

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 OELRICH FOR CONGRESS

ADDRESS (number and street) ▼

5200 NW 43RD ST SUITE 102 PMB 151

Check if different than previously reported. (ACC)

Gainesville

FL

32606

2. **FEC IDENTIFICATION NUMBER** ▼

C C00509901

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

FL

06

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 / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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 Jacqueline Schall

Signature of Treasurer Jacqueline Schall

[Electronically Filed]

Date

/ /

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

Office Use Only									
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FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

STEVE OELRICH 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))....	4825.00	204212.10
(b) Total Contribution Refunds (from Line 20(d))	16000.00	16000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-11175.00	188212.10
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	89263.31	292347.02
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	89263.31	292347.02
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1774.72	
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).....	116400.00	

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 OELRICH 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).....	4050.00	174620.00
(ii) Unitemized.....	775.00	23092.10
(iii) TOTAL of contributions from individuals ▶	4825.00	197712.10
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	6000.00
(d) The Candidate.....	0.00	500.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4825.00	204212.10
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	81800.00	105800.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	81800.00	105800.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	108.64	109.64
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	86733.64	310121.74

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	89263.31	292347.02
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	16000.00	16000.00
(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)).....	16000.00	16000.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	105263.31	308347.02

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	20304.39
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	86733.64
25. SUBTOTAL (add Line 23 and Line 24).....	107038.03
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	105263.31
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1774.72

**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 5 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input 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 OELRICH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Karen Cameron

Mailing Address 5010 SW 2nd Ave

City Ocala State FL Zip Code 34471

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

Name of Employer Easy Insurance Quote.com, LLC Occupation Insurance Agent

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 07 / 2012

Transaction ID : SA11AI.6130

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mary Hipp

Mailing Address PO Box 1000

City Alachua State FL Zip Code 32616

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

Name of Employer John C. Hipp Construction Occupation Director

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 13 / 2012

Transaction ID : SA11AI.6194

Amount of Each Receipt this Period
200.00

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

Mailing Address 8528 E County Rd 225

City Gainesville State FL Zip Code 32609

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

Name of Employer Carson Springs Farm Occupation Wildlife Sanctuary

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 02 / 2012

Transaction ID : SA11AI.6041

Amount of Each Receipt this Period
250.00

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

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

950.00

**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 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
STEVE OELRICH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
William Matchell

Mailing Address 312 SW 134 Terr

City State Zip Code
Newberry FL 32669

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

Name of Employer Occupation
State Farm Insurance Insurance Agent

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 07 / 2012

Transaction ID : SA11AI.6126

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Leticia Olesky

Mailing Address 3832 W Newberry Rd, Ste 2C

City State Zip Code
Gainesville FL 32607

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

Name of Employer Occupation
S & O PROPERTIES, LLC Property Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 07 / 2012

Transaction ID : SA11AI.6123

Amount of Each Receipt this Period
300.00

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

Mailing Address 4914 SW 95th Terrace

City State Zip Code
Gainesville FL 32608

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

Name of Employer Occupation
Koss Olinger Financial Group Financial Planner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 02 / 2012

Transaction ID : SA11AI.6252

Amount of Each Receipt this Period
200.00

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

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

750.00

**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 7 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
STEVE OELRICH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Lanier Porter

Mailing Address 3144 Hassi Point

City Longwood State FL Zip Code 32779

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

Name of Employer Frontline Homeowners Insurance Occupation CEO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 02 / 2012

Transaction ID : SA11AI.6053

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Mike Vallencourt

Mailing Address 1701 Blanding Blvd

City Middleburg State FL Zip Code 32068

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

Name of Employer Vallencourt Const. Co., Inc Occupation President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 30 / 2012

Transaction ID : SA11AI.6029

Amount of Each Receipt this Period
 500.00

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

Mailing Address 14128 NE State Rd 26

City Gainesville State FL Zip Code 32641

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

Name of Employer Whaley's Trees Occupation Tree Nursery Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 08 / 2012

Transaction ID : SA11AI.6136

Amount of Each Receipt this Period
 500.00

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

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

2000.00

**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 8 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
STEVE OELRICH FOR CONGRESS

Full Name (Last, First, Middle Initial) Rob Zeller		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 07 / 2012
Mailing Address PO Box 14077		Transaction ID : SA11Al.6134
City Gainesville	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer C.S. Foods, Inc.	Occupation President	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	4050.00

