

For help completing Form 2, please double-click the icon next to each line number.

FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Michael G. Steger			2. Identification Number	
(b) Address (number and street) 350 Townsend Street, Suite 312		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code San Francisco, CA		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation Democrat	5. Office Sought House of Representatives	6. State & District of Candidate CA District 12		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Michael Steger for Congress	
(b) Address (number and street) 350 Townsend Street, Suite 312	
(c) City, State, and ZIP Code San Francisco, CA 94107	

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)	
(b) Address (number and street)	
(c) City, State, and ZIP Code	

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

Signature of Candidate 	Date 2/28/2014
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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FEC FORM 2 (REV. 12/2008)

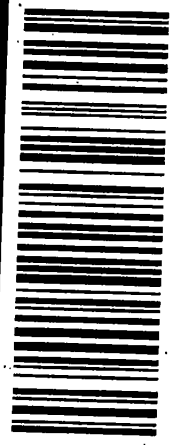
To print and file this form, select "Print" from the "File" menu above. In the "Print" window, select "Document" from the drop-down menu labeled "Comments and Forms". Doing so will ensure that the icons and other instructions will not appear on your filing. Click here for a video printing demonstration.

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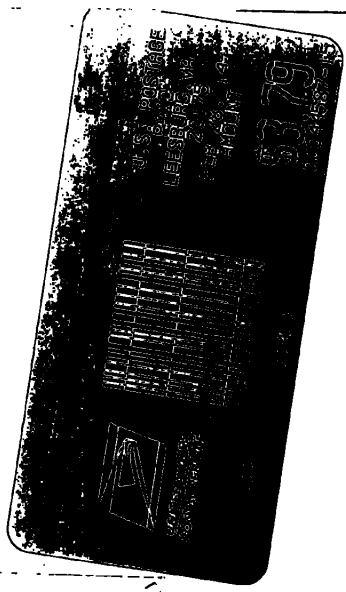
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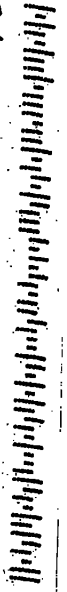


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FEC Form 2



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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

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 PREPARER
 (8/2013)

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