

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 166 / 415

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Steele for Maryland, Inc.

Full Name (Last, First, Middle Initial)

A. MR. DAVID G. LENHART

Mailing Address 5840 COOL SPRINGS DRIVE

City

CUMMING

State

GA

Zip Code

30040-3840

FEC ID number of contributing federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

MANAGEMENT

Receipt For: 2006

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

MM / DD / YYYY
10 / 19 / 2005

Transaction ID: SA11.2887

Amount of Each Receipt this Period

2100.00

CONTRIBUTION

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A)-1)

Full Name (Last, First, Middle Initial)

B. MR. DANIEL LEONARD

Mailing Address 1921 CARROLLTON ROAD

City

ANNAPOLIS

State

MD

Zip Code

21408-6244

FEC ID number of contributing federal political committee.

C

Name of Employer
AMERICA HEALTH INSURANCE PLANS

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For: 2006

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
11 / 18 / 2005

Transaction ID: SA11.3334

Amount of Each Receipt this Period

500.00

CONTRIBUTION

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A)-1)

Full Name (Last, First, Middle Initial)

C. MS. MARIELLEN M. LEONARD

Mailing Address 4986 SENTINEL DRIVE
APARTMENT 104

City

BETHESDA

State

MD

Zip Code

20816-3518

FEC ID number of contributing federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

INVESTOR

Receipt For: 2006

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
12 / 09 / 2005

Transaction ID: SA11.4613

Amount of Each Receipt this Period

500.00

CONTRIBUTION

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A)-1)

SUBTOTAL of Receipts This Page (optional)

3100.00

TOTAL This Period (last page this line number only)