

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 05 17 2011 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 2011 through 04 27 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 05 04 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)

Write or Type Committee Name

Stephen Eisele for Congress

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	4

D	D
2	7

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)).....	7330.00	10705.00
(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)).....	7330.00	10705.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	7061.00	26825.55
(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)).....	7061.00	26825.55
8. Cash on Hand at Close of Reporting Period (from Line 27).....	8765.03	
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).....	24885.58	

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	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	4

D	D
2	7

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	6000.00	8950.00
(i) Itemized (use Schedule A).....	1330.00	1755.00
(ii) Unitemized.....	7330.00	10705.00
(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))	7330.00	10705.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	5002.89	24885.58
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	5002.89	24885.58
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)..... ▶	12332.89	35590.58

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7061.00	26825.55
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) ▶	7061.00	26825.55

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3493.14
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	12332.89
25. SUBTOTAL (add Line 23 and Line 24).....	15826.03
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7061.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	8765.03

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 28
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
Joseph Cavinato
Mailing Address 7561 W 81st St

City State Zip Code
Playa Del Rey CA 90293

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

Name of Employer Occupation
Arent Fox LLP Attorney

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.4160

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ute Eisele
Mailing Address 6510 Sewanee

City State Zip Code
Houston TX 77005

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

Name of Employer Occupation
none none

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.4212

Amount of Each Receipt this Period
2400.00

C. Full Name (Last, First, Middle Initial)
Ute Eisele
Mailing Address 6510 Sewanee

City State Zip Code
Houston TX 77005

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

Name of Employer Occupation
none none

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.4292

Amount of Each Receipt this Period
100.00

Redistribution of 2500 do-
nation for primary

SUBTOTAL of Receipts This Page (optional) ► **2750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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) Volker Eisele		Date of Receipt
	Mailing Address 6510 Sewanee Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City State Zip Code Houston TX 77005		<input type="text"/> 0 4 / <input type="text"/> 0 5 / <input type="text"/> 2 0 1 1
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4216
	Name of Employer Occupation Houston Eye Associates anesthesiologist		Amount of Each Receipt this Period
Receipt For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary		<input type="text"/> Election Cycle-to-Date ▼ <input type="text"/> 1500.00	

B.	Full Name (Last, First, Middle Initial) Cyrus Farudi		Date of Receipt
	Mailing Address 425 20th Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City State Zip Code Manhattan Beach CA 90266		<input type="text"/> 0 4 / <input type="text"/> 2 0 / <input type="text"/> 2 0 1 1
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4191
	Name of Employer Occupation Cypher LLC CEO		Amount of Each Receipt this Period
Receipt For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary		<input type="text"/> Election Cycle-to-Date ▼ <input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) Kung-I Lukowski		Date of Receipt
	Mailing Address 522 Sierra Place #18		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City State Zip Code El Segundo CA 90245		<input type="text"/> 0 4 / <input type="text"/> 1 4 / <input type="text"/> 2 0 1 1
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4176
	Name of Employer Occupation FWC LLC d/b/a Wang Strategic C Corporate and Crisis Management		Amount of Each Receipt this Period
Receipt For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary		<input type="text"/> Election Cycle-to-Date ▼ <input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 7 / 28
(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)
Michael Potter

Mailing Address P.O. Box 991

City Palos Verdes State CA Zip Code 90274

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

Name of Employer Paradigm Occupation Director

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

Election Cycle-to-Date ▼ 250.00

Date of Receipt 04 / 20 / 2011
Transaction ID: SA11AI.4189
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Chris Stott