**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 9 OF 45
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
STEVE OELRICH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
STEPHEN M OELRICH

Mailing Address 5200 NW 43RD STREET SUITE 102
PMB 151

City Gainesville State FL Zip Code 32606

FEC ID number of contributing federal political committee. **C H2FL06117**

Name of Employer Florida Senate Occupation State Senator

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
32800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2012

Transaction ID : SA13A.6024

Amount of Each Receipt this Period
8300.00

Loan from Candidate to Campaign

B. Full Name (Last, First, Middle Initial)
STEPHEN M OELRICH

Mailing Address 5200 NW 43RD STREET SUITE 102
PMB 151

City Gainesville State FL Zip Code 32606

FEC ID number of contributing federal political committee. **C H2FL06117**

Name of Employer Florida Senate Occupation State Senator

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
51800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2012

Transaction ID : SA13A.6035

Amount of Each Receipt this Period
19000.00

Loan from Candidate to Campaign

C. Full Name (Last, First, Middle Initial)
STEPHEN M OELRICH

Mailing Address 5200 NW 43RD STREET SUITE 102
PMB 151

City Gainesville State FL Zip Code 32606

FEC ID number of contributing federal political committee. **C H2FL06117**

Name of Employer Florida Senate Occupation State Senator

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
69300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 02 / 2012

Transaction ID : SA13A.6038

Amount of Each Receipt this Period
17500.00

Loan from Candidate to Campaign

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

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

44800.00

**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 10 OF 45
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
STEVE OELRICH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STEPHEN M OELRICH		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 06 / 2012
Mailing Address 5200 NW 43RD STREET SUITE 102 PMB 151		Transaction ID : SA13A.6091
City Gainesville State FL Zip Code 32606		
FEC ID number of contributing federal political committee. C H2FL06117		Amount of Each Receipt this Period 6000.00
Name of Employer Florida Senate Occupation State Senator	Loan from Candidate to Campaign	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 75300.00	

Full Name (Last, First, Middle Initial) B. STEPHEN M OELRICH		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 07 / 2012
Mailing Address 5200 NW 43RD STREET SUITE 102 PMB 151		Transaction ID : SA13A.6120
City Gainesville State FL Zip Code 32606		
FEC ID number of contributing federal political committee. C H2FL06117		Amount of Each Receipt this Period 3000.00
Name of Employer Florida Senate Occupation State Senator	Loan from Candidate to Campaign	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 78300.00	

Full Name (Last, First, Middle Initial) C. STEPHEN M OELRICH		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 08 / 2012
Mailing Address 5200 NW 43RD STREET SUITE 102 PMB 151		Transaction ID : SA13A.6138
City Gainesville State FL Zip Code 32606		
FEC ID number of contributing federal political committee. C H2FL06117		Amount of Each Receipt this Period 28000.00
Name of Employer Florida Senate Occupation State Senator	Loan from Candidate to Campaign	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 106300.00	

SUBTOTAL of Receipts This Page (optional).....	37000.00
TOTAL This Period (last page this line number only).....	81800.00

**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 11 OF 45			
	<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 OELRICH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012
Mailing Address PO Box 53601		Amount of Each Disbursement this Period 7.95 Transaction ID : SB17.6056
City Phoenix	State AZ	
Zip Code 85072	Purpose of Disbursement Merchant Acct Fee	Category/ Type 001
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
Other (specify)		
State: FL	District: 06	

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2012
Mailing Address PO Box 53601		Amount of Each Disbursement this Period 35.28 Transaction ID : SB17.6118
City Phoenix	State AZ	
Zip Code 85072	Purpose of Disbursement Merchant Acct Fee	Category/ Type 001
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
Other (specify)		
State: FL	District: 06	

Full Name (Last, First, Middle Initial) c. American Express		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2012
Mailing Address PO Box 53601		Amount of Each Disbursement this Period 7.95 Transaction ID : SB17.6227
City Phoenix	State AZ	
Zip Code 85072	Purpose of Disbursement Merchant Acct Fee	Category/ Type 001
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
Other (specify)		
State: FL	District: 06	

SUBTOTAL of Disbursements This Page (optional).....	51.18
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 12 OF 45	
	<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 OELRICH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2012
Mailing Address PO Box 53601		Amount of Each Disbursement this Period 9,999,999.99 7.38 Transaction ID : SB17.6230
City Phoenix	State AZ	
Zip Code 85072	Purpose of Disbursement Merchant Acct Final Fee	Category/ Type 001
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

