date ▼ 18151.39
Date of Receipt 03 / 25 / 2011
Transaction ID: SA13A.4145
Amount of Each Receipt this Period 11600.00
Candidate Statement

SUBTOTAL of Receipts This Page (optional) ► 17600.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 9 / 18
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Stephen Eisele for Congress

A.

Full Name (Last, First, Middle Initial)
STEPHEN KARL Karl EISELE

Mailing Address 14006 PALAWAN WAY PH 19

City State Zip Code
MARINA DEL REY CA 90292

FEC ID number of contributing federal political committee. **C** H2CA36306

Name of Employer Occupation
Excalibur Almaz Marketing

Receipt For: 2011
 Primary General
 Other (specify) ▼
 Special-Primary

Election Cycle-to-Date ▼
19882.69

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2011

Transaction ID: SA13A.4146

Amount of Each Receipt this Period
1731.30

Filing Fee

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1731.30 |
| TOTAL This Period (last page this line number only) | ▶ | 19882.69 |

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

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

FOR LINE NUMBER: (check only one)

PAGE 10 / 18

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

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NAME OF COMMITTEE (In Full)
Stephen Eisele for Congress

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Apple Shirts</p> <p>Mailing Address 12912 venice blvd</p> <p>City Los Angeles State CA Zip Code 90066</p> <p>Purpose of Disbursement T-Shirts</p> <p>Candidate Name STEPHEN KARL Karl EISELE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 36</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary</p> | <p>Transaction ID: SB17.4101</p> <p>Date of Disbursement 03 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 307.85</p> <p>004 Category/ Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) Andrew Gettens</p> <p>Mailing Address 623 s la jolla ave</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement Videos</p> <p>Candidate Name STEPHEN KARL Karl EISELE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 36</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary</p> | <p>Transaction ID: SB17.4130</p> <p>Date of Disbursement 03 / 18 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>004 Category/ Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) Secretary of State</p> <p>Mailing Address 1500 11th street, 5th floor</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Candidate Statement</p> <p>Candidate Name STEPHEN KARL Karl EISELE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 36</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary</p> | <p>Transaction ID: SB17.4135</p> <p>Date of Disbursement 03 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 11600.00</p> <p>001 Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

12907.85

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)

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

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NAME OF COMMITTEE (In Full)
Stephen Eisele for Congress

A.

Full Name (Last, First, Middle Initial)
Secretary of State

Mailing Address 1500 11th street,
5th floor

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Filing Fee

Candidate Name
STEPHEN KARL Karl EISELE

Office Sought: House
 Senate
 President
State: CA District: 36

Disbursement For: 2011
 Primary General
 Other (specify) ▼
Special-Primary

001
Category/
Type

Transaction ID: SB17.4139
Date of Disbursement

03 / 29 / 2011

Amount of Each Disbursement this Period

1731.30

B.

Full Name (Last, First, Middle Initial)
Zion Systems

Mailing Address 13619 Mukiteo speedway
D5-472

City Lynwood State CA Zip Code 98087

Purpose of Disbursement
Social Media Services

Candidate Name
STEPHEN KARL Karl EISELE

Office Sought: House
 Senate
 President
State: CA District: 36

Disbursement For: 2011
 Primary General
 Other (specify) ▼
Special-Primary

004
Category/
Type

Transaction ID: SB17.4133
Date of Disbursement

03 / 23 / 2011

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6731.30

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

19639.15

SCHEDULE C (FEC Form 3)

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

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

LOANS

NAME OF COMMITTEE (In Full)
Stephen Eisele for Congress

Transaction ID: SC/10.4152

LOAN SOURCE Full Name (Last, First, Middle Initial)
STEPHEN KARL Karl EISELE - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼
Special-Primary

Mailing Address 14006 PALAWAN WAY PH 19

City MARINA DEL REY State CA ZIP Code 90292

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 26.39 | 0.00 | 26.39 |

TERMS

Date Incurred: MM/03 DD/07 YY/20 YY/11 Date Due: 5/17/2011 Interest Rate: 0.0000 % (apr) Secured: Yes No

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

| Full Name (Last, First, Middle Initial) | Name of Employer |
|---|------------------------------------|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|---|---|-------|
| SUBTOTALS This Period This Page (optional) | ▶ | 26.39 |
| TOTALS This Period (last page in this line only) | ▶ | [] |

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

SCHEDULE C (FEC Form 3)

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

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

LOANS

NAME OF COMMITTEE (In Full)
Stephen Eisele for Congress

Transaction ID: SC/10.4103

LOAN SOURCE Full Name (Last, First, Middle Initial)
STEPHEN KARL Karl EISELE - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼
Special-Primary

Mailing Address 14006 PALAWAN WAY PH 19

City MARINA DEL REY State CA ZIP Code 90292

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 500.00 | 0.00 | 500.00 |

TERMS

Date Incurred: MM/YY 03/14 YYY YYY 2011
 Date Due: 5/17/2011
 Interest Rate: 0.0000 % (apr)
 Secured: Yes No

