

# 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 05 17 2011 in the State of CA

5. Covering Period 04 28 2011 through 06 06 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 06 16 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 / 68

Write or Type Committee Name

Stephen Eisele for Congress

Report Covering the Period: From: 

M	M
0	4

D	D
2	8

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
0	6

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	430.00	11135.00
(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)).....	430.00	11135.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	10838.27	37073.75
(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)).....	10838.27	37073.75
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>3043.88</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**POST-ELECTION DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 07/05)

Report of Receipts and Disbursements

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Stephen Eisele for Congress

Report Covering the Period: From:    To:

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="05"/> <input type="text" value="17"/> <input type="text" value="2011"/> (date of general election)	COLUMN C Total for <input type="text" value="05"/> <input type="text" value="18"/> <input type="text" value="2011"/> (date after general election)  through <input type="text" value="06"/> <input type="text" value="06"/> <input type="text" value="2011"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than Political Committees (i) Itemized (Use Schedule A)		
<input type="text" value="140.00"/>	<input type="text" value="9090.00"/>	<input type="text" value="0.00"/>
(ii) Unitemized		
<input type="text" value="290.00"/>	<input type="text" value="2045.00"/>	<input type="text" value="0.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="430.00"/>	<input type="text" value="11135.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED  
SUMMARY PAGE  
Report of Receipts and Disbursements**

<b>COLUMN A</b> Total this Period	<b>COLUMN B</b> Election Cycle Total as of * (date of general Election) (* See page 5 for date)	<b>COLUMN C</b> Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
430.00	11135.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
4586.00	29571.58	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
4586.00	29571.58	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
5016.00	40706.58	0.00

POST ELECTION DETAILED SUMMARY PAGE

Write or Type Committe Name

Stephen Eisele for Congress

Report the covering period

From:

04

28

2011

To:

06

06

2011

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
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17. OPERATING EXPENDITURES

10838.27

37073.75

588.95

18. TRANSFER TO OTHER AUTHORIZED COMMITTEES

0.00

0.00

0.00

19. LOAN PAYMENTS

(a) Of Loans Made or Guaranteed by the Candidate

0.00

0.00

0.00

(b) Of All Other Loans

0.00

0.00

0.00

(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b) )

0.00

0.00

0.00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other Than Political Committees

0.00

0.00

0.00

(b) Political Party Committees

0.00

0.00

0.00

**POST ELECTION DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
(c) Other political committees (such as PACs)		
0.00	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c) )		
0.00	0.00	0.00
21. OTHER DISBURSEMENTS		
0.00	0.00	0.00
22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)		
10838.27	37073.75	588.95

**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

430.00	11135.00	0.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

10838.27	37073.75	588.95
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....	8866.15
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	5016.00
25. SUBTOTAL(add Line 23 and Line 24) .....	13882.15
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	10838.27
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	3043.88

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

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

FOR LINE NUMBER: PAGE 7 / 68  
(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) Kung-I Lukowski		Date of Receipt MM / DD / YYYY 05 / 04 / 2011
Mailing Address 522 Sierra Place #18		<b>Transaction ID:</b> SA11AI.4388
City El Segundo	State CA	Zip Code 90245
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer FWC LLC d/b/a Wang Strategic C	Occupation Corporate and Crisis Management	
Receipt For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Election Cycle-to-Date ▼ 290.00	

**B.**

Full Name (Last, First, Middle Initial) Kung-I Lukowski		Date of Receipt MM / DD / YYYY 05 / 17 / 2011
Mailing Address 522 Sierra Place #18		<b>Transaction ID:</b> SA11AI.4325
City El Segundo	State CA	Zip Code 90245
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer FWC LLC d/b/a Wang Strategic C	Occupation Corporate and Crisis Management	
Receipt For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Election Cycle-to-Date ▼ 390.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	140.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	140.00

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

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

FOR LINE NUMBER: PAGE 8 / 68  
(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 25360.58

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 1 1

Transaction ID: SA13A.4394

Amount of Each Receipt this Period  
375.00

Christopher Figat

**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 26360.58

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 1 1

Transaction ID: SA13A.4395

Amount of Each Receipt this Period  
1000.00

Politcal Tel Systems

**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 27860.58

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 1 1

Transaction ID: SA13A.4305

Amount of Each Receipt this Period  
1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2875.00**

