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Attorneys:

Michael A. Steinberg, Esq.
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Dax J. Lonetto, Sr., Esq.
Fernando V. Narvaez, Esq.
David F. Chalela, Esq.
Susan S. Sandler, Esq.

November 26, 2013

VIA CERTIFIED MAIL:

91 7199 9991 7033 2012 7029

Federal Elections Commission
999 E Street Northwest
Washington DC 20463

Dear Sirs:

Enclosed please find FEC Form 1 (Statement of Organization) for Michael Steinberg for President Committee.

Thank you for your consideration of the above and the enclosed.

Sincerely,

Michael A. Steinberg

MAS/vt
113363/LTR/FEC 1

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FEC
FORM 1

STATEMENT OF ORGANIZATION

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1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Michael Steinberg For President

ADDRESS (number and street)

4925 Independence Parkway

Suite 195

(Check if address
is changed)

Tampa

FL

33634

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

michaelsteinbergforpresident@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

www.2016primary.com

2. DATE

11 / 13 / 2013

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

David Dix

Signature of Treasurer



Date

11 / 27 / 2013

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

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5. TYPE OF COMMITTEE

Candidate Committee:

- (a) 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 of Candidate Michael Alan Steinberg

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization 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., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) 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 committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	C
2.	_____	FEC ID number	C
3.	_____	FEC ID number	C
4.	_____	FEC ID number	C

13031142526

Write or Type Committee Name

Michael Steinberg For President

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid line]

[Empty grid line]

Mailing Address

[Empty grid line]

[Empty grid line]

[Empty grid line]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

David Dix

Mailing Address

4925 Independence Parkway

[Empty grid line]

Tampa

FL

33634

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

813

221

1300

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

David Dix

Mailing Address

4925 Independence Parkway

Suite 195

Tampa

FL

33634

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

813

221

1300

13031142527

Full Name of Designated Agent

David Dix

Mailing Address

4925 Independence Parkway

Suite 195

Tampa

CITY

FL

STATE

33634

ZIP CODE

Title or Position

Deputy Treasurer

Telephone number

813

221

1300

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Chase Bank

Mailing Address

4915 Independence Parkway

Tampa

CITY

FL

STATE

33634

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

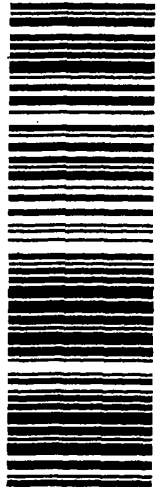
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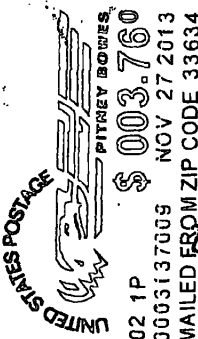
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MICHAEL A. STEINBERG & ASSOC
Attorneys At Law
4925 Independence Parkway, Suite 195
Tampa, Florida 33634-7540

CERTIFIED MAIL



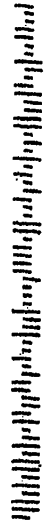
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Washington DC 20463



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 The FEC added this page to the end of this filing to indicate how it was received.

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Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

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

Other (Specify): Date of Receipt or Postmarked


 PREPARER

12/6/13
 DATE PREPARED

13031142530