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

| Full Name (Last, First, Middle Initial) | Name of Employer |
|---|------------------------------------|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|---|---|--------|
| SUBTOTALS This Period This Page (optional) | ▶ | 500.00 |
| TOTALS This Period (last page in this line only) | ▶ | [] |

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

SCHEDULE C (FEC Form 3)

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

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

LOANS

NAME OF COMMITTEE (In Full)
Stephen Eisele for Congress

Transaction ID: SC/10.4144

| | |
|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) STEPHEN KARL Karl EISELE - [PERSONAL FUNDS] | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary |
| Mailing Address 14006 PALAWAN WAY PH 19 | |
| City MARINA DEL REY State CA ZIP Code 90292 | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 25.00 | 0.00 | 25.00 |

TERMS

| | | | | | | | | | | | | | | | | | | | |
|--|----------|---------------|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|----------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: | | | | | | | | | | | | | | | | |
| <table style="font-size: small;"> <tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>3</td><td>1</td><td>4</td><td>2</td><td>0</td><td>1</td><td>1</td></tr> </table> | M | M | D | D | Y | Y | Y | Y | 0 | 3 | 1 | 4 | 2 | 0 | 1 | 1 | 5/17/2011 | 0.0000 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| M | M | D | D | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 3 | 1 | 4 | 2 | 0 | 1 | 1 | | | | | | | | | | | | |

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

| | |
|---|--|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |

| | |
|---|---|
| SUBTOTALS This Period This Page (optional) | <input style="width: 100%;" type="text" value="25.00"/> |
| TOTALS This Period (last page in this line only) | <input style="width: 100%;" type="text"/> |

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

SCHEDULE C (FEC Form 3)

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

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

LOANS

NAME OF COMMITTEE (In Full)
Stephen Eisele for Congress

Transaction ID: SC/10.4148

| | | |
|---|----------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) STEPHEN KARL Karl EISELE - [PERSONAL FUNDS] | | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary |
| Mailing Address 14006 PALAWAN WAY PH 19 | | |
| City MARINA DEL REY | State CA | ZIP Code 90292 |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 1000.00 | 0.00 | 1000.00 |

TERMS

| | | | |
|----------------------------------|-----------|----------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M M 03 D D 18 Y Y Y Y 2011 | 5/17/2011 | 0.0000 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

| | |
|---|------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|--|---|---------|
| SUBTOTALS This Period This Page (optional) | ▶ | 1000.00 |
| TOTALS This Period (last page in this line only) | ▶ | [] |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | | |

SCHEDULE C (FEC Form 3)

| | |
|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 16 / 18 |
| | FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b |

LOANS

NAME OF COMMITTEE (In Full)
 Stephen Eisele for Congress

Transaction ID: SC/10.4147

| | |
|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) STEPHEN KARL Karl EISELE - [PERSONAL FUNDS] | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary |
| Mailing Address 14006 PALAWAN WAY PH 19 | |
| City MARINA DEL REY State CA ZIP Code 90292 | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 5000.00 | 0.00 | 5000.00 |

TERMS

| | | | |
|----------------------------|-----------|----------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M M 03 D D 23 Y Y Y Y 2011 | 5/17/2011 | 0.0000 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

| | |
|---|---|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|--|----------------------|
| SUBTOTALS This Period This Page (optional) | 5000.00 |
| TOTALS This Period (last page in this line only) | <input type="text"/> |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | |

SCHEDULE C (FEC Form 3)

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

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

LOANS

NAME OF COMMITTEE (In Full)
Stephen Eisele for Congress

Transaction ID: SC/10.4145

LOAN SOURCE Full Name (Last, First, Middle Initial)
STEPHEN KARL Karl EISELE - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼
Special-Primary

Mailing Address 14006 PALAWAN WAY PH 19

City MARINA DEL REY State CA ZIP Code 90292

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 11600.00 | 0.00 | 11600.00 |

TERMS

Date Incurred: M M 03 D D 25 Y Y Y Y 2011 Date Due: 5/17/2011 Interest Rate: 0.0000 % (apr) Secured: Yes No

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

| Full Name (Last, First, Middle Initial) | Name of Employer |
|---|--------------------------------|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

SUBTOTALS This Period This Page (optional) ▶ 11600.00

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

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

SCHEDULE C (FEC Form 3)

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

LOANS

NAME OF COMMITTEE (In Full)
 Stephen Eisele for Congress

Transaction ID: SC/10.4146

| | |
|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) STEPHEN KARL Karl EISELE - [PERSONAL FUNDS] | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary |
| Mailing Address 14006 PALAWAN WAY PH 19 | |
| City MARINA DEL REY State CA ZIP Code 90292 | |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 1731.30 | 0.00 | 1731.30 |

TERMS

| | | | |
|----------------------------------|-----------|----------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M M 03 D D 31 Y Y Y Y 2011 | 5/17/2011 | 0.0000 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

| | |
|---|---|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|-----------------|
| SUBTOTALS This Period This Page (optional) | 1731.30 |
| TOTALS This Period (last page in this line only) | 19882.69 |

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