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



A. Form/Schedule : **SA13A**  
Transaction ID : **SA13A.4394**

(Current loan balance of 375.00 has been forgiven)

B. Form/Schedule : **SA13A**  
Transaction ID : **SA13A.4395**

(Current loan balance of 1000.00 has been forgiven)

C. Form/Schedule : **SA13A**

(Current loan balance of 1500.00 has been forgiven)

Transaction ID : **SA13A.4305**

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

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

FOR LINE NUMBER: PAGE 11 / 68  
(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 28850.58

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 0 7 / 2 0 1 1

**Transaction ID:** SA13A.4392

Amount of Each Receipt this Period  
 990.00

political tel system

**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 29571.58

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 2 / 2 0 1 1

**Transaction ID:** SA13A.4393

Amount of Each Receipt this Period  
 721.00

Political Tel Systems

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1711.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>4586.00</b>

A. Form/Schedule : **SA13A**  
Transaction ID : **SA13A.4392**

(Current loan balance of 990.00 has been forgiven)

B. Form/Schedule : **SA13A**  
Transaction ID : **SA13A.4393**

(Current loan balance of 721.00 has been forgiven)

# 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) Vaughn Blake  Mailing Address 6530 Colgate Ave.  City Los Angeles State CA Zip Code 90048  Purpose of Disbursement Campaign Videos Candidate Name STEPHEN KARL Karl EISELE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 36 Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Transaction ID: SB17.4379 Date of Disbursement 06 / 06 / 2011  Amount of Each Disbursement this Period 500.00  004 Category/ Type
B.	Full Name (Last, First, Middle Initial) Easy Reader  Mailing Address 832 Hermosa Avenue  City Hermosa Beach State CA Zip Code 90254  Purpose of Disbursement Candidate Name STEPHEN KARL Karl EISELE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 36 Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Transaction ID: SB17.4362 Date of Disbursement 05 / 11 / 2011  Amount of Each Disbursement this Period 375.00  004 Category/ Type
C.	Full Name (Last, First, Middle Initial) El Segundo Herald  Mailing Address 312 E. Imperial Ave.  City El Segundo State CA Zip Code 90245  Purpose of Disbursement Candidate Name STEPHEN KARL Karl EISELE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 36 Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Transaction ID: SB17.4336 Date of Disbursement 04 / 29 / 2011  Amount of Each Disbursement this Period 250.00  004 Category/ Type

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

1125.00

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)

<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)  
El Segundo Herald

Transaction ID: SB17.4338  
Date of Disbursement

Mailing Address 312 E. Imperial Ave.

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	1

City State Zip Code  
El Segundo CA 90245

Amount of Each Disbursement this Period

Purpose of Disbursement

004
Category/ Type

700.00
--------

Candidate Name  
STEPHEN KARL Karl EISELE

Office Sought:  House  
 Senate  
 President  
State: CA District: 36  
Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Special-Primary

B.

Full Name (Last, First, Middle Initial)  
Facebook.com

Transaction ID: SB17.4335  
Date of Disbursement

Mailing Address 1601 S California Ave

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	1

City State Zip Code  
Palo Alto CA 94303

Amount of Each Disbursement this Period

Purpose of Disbursement

004
Category/ Type

30.00
-------

Candidate Name  
STEPHEN KARL Karl EISELE

Office Sought:  House  
 Senate  
 President  
State: CA District: 36  
Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Special-Primary

C.

Full Name (Last, First, Middle Initial)  
Facebook.com

Transaction ID: SB17.4339  
Date of Disbursement

Mailing Address 1601 S California Ave

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	1

City State Zip Code  
Palo Alto CA 94303

Amount of Each Disbursement this Period

Purpose of Disbursement

004
Category/ Type

30.00
-------

Candidate Name  
STEPHEN KARL Karl EISELE

Office Sought:  House  
 Senate  
 President  
State: CA District: 36  
Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Special-Primary

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

760.00
--------

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)

PAGE 15 / 68

<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)  
Facebook.com

Transaction ID: SB17.4340  
Date of Disbursement

Mailing Address 1601 S California Ave

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

City Palo Alto State CA Zip Code 94303

Amount of Each Disbursement this Period

Purpose of Disbursement

004
Category/ Type

30.00
-------

Candidate Name  
STEPHEN KARL Karl EISELE

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

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

B.