Mailing Address 1542 Mija Lane

City Seabrook State TX Zip Code 77586

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

Name of Employer Mansat Occupation CEO

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

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 04 / 20 / 2011
Transaction ID: SA11AI.4218
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 28
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<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) STEPHEN KARL Karl EISELE	Date of Receipt MM / DD / YYYY 04 / 04 / 2011
	Mailing Address 14006 PALAWAN WAY PH 19	Transaction ID: SA13A.4274
	City State Zip Code MARINA DEL REY CA 90292	Amount of Each Receipt this Period 102.04
	FEC ID number of contributing federal political committee. C H2CA36306	FedEx - Fliers Purchase
	Name of Employer Occupation Excalibur Almaz Marketing	
Receipt For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Election Cycle-to-Date ▼ 19984.73	

B.	Full Name (Last, First, Middle Initial) STEPHEN KARL Karl EISELE	Date of Receipt MM / DD / YYYY 04 / 06 / 2011
	Mailing Address 14006 PALAWAN WAY PH 19	Transaction ID: SA13A.4282
	City State Zip Code MARINA DEL REY CA 90292	Amount of Each Receipt this Period 3775.00
	FEC ID number of contributing federal political committee. C H2CA36306	Zion Systems
	Name of Employer Occupation Excalibur Almaz Marketing	
Receipt For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Election Cycle-to-Date ▼ 23759.73	

C.	Full Name (Last, First, Middle Initial) STEPHEN KARL Karl EISELE	Date of Receipt MM / DD / YYYY 04 / 09 / 2011
	Mailing Address 14006 PALAWAN WAY PH 19	Transaction ID: SA13A.4275
	City State Zip Code MARINA DEL REY CA 90292	Amount of Each Receipt this Period 32.91
	FEC ID number of contributing federal political committee. C H2CA36306	Camera Purchase
	Name of Employer Occupation Excalibur Almaz Marketing	
Receipt For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Election Cycle-to-Date ▼ 23792.64	

SUBTOTAL of Receipts This Page (optional)	3909.95
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 / 28
(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 24292.64
Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 1 1
Transaction ID: SA13A.4276
Amount of Each Receipt this Period
500.00
Website Updates

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 24689.42
Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 2 / 2 0 1 1
Transaction ID: SA13A.4277
Amount of Each Receipt this Period
396.78
Purchase of Fliers

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 24733.18
Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 1
Transaction ID: SA13A.4278
Amount of Each Receipt this Period
43.76
Purchase of Food for Event

SUBTOTAL of Receipts This Page (optional) ► **940.54**
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 10 / 28
(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 24835.58

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 1 1

Transaction ID: SA13A.4280

Amount of Each Receipt this Period
 102.40

Fresh Brothers Purchase

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 24885.58

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 0 / 2 0 1 1

Transaction ID: SA13A.4279

Amount of Each Receipt this Period
 50.00

TACCPAC Fee

SUBTOTAL of Receipts This Page (optional)	152.40
TOTAL This Period (last page this line number only)	5002.89

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) CopyWorld Mailing Address 1375 University Ave, City Berkeley State CA Zip Code 94702 Purpose of Disbursement Fliers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Transaction ID: SB17.4261 Date of Disbursement 04 / 12 / 2011 Amount of Each Disbursement this Period 396.78 004 Category/ Type
B.	Full Name (Last, First, Middle Initial) FedEx Mailing Address 4325 Glencoe Ave City Marina Del Rey State CA Zip Code 90292 Purpose of Disbursement Shipping Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Transaction ID: SB17.4239 Date of Disbursement 04 / 13 / 2011 Amount of Each Disbursement this Period 170.09 001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Christopher Figat Mailing Address 13202 Briar Forest Dr #4455 , City Houston State TX Zip Code 77077 Purpose of Disbursement Web Site Updates Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Transaction ID: SB17.4268 Date of Disbursement 04 / 10 / 2011 Amount of Each Disbursement this Period 500.00 004 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

1066.87

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)
Eric Gignac

Transaction ID: SB17.4243
Date of Disbursement

Mailing Address 17811 CR 125

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	1

City Pearlland State TX Zip Code 77581

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Website initial set up

004

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: District:

Special-Primary

B.