Full Name (Last, First, Middle Initial) B. Caroline Anderson		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2012
Mailing Address 132 SW 62nd Street, Apt 601		Amount of Each Disbursement this Period 9,999,999.99 284.91 Transaction ID : SB17.5992
City Gainesville	State FL	
Zip Code 32607	Purpose of Disbursement Reimburse Campaign Expense	Category/ Type 001
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

Full Name (Last, First, Middle Initial) c. Caroline Anderson		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012
Mailing Address 132 SW 62nd Street, Apt 601		Amount of Each Disbursement this Period 9,999,999.99 650.00 Transaction ID : SB17.6085
City Gainesville	State FL	
Zip Code 32607	Purpose of Disbursement Campaign Field Work	Category/ Type 001
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

SUBTOTAL of Disbursements This Page (optional).....	942.29
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 13 OF 45	
	<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 OELRICH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Caroline Anderson		Date of Disbursement MM / DD / YYYY 08 / 16 / 2012
Mailing Address 132 SW 62nd Street, Apt 601		Amount of Each Disbursement this Period 110.05 Transaction ID : SB17.6202
City Gainesville	State FL	
Zip Code 32607	Purpose of Disbursement Reimburse Campaign Expense	Category/ Type 004
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

Full Name (Last, First, Middle Initial) B. Almond's Auto		Date of Disbursement MM / DD / YYYY 08 / 13 / 2012
Mailing Address 3936 W Newberry Rd		Amount of Each Disbursement this Period 50.05 Transaction ID : SB17.6202.1 [MEMO ITEM]
City Gainesville	State FL	
Zip Code 32607	Purpose of Disbursement Fuel for Campaign Travel	Category/ Type 002
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

Full Name (Last, First, Middle Initial) c. Bank of America		Date of Disbursement MM / DD / YYYY 07 / 26 / 2012
Mailing Address 13170 Atlantic Blvd		Amount of Each Disbursement this Period 104.00 Transaction ID : SB17.5968
City Jacksonville	State FL	
Zip Code 32225	Purpose of Disbursement Check Order	Category/ Type 001
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

SUBTOTAL of Disbursements This Page (optional).....	214.05
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 14 OF 45			
	<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 OELRICH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Bank of America		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012
Mailing Address 13170 Atlantic Blvd		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.6046
City Jacksonville State FL Zip Code 32225	Purpose of Disbursement Wire Fee 001 Category/Type	
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

Full Name (Last, First, Middle Initial) B. Bank of America		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 13170 Atlantic Blvd		Amount of Each Disbursement this Period 12.00 Transaction ID : SB17.6119
City Jacksonville State FL Zip Code 32225	Purpose of Disbursement Bank Service Charges 001 Category/Type	
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

Full Name (Last, First, Middle Initial) c. Bank of America		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2012
Mailing Address 13170 Atlantic Blvd		Amount of Each Disbursement this Period 12.00 Transaction ID : SB17.6144
City Jacksonville State FL Zip Code 32225	Purpose of Disbursement Bank Service Fee 001 Category/Type	
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

SUBTOTAL of Disbursements This Page (optional).....	49.00
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 15 OF 45			
	<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 OELRICH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Bank of America		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2012
Mailing Address 13170 Atlantic Blvd		Amount of Each Disbursement this Period 17.00 Transaction ID : SB17.6244
City Jacksonville State FL Zip Code 32225	Purpose of Disbursement Monthly Maintenance Fee 001 Category/Type	
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

Full Name (Last, First, Middle Initial) B. Bank of America		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2012
Mailing Address 13170 Atlantic Blvd		Amount of Each Disbursement this Period 17.00 Transaction ID : SB17.6245
City Jacksonville State FL Zip Code 32225	Purpose of Disbursement Monthly Maintenance Fee 001 Category/Type	
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

Full Name (Last, First, Middle Initial) c. Michele Burczyk		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2012
Mailing Address 2704 NW 1st Ave		Amount of Each Disbursement this Period 452.60 Transaction ID : SB17.6098
City Gainesville State FL Zip Code 32607	Purpose of Disbursement Campaign Field Work 001 Category/Type	
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