Full Name (Last, First, Middle Initial)  
Facebook.com

Transaction ID: SB17.4378  
Date of Disbursement

Mailing Address 1601 S California Ave

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

City Palo Alto State CA Zip Code 94303

Amount of Each Disbursement this Period

Purpose of Disbursement

004
Category/ Type

30.00
-------

Candidate Name  
STEPHEN KARL Karl EISELE

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

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

C.

Full Name (Last, First, Middle Initial)  
Facebook.com

Transaction ID: SB17.4377  
Date of Disbursement

Mailing Address 1601 S California Ave

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	1

City Palo Alto State CA Zip Code 94303

Amount of Each Disbursement this Period

Purpose of Disbursement

004
Category/ Type

30.00
-------

Candidate Name  
STEPHEN KARL Karl EISELE

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

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

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

90.00
-------

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)

PAGE 16 / 68

<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) Facebook.com	Transaction ID: SB17.4372
	Mailing Address 1601 S California Ave	Date of Disbursement 05 / 05 / 2011
	City Palo Alto State CA Zip Code 94303	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement	004 Category/Type
	Candidate Name STEPHEN KARL Karl EISELE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 36	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary

B.	Full Name (Last, First, Middle Initial) Facebook.com	Transaction ID: SB17.4370
	Mailing Address 1601 S California Ave	Date of Disbursement 05 / 06 / 2011
	City Palo Alto State CA Zip Code 94303	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement	004 Category/Type
	Candidate Name STEPHEN KARL Karl EISELE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 36	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary

C.	Full Name (Last, First, Middle Initial) Facebook.com	Transaction ID: SB17.4366
	Mailing Address 1601 S California Ave	Date of Disbursement 05 / 09 / 2011
	City Palo Alto State CA Zip Code 94303	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement	004 Category/Type
	Candidate Name STEPHEN KARL Karl EISELE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 36	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	90.00
<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)

<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) Facebook.com	Transaction ID: SB17.4367
	Mailing Address 1601 S California Ave	Date of Disbursement 05 / 09 / 2011
	City Palo Alto State CA Zip Code 94303	Amount of Each Disbursement this Period
	Purpose of Disbursement	30.00
	Candidate Name STEPHEN KARL Karl EISELE	004 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: CA District: 36	Special-Primary

B.	Full Name (Last, First, Middle Initial) Facebook.com	Transaction ID: SB17.4368
	Mailing Address 1601 S California Ave	Date of Disbursement 05 / 09 / 2011
	City Palo Alto State CA Zip Code 94303	Amount of Each Disbursement this Period
	Purpose of Disbursement	30.00
	Candidate Name STEPHEN KARL Karl EISELE	004 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: CA District: 36	Special-Primary

C.	Full Name (Last, First, Middle Initial) Facebook.com	Transaction ID: SB17.4364
	Mailing Address 1601 S California Ave	Date of Disbursement 05 / 10 / 2011
	City Palo Alto State CA Zip Code 94303	Amount of Each Disbursement this Period
	Purpose of Disbursement	30.00
	Candidate Name STEPHEN KARL Karl EISELE	004 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: CA District: 36	Special-Primary

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	90.00
<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)

<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)  
Facebook.com

Transaction ID: SB17.4361  
Date of Disbursement

Mailing Address 1601 S California Ave

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

City Palo Alto State CA Zip Code 94303

Amount of Each Disbursement this Period

Purpose of Disbursement

004
Category/ Type

30.00
-------

Candidate Name  
STEPHEN KARL Karl EISELE

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

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

B.

Full Name (Last, First, Middle Initial)  
Facebook.com

Transaction ID: SB17.4360  
Date of Disbursement

Mailing Address 1601 S California Ave

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

City Palo Alto State CA Zip Code 94303

Amount of Each Disbursement this Period

Purpose of Disbursement

004
Category/ Type

30.00
-------

Candidate Name  
STEPHEN KARL Karl EISELE

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

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

C.

