

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

12FE4M5

Steve Adams for Congress

ADDRESS (number and street)

4201 Brockton Ave Ste 100

Check if different than previously reported. (ACC)

Riverside

CA

92501

2. FEC IDENTIFICATION NUMBER

C C00544882

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

CA

41

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 MM/DD/YYYY in the State of

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

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

Election on MM/DD/YYYY in the State of

5. Covering Period

MM/DD/YYYY 01/01/2015

through

MM/DD/YYYY 03/31/2015

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 Richard Teaman

Signature of Treasurer Richard Teaman

[Electronically Filed]

Date

MM/DD/YYYY 04/09/2015

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

Table with 7 columns and 1 row for Office Use Only.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Steve Adams for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	246418.99
(b) Total Contribution Refunds (from Line 20(d))	0.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	245418.99
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	21353.72	250275.16
(b) Total Offsets to Operating Expenditures (from Line 14).....	200.00	4649.80
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	21153.72	245625.36
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	43148.97	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Steve Adams for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	225908.99
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	20500.00
(d) The Candidate.....	0.00	10.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	246418.99
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	200.00	4649.80
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	8.15	261.37
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶		
	208.15	251330.16

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	21353.72	250275.16
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	1000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1000.00
21. OTHER DISBURSEMENTS	0.00	1055.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	21353.72	252330.16

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	21145.57
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	208.15
25. SUBTOTAL (add Line 23 and Line 24).....	21353.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21353.72
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 5 OF 9	
(check only one)			
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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)
Steve Adams for Congress

A. Full Name (Last, First, Middle Initial)
U.S. House of Representatives - Ethics Committee

Mailing Address **Legislative Resource Center**
B-106 Cannon House Office Building

City **Washington** State **DC** Zip Code **20515-6601**

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date
_____ 0.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2015

Transaction ID : 14-1814-o

Amount of Each Receipt this Period
_____ 200.00
late fee waived

B. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

_____ 200.00

_____ 200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 9
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Steve Adams for Congress

A. Full Name (Last, First, Middle Initial)
PROVIDENT BANK

Mailing Address 3756 CENTRAL AVE.

City RIVERSIDE State CA Zip Code 92506

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
261.37

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2015

Transaction ID : 15-1812-O

Amount of Each Receipt this Period
 3.74
 interest

B. Full Name (Last, First, Middle Initial)
PROVIDENT BANK

Mailing Address 3756 CENTRAL AVE.

City RIVERSIDE State CA Zip Code 92506

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
261.37

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2015

Transaction ID : 15-1809-O

Amount of Each Receipt this Period
 4.41
 interest

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

8.15

8.15

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

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NAME OF COMMITTEE (In Full)
Steve Adams for Congress

Full Name (Last, First, Middle Initial) A. Lincoln Club of Riverside County (Federal)		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2015
Mailing Address 4201 Brockton Ave. Ste. 100		Amount of Each Disbursement this Period 500.00 Transaction ID : 17-1126
City Riverside	State CA	
Zip Code 92501	Purpose of Disbursement membership dues	Category/ Type 001
Candidate Name Lincoln Club of Riverside County (Federal)	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. RedRock Strategies, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address 9500 W. Flamingo Rd. #203		Amount of Each Disbursement this Period 18519.73 Transaction ID : 17-1131
City Las Vegas	State NV	
Zip Code 89147	Purpose of Disbursement general campaign consultant-final negotiated debt settlement	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Teaman, Ramirez & Smith Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2015
Mailing Address 4201 Brockton Ave. Ste. 100		Amount of Each Disbursement this Period 420.39 Transaction ID : 17-1125
City Riverside	State CA	
Zip Code 92501	Purpose of Disbursement December campaign reporting services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	19440.12
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 9	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Steve Adams for Congress

Full Name (Last, First, Middle Initial) A. Teaman, Ramirez & Smith Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2015
Mailing Address 4201 Brockton Ave. Ste. 100		Amount of Each Disbursement this Period 413.60
City Riverside	State CA	
Zip Code 92501	Purpose of Disbursement January campaign reporting services	Transaction ID : 17-1127
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Teaman, Ramirez & Smith Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2015
Mailing Address 4201 Brockton Ave. Ste. 100		Amount of Each Disbursement this Period 1500.00
City Riverside	State CA	
Zip Code 92501	Purpose of Disbursement closeout bill for campaign reporting services	Transaction ID : 17-1129
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	1913.60
TOTAL This Period (last page this line number only).....	21353.72

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

Steve Adams for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RedRock Strategies, Inc.		Nature of Debt (Purpose): underpayment error
Mailing Address 9500 W. Flamingo Rd. #203		
City State Zip Code Las Vegas NV 89147		

Outstanding Balance Beginning This Period <input type="text" value="43148.97"/>		Transaction ID : D10-650-V	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="43148.97"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State Zip Code		

Outstanding Balance Beginning This Period <input type="text"/>		Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State Zip Code		

Outstanding Balance Beginning This Period <input type="text"/>		Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>		

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="43148.97"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="43148.97"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="43148.97"/>