Full Name (Last, First, Middle Initial)
Piryx

Transaction ID: SB17.4232
Date of Disbursement

Mailing Address 85 Natoma Street
Unit 9

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	1

City San Francisco State CA Zip Code 94105

Amount of Each Disbursement this Period

2.25

Purpose of Disbursement
Piryx Processing Fee

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: District:

Special-Primary

C.

Full Name (Last, First, Middle Initial)
Promoshop

Transaction ID: SB17.4245
Date of Disbursement

Mailing Address 5420 Mcconnell avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	1

City Los Angeles State CA Zip Code 90066

Amount of Each Disbursement this Period

283.15

Purpose of Disbursement
Platform Card and Signs

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: District:

Special-Primary

SUBTOTAL of Disbursements This Page (optional)

785.40

TOTAL This Period (last page this line number only)

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**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)
Promoshop

Mailing Address 5420 Mcconnell avenue

City Los Angeles State CA Zip Code 90066

Purpose of Disbursement
Platform Cards

Candidate Name

004
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2011
 Primary General
 Other (specify) ▼

Special-Primary

Transaction ID: SB17.4237

Date of Disbursement

04 / 18 / 2011

Amount of Each Disbursement this Period

680.17

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
Marketing services plus wire fee

Candidate Name

004
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2011
 Primary General
 Other (specify) ▼

Special-Primary

Transaction ID: SB17.4267

Date of Disbursement

04 / 06 / 2011

Amount of Each Disbursement this Period

3775.00

SUBTOTAL of Disbursements This Page (optional) ►

4455.17

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

6307.44

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 14 / 28
	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/10.4152

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
26.39	0.00	26.39

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 03 D D 07 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)	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 DD YYYY 03 14 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	PAGE 16 / 28
	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/10.4144

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:
M M 03 D D 14 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)	25.00
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 17 / 28
	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/10.4148

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: <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)	1000.00
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/10.4147

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
5000.00	0.00	5000.00

TERMS

Date Incurred Date Due Interest Rate % (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: <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)	<input type="text" value="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: MM/ DD / YYYY = 03 / 25 / 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 20 / 28
	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:
<input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	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)	

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 21 / 28
	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/10.4274

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
102.04	0.00	102.04

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="04"/> <input type="text" value="04"/> <input type="text" value="2011"/>	<input type="text" value="5/17/2011"/>	<input type="text" value="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)	<input type="text" value="102.04"/>
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	PAGE 22 / 28
	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/10.4282

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
3775.00	0.00	3775.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 4 D D 0 6 Y Y Y Y 2 0 1 1	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)	3775.00
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 23 / 28

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

LOANS

NAME OF COMMITTEE (In Full)
Stephen Eisele for Congress

Transaction ID: SC/10.4275

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
32.91	0.00	32.91

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 4 D D 0 9 Y Y Y Y 2 0 1 1	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 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="32.91"/>
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)

LOANS

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

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

NAME OF COMMITTEE (In Full)
Stephen Eisele for Congress

Transaction ID: SC/10.4276

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 DD YYYY Date Due: Interest Rate: % (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: <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)	<input type="text" value="500.00"/>
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	PAGE 25 / 28
	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/10.4277

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
396.78	0.00	396.78

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 4 D D 1 2 Y Y Y Y 2 0 1 1	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)	396.78
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/10.4278

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
43.76	0.00	43.76

TERMS

Date Incurred: M M 04 D D 15 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)	▶ [] 43.76 []
TOTALS This Period (last page in this line only)	▶ [] [] []

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

SCHEDULE C (FEC Form 3)

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/10.4280

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
102.40	0.00	102.40

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 4 D D 1 6 Y Y Y Y 2 0 1 1	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 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="102.40"/>
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	PAGE 28 / 28
	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/10.4279

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
50.00	0.00	50.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="04"/> <input type="text" value="20"/> <input type="text" value="11"/>	<input type="text" value="5/17/2011"/>	<input type="text" value="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)	50.00
TOTALS This Period (last page in this line only)	24885.58

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