Full Name (Last, First, Middle Initial)  
Facebook.com

Transaction ID: SB17.4359  
Date of Disbursement

Mailing Address 1601 S California Ave

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

City Palo Alto State CA Zip Code 94303

Amount of Each Disbursement this Period

Purpose of Disbursement

004
Category/ Type

30.00
-------

Candidate Name  
STEPHEN KARL Karl EISELE

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

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

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

90.00
-------

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)  
Facebook.com

Transaction ID: SB17.4354  
Date of Disbursement

Mailing Address 1601 S California Ave

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	1

City Palo Alto State CA Zip Code 94303

Amount of Each Disbursement this Period

Purpose of Disbursement

004
Category/ Type

30.00
-------

Candidate Name  
STEPHEN KARL Karl EISELE

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

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

B.

Full Name (Last, First, Middle Initial)  
Facebook.com

Transaction ID: SB17.4355  
Date of Disbursement

Mailing Address 1601 S California Ave

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	1

City Palo Alto State CA Zip Code 94303

Amount of Each Disbursement this Period

Purpose of Disbursement

004
Category/ Type

30.00
-------

Candidate Name  
STEPHEN KARL Karl EISELE

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

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

C.

Full Name (Last, First, Middle Initial)  
Facebook.com

Transaction ID: SB17.4356  
Date of Disbursement

Mailing Address 1601 S California Ave

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	1

City Palo Alto State CA Zip Code 94303

Amount of Each Disbursement this Period

Purpose of Disbursement

004
Category/ Type

30.00
-------

Candidate Name  
STEPHEN KARL Karl EISELE

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

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

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

90.00
-------

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)  
Facebook.com

Transaction ID: SB17.4353  
Date of Disbursement

Mailing Address 1601 S California Ave

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	7		2	0	1	1

City Palo Alto State CA Zip Code 94303

Amount of Each Disbursement this Period

Purpose of Disbursement

004
Category/ Type

30.00
-------

Candidate Name  
STEPHEN KARL Karl EISELE

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

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

B.

Full Name (Last, First, Middle Initial)  
FedEx

Transaction ID: SB17.4328  
Date of Disbursement

Mailing Address 4325 Glencoe Ave

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

City Marina Del Rey State CA Zip Code 90292

Amount of Each Disbursement this Period

Purpose of Disbursement

003
Category/ Type

53.44
-------

Candidate Name  
STEPHEN KARL Karl EISELE

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

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

C.

Full Name (Last, First, Middle Initial)  
FedEx

Transaction ID: SB17.4365  
Date of Disbursement

Mailing Address 4325 Glencoe Ave

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	1

City Marina Del Rey State CA Zip Code 90292

Amount of Each Disbursement this Period

Purpose of Disbursement

003
Category/ Type

9.47
------

Candidate Name  
STEPHEN KARL Karl EISELE

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

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

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

92.91

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

<b>A.</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  Candidate Name STEPHEN KARL Karl EISELE  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 36  Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Transaction ID: SB17.4369 Date of Disbursement 05 / 09 / 2011  Amount of Each Disbursement this Period 49.37  003 Category/ Type
<b>B.</b>	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  Candidate Name STEPHEN KARL Karl EISELE  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 36  Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Transaction ID: SB17.4332 Date of Disbursement 04 / 28 / 2011  Amount of Each Disbursement this Period 375.00  004 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Piryx  Mailing Address 85 Natoma Street Unit 9  City San Francisco State CA Zip Code 94105  Purpose of Disbursement  Candidate Name STEPHEN KARL Karl EISELE  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 36  Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	Transaction ID: SB17.4341 Date of Disbursement 05 / 03 / 2011  Amount of Each Disbursement this Period 1.13  003 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>425.50</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Piryx		<b>Transaction ID:</b> SB17.4342	
	Mailing Address 85 Natoma Street Unit 9		Date of Disbursement 05 / 07 / 2011	
	City San Francisco	State CA	Zip Code 94105	Amount of Each Disbursement this Period 1.13
	Purpose of Disbursement		003 Category/ Type	
	Candidate Name STEPHEN KARL Karl EISELE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Special-Primary		
State: CA	District: 36			

<b>B.</b>	Full Name (Last, First, Middle Initial) Piryx		<b>Transaction ID:</b> SB17.4343	
	Mailing Address 85 Natoma Street Unit 9		Date of Disbursement 05 / 15 / 2011	
	City San Francisco	State CA	Zip Code 94105	Amount of Each Disbursement this Period 2.25
	Purpose of Disbursement		003 Category/ Type	
	Candidate Name STEPHEN KARL Karl EISELE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Special-Primary		
State: CA	District: 36			