SUBTOTAL of Disbursements This Page (optional).....	486.60
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 16 OF 45	
	<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 OELRICH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Michele Burczyk		Date of Disbursement MM / DD / YYYY 08 / 14 / 2012
Mailing Address 2704 NW 1st Ave		Amount of Each Disbursement this Period 423.00 Transaction ID : SB17.6200
City Gainesville	State FL	
Zip Code 32607	Purpose of Disbursement Campaign Field Work	Category/ Type 001
Candidate Name STEVE OELRICH FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 06	

Full Name (Last, First, Middle Initial) B. Cardinals FEC Compliance Services, PLC		Date of Disbursement MM / DD / YYYY 08 / 03 / 2012
Mailing Address PO Box 4182		Amount of Each Disbursement this Period 84.50 Transaction ID : SB17.6084
City St Paul	State MN	
Zip Code 55104	Purpose of Disbursement Reporting & Compliance Services	Category/ Type 001
Candidate Name STEVE OELRICH FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 06	

Full Name (Last, First, Middle Initial) c. Cardinals FEC Compliance Services, PLC		Date of Disbursement MM / DD / YYYY 08 / 27 / 2012
Mailing Address PO Box 4182		Amount of Each Disbursement this Period 50.50 Transaction ID : SB17.6225
City St Paul	State MN	
Zip Code 55104	Purpose of Disbursement Reporting & FEC Compliance	Category/ Type 001
Candidate Name STEVE OELRICH FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 06	

SUBTOTAL of Disbursements This Page (optional).....	558.00
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 17 OF 45	
	<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 OELRICH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Clay County Utility Authority		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2012
Mailing Address 3176 Old Jennings Rd		Amount of Each Disbursement this Period 30.38 Transaction ID : SB17.6224
City Middleburg State FL Zip Code 32068	Purpose of Disbursement Utilities 001 Category/Type	
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

Full Name (Last, First, Middle Initial) B. Clay Electric		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address PO Box 308		Amount of Each Disbursement this Period 115.24 Transaction ID : SB17.5969
City Keystone Heights State FL Zip Code 32656	Purpose of Disbursement Utility Bill 001 Category/Type	
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

Full Name (Last, First, Middle Initial) C. COX		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012
Mailing Address PO Box 9001007		Amount of Each Disbursement this Period 99.00 Transaction ID : SB17.6058
City Louisville State KY Zip Code 40290	Purpose of Disbursement Internet Expense 001 Category/Type	
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

SUBTOTAL of Disbursements This Page (optional).....	244.62
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 18 OF 45	
	<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 OELRICH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Megan Dees		Date of Disbursement MM / DD / YYYY 08 / 18 / 2012
Mailing Address 1055 SW 62nd St Apt 1422		Amount of Each Disbursement this Period 95.00 Transaction ID : SB17.6211
City State Zip Code Gainesville FL 32607	Purpose of Disbursement Campaign Field Work 001 Category/Type	
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

Full Name (Last, First, Middle Initial) B. Dickstein Shapiro, LLP		Date of Disbursement MM / DD / YYYY 08 / 02 / 2012
Mailing Address 1825 Eye St NW		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.6042
City State Zip Code Washington DC 20006	Purpose of Disbursement Retainer for Campaign Attorney 001 Category/Type	
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

Full Name (Last, First, Middle Initial) c. Candace Edwards		Date of Disbursement MM / DD / YYYY 07 / 29 / 2012
Mailing Address 3800 SW 34th Street, Apt CC284		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.5991
City State Zip Code Gainesville FL 32608	Purpose of Disbursement Campaign Finance Consulting 001 Category/Type	
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

SUBTOTAL of Disbursements This Page (optional).....	1695.00
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 19 OF 45			
	<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 OELRICH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Brian Graham		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012
Mailing Address PO Box 9630		Amount of Each Disbursement this Period 143.90 Transaction ID : SB17.6060
City Fleming Island	State FL	
Zip Code 32006	Purpose of Disbursement Reimburse Campaign Expense	Category/ Type 001
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

Full Name (Last, First, Middle Initial) B. Walmart		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012
Mailing Address 1580 Branan Field Rd		Amount of Each Disbursement this Period 12.59 Transaction ID : SB17.6060.5 [MEMO ITEM]
City Middleburg	State FL	
Zip Code 32068	Purpose of Disbursement Supplies for Signs	Category/ Type 001
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

