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May 17, 2013

To Whom It May Concern:

Enclosed please find our original filing for Steve Adams for Congress. Included are the originals of both the FEC Form 1-Statement of Organization and an FEC Form 2-Statement of Candidacy.

Please notify us of our FEC ID number as soon as possible so that we can request a password and comply with the deadline for our first electronic filing of a Form 3 report.

Thank you for your help in this matter.

Respectfully,

STEVE ADAMS FOR CONGRESS

Richard A. Teaman

Treasurer

FEC FORM 1

STATEMENT OF ORGANIZATION

RECENTIO —

2818 MAY 20 AM 9: 06

FEG HAIL GENTER

				Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Steve Adams fo	r Congress			1
<u> </u>				
	1001 5 11 1 1 1 100			
ADDRESS (number and street)	4201 Brockton Ave Ste 100			
(Check if address				
is changed)	Riverside		CA 9	2501
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e	-mail address)	·	
(Check if address	sgriffith@trscpas.com	<u> </u>		
is changed)		<u> </u>		
COMMITTEE'S WEB PAGE AD	DRESS (URL)			,
(Check if address				
‱ is changed) ·				
2. DATE 05 1	6 2013	•		
3. FEC IDENTIFICATION N	UMBER C c		·	·
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined to	his Statement and to the best	of my knowledge and belief	it is true, correct a	nd complete.
Type or Print Name of Treasure	Richard Teaman			
Type of 1 fill Name of Weasure				
Signature of Treasurer	d Teaman Salud O	. James	Date 05	17 2013
NOTE: Submission of false, erron	eous, or incomplete information			e penalties of 2 U.S.C. §437g.
Office		For further information		FEC FORM 1
Use Only		Federal Election Commit Toll Free 800-424-9530 Local 202-694-1100	331UH	(Revised 02/2009)

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5.	–		OMMITTEE
	Cen	didate	Committee:
	(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)
	(b)·		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
	Name Candi		Steve Adams
	Candi	date	Office State
	Party	Affiliati	on REP Sought: House Senate President District 41
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi		
	Part	y Con	nmittee:
	(d)		This committee is a (National, State or subordinate) committee of the Republican, etc.) Party.
	Polit	ical A	ction Committee (PAC):
	(e)	П	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
	(-)	Shane!!	Corporation Corporation w/o Capital Stock Labor Organization
			Membership Organizatiob Trade Association Cooperative
			In addition, this committee is a Lobbyist/Registrant PAC.
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., rionconnected committee)
			In addition, this committee is a Lobbyiet/RegistrantiPAC.
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
	Joint	Func	raising Representative:
	(g)	H.	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political
		th ma	committees/organizations, none of which is an authorized committee of a federal candidate.
		Com	mittees Participating in Joint Fundraiser
		1.	FEC ID number
		2.	FEC ID number C
		3.	FEC ID number C
		4.	FEC ID number C

٧	Write or Type Comi	mittee Name															٠	
٠	Steve Ada	ams fo	r Cong	ress														
6.	Name of Any C	onnected O	rganization, A	Affiliated (Commit	tee, Jo	int Fu	ndrais	ing R	epres	entat	ive, c	or Lea	ders	hip PA	C Spo	nso	-
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	Relationship:	Connected	Organization	Affiliate	ed Comi	mittee	J	oint Fu	ndraisi	ing R	epres	entati	ve	Lea	adershi	p PAC	Spo	nsor
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		Richard Te	aman			•												
	Full Name	Kichard Te			1 1 1							11			ليليا	للا		Ш
	Mailing Address		4201 Brockto	n Ave Ste	100		l l	11	LL		<u> </u>		L	ı	<u> </u>			
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3.	Treasurer: List th	ne name and	address (pho	ne numbe	r opti	ional) d	of the	treasur	er of t	the c	ommit	tee; a	and th	ne nai	me an	d addr	ess	of
	any designated a	igent (e.g., a	ssistant treasu	rer).	•													
	Full Name	Richard Te	aman		<i>:</i>													
	of Treasurer		14201 Brockto	n Ave Ste	100		- 1		<u> </u>						<u> </u>	11	!_	<u>.</u>
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Full Name of Designated	Javier Carrillo																	
Agent					1.1	Н	11						11		1			
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Title or Position Asst. Treasurer				1 1	1 1	1		Telepi	hone	num	ber	1	951	1-1	274	1-	9	500
Banks or Other			inks or	other	depos	sitories						posit	s fun	ds, ho	lds ac	count	s, rei	nts
safety deposit be	es or maintain		inks or	other	depos	sitories						posit	s fun	ds, ho	lds ac	count	s, rei	nts
	es or maintain		nks or	other	depos	sitories						posit	s fun	ds, ho	lds ac	count	s, rei	nts
safety deposit be	es or maintain	s funds.	inks or	other	depos	itories						posit	s fun	ds, ho	lds ac	count	s, rei	nts
safety deposit be Name of Bank,	Depository, etc. Provident	s funds.	<u>. </u>	other	depos	sitories						posit	s fun	ds, ho	lds ac	count	s, rei	nts
safety deposit be	Depository, etc. Provident	s funds.	<u>. </u>	other	depos	sitories						posit	s fun	ds, ho	lds ac	count	s, rei	nts

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Name of Bank, Depository, etc.

15051071095

FEC Form 1 (Revised 0.2/2009)

STATE

ZIP CODE

CITY

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Fed. EXP 5/17/13 Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

(3/2005)