<b>C.</b>	Full Name (Last, First, Middle Initial) Piryx		<b>Transaction ID:</b> SB17.4344	
	Mailing Address 85 Natoma Street Unit 9		Date of Disbursement 05 / 15 / 2011	
	City San Francisco	State CA	Zip Code 94105	Amount of Each Disbursement this Period 2.25
	Purpose of Disbursement		003 Category/ Type	
	Candidate Name STEPHEN KARL Karl EISELE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Special-Primary		
State: CA	District: 36			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5.63
<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)

<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) Piryx	Transaction ID: SB17.4345 Date of Disbursement 05 / 16 / 2011
	Mailing Address 85 Natoma Street Unit 9	Amount of Each Disbursement this Period 2.25
	City San Francisco State CA Zip Code 94105	
	Purpose of Disbursement	003 Category/ Type
	Candidate Name STEPHEN KARL Karl EISELE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 36	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary

B.	Full Name (Last, First, Middle Initial) Piryx	Transaction ID: SB17.4346 Date of Disbursement 05 / 17 / 2011
	Mailing Address 85 Natoma Street Unit 9	Amount of Each Disbursement this Period 2.25
	City San Francisco State CA Zip Code 94105	
	Purpose of Disbursement	003 Category/ Type
	Candidate Name STEPHEN KARL Karl EISELE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 36	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary

C.	Full Name (Last, First, Middle Initial) Piryx	Transaction ID: SB17.4347 Date of Disbursement 05 / 17 / 2011
	Mailing Address 85 Natoma Street Unit 9	Amount of Each Disbursement this Period 4.50
	City San Francisco State CA Zip Code 94105	
	Purpose of Disbursement	003 Category/ Type
	Candidate Name STEPHEN KARL Karl EISELE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 36	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	9.00
<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)

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Political Tel Systems <hr/> Mailing Address 134 N. 12th Street <hr/> City Montebello State CA Zip Code 90640 <hr/> Purpose of Disbursement <hr/> Candidate Name STEPHEN KARL Karl EISELE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 36 Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	<b>Transaction ID:</b> SB17.4329 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	004 Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) Political Tel Systems <hr/> Mailing Address 134 N. 12th Street <hr/> City Montebello State CA Zip Code 90640 <hr/> Purpose of Disbursement <hr/> Candidate Name STEPHEN KARL Karl EISELE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 36 Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	<b>Transaction ID:</b> SB17.4382 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 1 1
	Amount of Each Disbursement this Period 990.00
	004 Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) Political Tel Systems <hr/> Mailing Address 134 N. 12th Street <hr/> City Montebello State CA Zip Code 90640 <hr/> Purpose of Disbursement <hr/> Candidate Name STEPHEN KARL Karl EISELE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 36 Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	<b>Transaction ID:</b> SB17.4381 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 1 1
	Amount of Each Disbursement this Period 721.00
	004 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2711.00
<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)

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Promoshop <hr/> Mailing Address 5420 Mcconnell avenue <hr/> City Los Angeles State CA Zip Code 90066 <hr/> Purpose of Disbursement <hr/> Candidate Name STEPHEN KARL Karl EISELE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 36 Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	<b>Transaction ID:</b> SB17.4375 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 1
	Amount of Each Disbursement this Period 5.71
	004 Category/ Type
	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 36

<b>B.</b> Full Name (Last, First, Middle Initial) Promoshop <hr/> Mailing Address 5420 Mcconnell avenue <hr/> City Los Angeles State CA Zip Code 90066 <hr/> Purpose of Disbursement <hr/> Candidate Name STEPHEN KARL Karl EISELE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 36 Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	<b>Transaction ID:</b> SB17.4376 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 1
	Amount of Each Disbursement this Period 1187.93
	004 Category/ Type
	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 36

<b>C.</b> Full Name (Last, First, Middle Initial) Promoshop <hr/> Mailing Address 5420 Mcconnell avenue <hr/> City Los Angeles State CA Zip Code 90066 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> 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	<b>Transaction ID:</b> SB17.4371 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 1 1
	Amount of Each Disbursement this Period 387.93
	004 Category/ Type
	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1581.57
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 26 / 68