Full Name (Last, First, Middle Initial) c. Brian Graham		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012
Mailing Address PO Box 9630		Amount of Each Disbursement this Period 176.09 Transaction ID : SB17.6076
City Fleming Island	State FL	
Zip Code 32006	Purpose of Disbursement Reimburse Campaign Expenses	Category/ Type 001
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

SUBTOTAL of Disbursements This Page (optional).....	319.99
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 20 OF 45	
	<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 OELRICH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Racetrac		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2012
Mailing Address 2501 Blanding Blvd		Amount of Each Disbursement this Period 61.44
City Middleburg State FL Zip Code 32068	Purpose of Disbursement Fuel for Campaign Travel	
Candidate Name STEVE OELRICH FOR CONGRESS		Transaction ID : SB17.6076.3 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06	Category/Type 002	

Full Name (Last, First, Middle Initial) B. Gulf Management Systems		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012
Mailing Address 2753 S.R. 580		Amount of Each Disbursement this Period 59.74
City Clearwater State FL Zip Code 33761	Purpose of Disbursement Merchant Acct Fees	
Candidate Name STEVE OELRICH FOR CONGRESS		Transaction ID : SB17.6057
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06	Category/Type 001	

Full Name (Last, First, Middle Initial) c. Gulf Management Systems		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2012
Mailing Address 2753 S.R. 580		Amount of Each Disbursement this Period 21.17
City Clearwater State FL Zip Code 33761	Purpose of Disbursement Merchant Acct Fee	
Candidate Name STEVE OELRICH FOR CONGRESS		Transaction ID : SB17.6228
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....	80.91
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 21 OF 45			
	<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 OELRICH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Marlin McDaniel		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2012
Mailing Address 701 SW 62nd Blvd, Apt 242		Amount of Each Disbursement this Period 302.00 Transaction ID : SB17.6100
City State Zip Code Gainesville FL 32607	Purpose of Disbursement Candidate Name STEVE OELRICH FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: FL District: 06	

Full Name (Last, First, Middle Initial) B. Marlin McDaniel		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2012
Mailing Address 701 SW 62nd Blvd, Apt 242		Amount of Each Disbursement this Period 277.00 Transaction ID : SB17.6201
City State Zip Code Gainesville FL 32607	Purpose of Disbursement Campaign Field Work Candidate Name STEVE OELRICH FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: FL District: 06	

Full Name (Last, First, Middle Initial) c. Anahita Nemat		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2012
Mailing Address 2022 NW 3rd Ave		Amount of Each Disbursement this Period 136.71 Transaction ID : SB17.6151
City State Zip Code Gainesville FL 32603	Purpose of Disbursement Reimburse Campaign Expenses Candidate Name STEVE OELRICH FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: FL District: 06	

SUBTOTAL of Disbursements This Page (optional).....	715.71
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 22 OF 45	
	<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 OELRICH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Office Depot		Date of Disbursement MM / DD / YYYY 07 / 28 / 2012
Mailing Address 6861 W Newberry Rd		Amount of Each Disbursement this Period 90.00
City Gainesville	State FL	
Zip Code 32605	Purpose of Disbursement Postage	Transaction ID : SB17.6151.0
Candidate Name STEVE OELRICH FOR CONGRESS	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: FL District: 06		

Full Name (Last, First, Middle Initial) B. Anahita Nemat		Date of Disbursement MM / DD / YYYY 08 / 09 / 2012
Mailing Address 2022 NW 3rd Ave		Amount of Each Disbursement this Period 2000.00
City Gainesville	State FL	
Zip Code 32603	Purpose of Disbursement Campaign Field Work	Transaction ID : SB17.6156
Candidate Name STEVE OELRICH FOR CONGRESS	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

Full Name (Last, First, Middle Initial) c. Catherine Norris		Date of Disbursement MM / DD / YYYY 08 / 05 / 2012
Mailing Address 2631 Cherrywood Lane		Amount of Each Disbursement this Period 485.00
City Titusville	State FL	
Zip Code 32780	Purpose of Disbursement Campaign Field Work	Transaction ID : SB17.6097
Candidate Name STEVE OELRICH FOR CONGRESS	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