<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

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)  
Put-M-Up

Transaction ID: SB17.4386  
Date of Disbursement

Mailing Address P.o Box  
ID #: 625-69-85

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	1

City Monterey Park State CA Zip Code 91754

Amount of Each Disbursement this Period

3188.00
---------

Purpose of Disbursement  
Putting up campaign signs

004  
Category/  
Type

Candidate Name  
STEPHEN KARL Karl EISELE

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

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

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

3188.00
---------

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

10348.61
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# SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 27 / 68
	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**

<b>LOAN SOURCE</b> 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	0.00

**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: <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"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

A. Form/Schedule : **SC/10**

(Current loan balance of 26.39 has been forgiven)

Transaction ID : **SC/10.4152**

**SCHEDULE C (FEC Form 3)**

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

PAGE 29 / 68

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

**LOANS**

NAME OF COMMITTEE (In Full)  
Stephen Eisele for Congress

**Transaction ID: SC/10.4103**

<b>LOAN SOURCE</b> 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 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 0.00

**TERMS**

Date Incurred M M 03 D D 14 Y Y Y Y 2011	Date Due 5/17/2011	Interest Rate 0.0000 % (apr)	Secured: <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"/>

<b>SUBTOTALS</b> This Period This Page (optional) ..... ▶	<input style="width: 100%; text-align: center;" type="text" value="0.00"/>
<b>TOTALS</b> 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.

A. Form/Schedule : **SC/10**

(Current loan balance of 500.00 has been forgiven)

Transaction ID : **SC/10.4103**

**SCHEDULE C (FEC Form 3)**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 31 / 68
	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**

<b>LOAN SOURCE</b> 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	0.00

**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: <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"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTALS</b> 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.	

A. Form/Schedule : **SC/10**

(Current loan balance of 25.00 has been forgiven)

Transaction ID : **SC/10.4144**



**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:  
 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
1000.00	0.00	0.00

**TERMS**

Date Incurred    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: <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"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTALS</b> 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.

A. Form/Schedule : **SC/10**

(Current loan balance of 1000.00 has been forgiven)

Transaction ID : **SC/10.4148**

**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	0.00

**TERMS**

Date Incurred: MM DD YYYY 03 23 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:

<b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
<b>TOTALS</b> 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.

A. Form/Schedule : **SC/10**

(Current loan balance of 5000.00 has been forgiven)

Transaction ID : **SC/10.4147**

# SCHEDULE C (FEC Form 3)

## LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 37 / 68
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
Stephen Eisele for Congress

**Transaction ID: SC/10.4145**

<b>LOAN SOURCE</b> 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
11600.00	0.00	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 03 D D 25 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"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTALS</b> 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.	

A. Form/Schedule : **SC/10**

(Current loan balance of 11600.00 has been forgiven)

Transaction ID : **SC/10.4145**

**SCHEDULE C (FEC Form 3)**

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

PAGE 39 / 68

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

**LOANS**

NAME OF COMMITTEE (In Full)  
Stephen Eisele for Congress

**Transaction ID: SC/10.4146**

<b>LOAN SOURCE</b> 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	0.00

**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 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"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="0.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

A. Form/Schedule : **SC/10**

(Current loan balance of 1731.30 has been forgiven)

Transaction ID : **SC/10.4146**



**SCHEDULE C (FEC Form 3)**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 41 / 68
	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**

<b>LOAN SOURCE</b> 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	0.00

**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"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTALS</b> 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.	

A. Form/Schedule : **SC/10**

(Current loan balance of 102.04 has been forgiven)

Transaction ID : **SC/10.4274**

**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/10.4282**

<b>LOAN SOURCE</b> 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 3775.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 0.00
------------------------------------	------------------------------------	---

**TERMS**

Date Incurred MM DD YY YY 04 06 20 11	Date Due 5/17/2011	Interest Rate 0.0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="0.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

A. Form/Schedule : **SC/10**

(Current loan balance of 3775.00 has been forgiven)

Transaction ID : **SC/10.4282**

**SCHEDULE C (FEC Form 3)**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 45 / 68
	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/10.4275**

<b>LOAN SOURCE</b> 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	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="04"/> <input type="text" value="09"/> <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"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTALS</b> 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.	

A. Form/Schedule : **SC/10**

(Current loan balance of 32.91 has been forgiven)

Transaction ID : **SC/10.4275**

**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/10.4276

**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	0.00

**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"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTALS</b> 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.

A. Form/Schedule : **SC/10**

(Current loan balance of 500.00 has been forgiven)

Transaction ID : **SC/10.4276**



**SCHEDULE C (FEC Form 3)**

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

PAGE 49 / 68

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

**LOANS**

NAME OF COMMITTEE (In Full)  
Stephen Eisele for Congress

**Transaction ID: SC/10.4277**

<b>LOAN SOURCE</b> 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	0.00

**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 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"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="0.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

A. Form/Schedule : **SC/10**

(Current loan balance of 396.78 has been forgiven)

Transaction ID : **SC/10.4277**

# 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/10.4278

**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	0.00

### 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"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTALS</b> 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.

A. Form/Schedule : **SC/10**

(Current loan balance of 43.76 has been forgiven)

Transaction ID : **SC/10.4278**

**SCHEDULE C (FEC Form 3)**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 53 / 68
	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/10.4280**

<b>LOAN SOURCE</b> 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	0.00

**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 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"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTALS</b> 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.	

A. Form/Schedule : **SC/10**

(Current loan balance of 102.40 has been forgiven)

Transaction ID : **SC/10.4280**

**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/10.4279

**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
100.00	0.00	0.00

**TERMS**

Date Incurred: MM/YY 04/2011 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:

<b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
<b>TOTALS</b> 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.

A. Form/Schedule : **SC/10**

(Current loan balance of 50.00 has been forgiven)

Transaction ID : **SC/10.4279**



**SCHEDULE C (FEC Form 3)**

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

PAGE 57 / 68

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

**LOANS**

NAME OF COMMITTEE (In Full)  
Stephen Eisele for Congress

**Transaction ID: SC/10.4390**

<b>LOAN SOURCE</b> 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	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="MM 04"/> <input type="text" value="DD 20"/> <input type="text" value="YYYY 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"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

A. Form/Schedule : **SC/10**

(Current loan balance of 50.00 has been forgiven)

Transaction ID : **SC/10.4390**

**SCHEDULE C (FEC Form 3)**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 59 / 68
	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/10.4394**

<b>LOAN SOURCE</b> 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
375.00	0.00	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 4 D D 2 8 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"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTALS</b> 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.	

A. Form/Schedule : **SC/10**

(Current loan balance of 375.00 has been forgiven)

Transaction ID : **SC/10.4394**

**SCHEDULE C (FEC Form 3)**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 61 / 68
	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/10.4395**

<b>LOAN SOURCE</b> 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	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 4 D D 2 8 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"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTALS</b> 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.	

A. Form/Schedule : **SC/10**

(Current loan balance of 1000.00 has been forgiven)

Transaction ID : **SC/10.4395**

**SCHEDULE C (FEC Form 3)**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 63 / 68
	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/10.4305**

<b>LOAN SOURCE</b> 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
1500.00	0.00	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 05 D D 04 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"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>0.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

A. Form/Schedule : **SC/10**

(Current loan balance of 1500.00 has been forgiven)

Transaction ID : **SC/10.4305**



**SCHEDULE C (FEC Form 3)**

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

PAGE 65 / 68

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

**LOANS**

NAME OF COMMITTEE (In Full)  
Stephen Eisele for Congress

**Transaction ID: SC/10.4392**

<b>LOAN SOURCE</b> 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
990.00	0.00	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:																
<table style="font-size: small;"> <tr><td>M</td><td>M</td></tr> <tr><td>0</td><td>5</td></tr> </table> <table style="font-size: small;"> <tr><td>D</td><td>D</td></tr> <tr><td>0</td><td>7</td></tr> </table> <table style="font-size: small;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>1</td><td>1</td></tr> </table>	M	M	0	5	D	D	0	7	Y	Y	Y	Y	2	0	1	1	5/17/2011	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M																		
0	5																		
D	D																		
0	7																		
Y	Y	Y	Y																
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"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="0.00"/>
<b>TOTALS</b> 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.

A. Form/Schedule : **SC/10**

(Current loan balance of 990.00 has been forgiven)

Transaction ID : **SC/10.4392**

**SCHEDULE C (FEC Form 3)**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 67 / 68
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/10.4393**

<b>LOAN SOURCE</b> 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
721.00	0.00	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 05 D D 12 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"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text" value="0.00"/>

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

A. Form/Schedule : **SC/10**

(Current loan balance of 721.00 has been forgiven)

Transaction ID : **SC/10.4393**