SUBTOTAL of Disbursements This Page (optional).....	2485.00
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 23 OF 45	
	<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 OELRICH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Catherine Norris		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2012
Mailing Address 2631 Cherrywood Lane		Amount of Each Disbursement this Period 539.00 Transaction ID : SB17.6199
City Titusville State FL Zip Code 32780	Purpose of Disbursement Campaign Field Work 001 Category/Type	
Candidate Name STEVE OELRICH FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address 6861 W Newberry Rd		Amount of Each Disbursement this Period 57.00 Transaction ID : SB17.5984
City Gainesville State FL Zip Code 32605	Purpose of Disbursement Labels 001 Category/Type	
Candidate Name STEVE OELRICH FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Opinion Strategies, Inc.		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012
Mailing Address 5726 Roanoke Trail		Amount of Each Disbursement this Period 10405.96 Transaction ID : SB17.6045
City Tallahassee State FL Zip Code 32233	Purpose of Disbursement Mailers 001 Category/Type	
Candidate Name STEVE OELRICH FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	11001.96
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 24 OF 45	
	<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 OELRICH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Opinion Strategies, Inc.		Date of Disbursement MM / DD / YYYY 08 / 09 / 2012
Mailing Address 5726 Roanoke Trail		Amount of Each Disbursement this Period 1745.60 Transaction ID : SB17.6148
City Tallahassee	State FL	
Zip Code 32233	Purpose of Disbursement Mailing & Postage	Category/ Type 004
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

Full Name (Last, First, Middle Initial) B. Opinion Strategies, Inc.		Date of Disbursement MM / DD / YYYY 08 / 09 / 2012
Mailing Address 5726 Roanoke Trail		Amount of Each Disbursement this Period 836.00 Transaction ID : SB17.6149
City Tallahassee	State FL	
Zip Code 32233	Purpose of Disbursement Letterhead/Envelopes	Category/ Type 004
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

Full Name (Last, First, Middle Initial) c. Opinion Strategies, Inc.		Date of Disbursement MM / DD / YYYY 08 / 09 / 2012
Mailing Address 5726 Roanoke Trail		Amount of Each Disbursement this Period 10717.28 Transaction ID : SB17.6150
City Tallahassee	State FL	
Zip Code 32233	Purpose of Disbursement Mailing	Category/ Type 004
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

SUBTOTAL of Disbursements This Page (optional).....	13298.88
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 25 OF 45			
	<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 OELRICH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Matt Pesek		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2012
Mailing Address 3461 SW 2nd Ave, Apt 264		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.6101
City State Zip Code Gainesville FL 32607	Purpose of Disbursement Campaign Field Work 001 Category/Type	
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

Full Name (Last, First, Middle Initial) B. Matt Pesek		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2012
Mailing Address 3461 SW 2nd Ave, Apt 264		Amount of Each Disbursement this Period 119.36 Transaction ID : SB17.6102
City State Zip Code Gainesville FL 32607	Purpose of Disbursement Reimburse Campaign Expenses 002 Category/Type	
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

Full Name (Last, First, Middle Initial) c. City Line, LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 3936 W Newberry Rd		Amount of Each Disbursement this Period 16.28 Transaction ID : SB17.6102.0 [MEMO ITEM]
City State Zip Code Gainesville FL 32607	Purpose of Disbursement Fuel for Campaign Travel 002 Category/Type	
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

SUBTOTAL of Disbursements This Page (optional).....	719.36
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 26 OF 45	
	<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 OELRICH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. City Line, LLC		Date of Disbursement MM / DD / YYYY 07 / 27 / 2012
Mailing Address 3936 W Newberry Rd		Amount of Each Disbursement this Period 19.09
City Gainesville	State FL	
Zip Code 32607	Purpose of Disbursement Fuel for Campaign Travel	Transaction ID : SB17.6102.1 [MEMO ITEM]
Candidate Name STEVE OELRICH FOR CONGRESS	Category/Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

Full Name (Last, First, Middle Initial) B. City Line, LLC		Date of Disbursement MM / DD / YYYY 08 / 02 / 2012
Mailing Address 3936 W Newberry Rd		Amount of Each Disbursement this Period 20.25
City Gainesville	State FL	
Zip Code 32607	Purpose of Disbursement Fuel for Campaign Travel	Transaction ID : SB17.6102.2 [MEMO ITEM]
Candidate Name STEVE OELRICH FOR CONGRESS	Category/Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

Full Name (Last, First, Middle Initial) c. City Line, LLC		Date of Disbursement MM / DD / YYYY 07 / 26 / 2012
Mailing Address 3936 W Newberry Rd		Amount of Each Disbursement this Period 12.73
City Gainesville	State FL	
Zip Code 32607	Purpose of Disbursement Fuel for Campaign Travel	Transaction ID : SB17.6102.6 [MEMO ITEM]
Candidate Name STEVE OELRICH FOR CONGRESS	Category/Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 27 OF 45	
	<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 OELRICH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. City Line, LLC		Date of Disbursement MM / DD / YYYY 07 / 27 / 2012
Mailing Address 3936 W Newberry Rd		Amount of Each Disbursement this Period 16.10
City Gainesville State FL Zip Code 32607	Purpose of Disbursement Fuel for Campaign Travel Category/Type 002	
Candidate Name STEVE OELRICH FOR CONGRESS		Transaction ID : SB17.6102.7 [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Matt Pesek		Date of Disbursement MM / DD / YYYY 08 / 14 / 2012
Mailing Address 3461 SW 2nd Ave, Apt 264		Amount of Each Disbursement this Period 461.51
City Gainesville State FL Zip Code 32607	Purpose of Disbursement Campaign Field Work Category/Type 001	
Candidate Name STEVE OELRICH FOR CONGRESS		Transaction ID : SB17.6198
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. QGiv		Date of Disbursement MM / DD / YYYY 08 / 01 / 2012
Mailing Address 53 Lake Morton Dr Ste 10		Amount of Each Disbursement this Period 63.04
City Lakeland State FL Zip Code 33801	Purpose of Disbursement Merchant Acct Fee Category/Type 001	
Candidate Name STEVE OELRICH FOR CONGRESS		Transaction ID : SB17.6243
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	524.55
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 28 OF 45		
	<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 OELRICH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. QGiv		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2012
Mailing Address 53 Lake Morton Dr Ste 10		Amount of Each Disbursement this Period 26.40 Transaction ID : SB17.6229
City Lakeland	State FL	
Zip Code 33801	Purpose of Disbursement Merchant Acct Fee	Category/ Type 001
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

Full Name (Last, First, Middle Initial) B. Ring Central		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2012
Mailing Address 999 Baker Way, Suite 500		Amount of Each Disbursement this Period 37.85 Transaction ID : SB17.6117
City San Mateo	State CA	
Zip Code 94404	Purpose of Disbursement Telephone Expense	Category/ Type 001
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

Full Name (Last, First, Middle Initial) c. Savanna Communications, LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2012
Mailing Address PO Box 53224		Amount of Each Disbursement this Period 7035.00 Transaction ID : SB17.6147
City Washington	State DC	
Zip Code 20009	Purpose of Disbursement Production Costs	Category/ Type 004
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

SUBTOTAL of Disbursements This Page (optional).....	7099.25
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 29 OF 45			
	<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 OELRICH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Signs Unlimited		Date of Disbursement MM / DD / YYYY 08 / 03 / 2012
Mailing Address 618 S Magnolia Ave		Amount of Each Disbursement this Period 3074.00 Transaction ID : SB17.6239
City Ocala State FL Zip Code 34471	Purpose of Disbursement Campaign Signs 003 Category/Type	
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

Full Name (Last, First, Middle Initial) B. SRH Media		Date of Disbursement MM / DD / YYYY 07 / 31 / 2012
Mailing Address 2204 Countryside Drive		Amount of Each Disbursement this Period 8250.00 Transaction ID : SB17.6031
City Silver Spring State MD Zip Code 20905	Purpose of Disbursement Media Placement 004 Category/Type	
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

Full Name (Last, First, Middle Initial) c. SRH Media		Date of Disbursement MM / DD / YYYY 08 / 02 / 2012
Mailing Address 2204 Countryside Drive		Amount of Each Disbursement this Period 7500.00 Transaction ID : SB17.6047
City Silver Spring State MD Zip Code 20905	Purpose of Disbursement Media Placement 004 Category/Type	
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

SUBTOTAL of Disbursements This Page (optional).....	18824.00
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 30 OF 45	
	<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 OELRICH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SRH Media		Date of Disbursement MM / DD / YYYY 08 / 03 / 2012
Mailing Address 2204 Countryside Drive		Amount of Each Disbursement this Period 9000.00 Transaction ID : SB17.6088
City Silver Spring	State MD	
Zip Code 20905	Purpose of Disbursement Media Placement	Category/ Type 004
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

Full Name (Last, First, Middle Initial) B. SRH Media		Date of Disbursement MM / DD / YYYY 08 / 06 / 2012
Mailing Address 2204 Countryside Drive		Amount of Each Disbursement this Period 7000.00 Transaction ID : SB17.6095
City Silver Spring	State MD	
Zip Code 20905	Purpose of Disbursement Media Placement	Category/ Type 004
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

Full Name (Last, First, Middle Initial) C. SRH Media		Date of Disbursement MM / DD / YYYY 08 / 07 / 2012
Mailing Address 2204 Countryside Drive		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.6125
City Silver Spring	State MD	
Zip Code 20905	Purpose of Disbursement Media Placement	Category/ Type 004
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

SUBTOTAL of Disbursements This Page (optional).....	19000.00
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 31 OF 45	
	<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 OELRICH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SRH Media		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2012
Mailing Address 2204 Countryside Drive		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.6146
City Silver Spring	State MD	
Zip Code 20905	Purpose of Disbursement Media Placement	Category/ Type 004
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 06	

Full Name (Last, First, Middle Initial) B. The Prosper Group		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2012
Mailing Address 435 East Main Street Suite 250		Amount of Each Disbursement this Period 1518.30 Transaction ID : SB17.6145
City Greenwood	State IN	
Zip Code 46143	Purpose of Disbursement Website Services Fundraising Commission	Category/ Type 001
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 06	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address 3650 Southside Blvd		Amount of Each Disbursement this Period 1004.55 Transaction ID : SB17.5977
City Jacksonville	State FL	
Zip Code 32216	Purpose of Disbursement Postage	Category/ Type 004
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 06	

SUBTOTAL of Disbursements This Page (optional).....	7522.85
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 32 OF 45	
	<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 OELRICH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement
Mailing Address 4600 SW34th Street		M M / D D / Y Y Y Y 08 / 02 / 2012
City	State	Zip Code
Gainesville	FL	32608
Purpose of Disbursement Postage	Category/ Type	
Postage	004	
Candidate Name	Amount of Each Disbursement this Period	
STEVE OELRICH FOR CONGRESS	540.70	
Office Sought:	Disbursement For: 2012	
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06	Transaction ID : SB17.6049	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement
Mailing Address 1100 KINGS RD		M M / D D / Y Y Y Y 08 / 03 / 2012
City	State	Zip Code
Jacksonville	FL	32203
Purpose of Disbursement Postage	Category/ Type	
Postage	001	
Candidate Name	Amount of Each Disbursement this Period	
STEVE OELRICH FOR CONGRESS	135.00	
Office Sought:	Disbursement For: 2012	
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06	Transaction ID : SB17.6089	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement
Mailing Address 4600 SW34th Street		M M / D D / Y Y Y Y 08 / 03 / 2012
City	State	Zip Code
Gainesville	FL	32608
Purpose of Disbursement Postage	Category/ Type	
Postage	001	
Candidate Name	Amount of Each Disbursement this Period	
STEVE OELRICH FOR CONGRESS	90.00	
Office Sought:	Disbursement For: 2012	
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06	Transaction ID : SB17.6114	

SUBTOTAL of Disbursements This Page (optional).....	765.70
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 33 OF 45	
	<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 OELRICH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement MM / DD / YYYY 08 / 27 / 2012
Mailing Address 4600 SW34th Street		Amount of Each Disbursement this Period 96.65 Transaction ID : SB17.6226
City Gainesville	State FL	
Zip Code 32608	Purpose of Disbursement BRM Postage due for return mail	Category/ Type 001
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

Full Name (Last, First, Middle Initial) B. WebElect.net LLC		Date of Disbursement MM / DD / YYYY 07 / 27 / 2012
Mailing Address 1256 Vinetree Dr		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.5976
City Brandon	State FL	
Zip Code 33510	Purpose of Disbursement Mapping Integration Subscription	Category/ Type 001
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

Full Name (Last, First, Middle Initial) c. WebElect.net LLC		Date of Disbursement MM / DD / YYYY 07 / 30 / 2012
Mailing Address 1256 Vinetree Dr		Amount of Each Disbursement this Period 270.00 Transaction ID : SB17.6028
City Brandon	State FL	
Zip Code 33510	Purpose of Disbursement Campaign Software	Category/ Type 001
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

SUBTOTAL of Disbursements This Page (optional)	566.65
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 34 OF 45	
	<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 OELRICH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Kristine Zooberg		Date of Disbursement MM / DD / YYYY 08 / 10 / 2012
Mailing Address 4972 NW 45th Rd, Apt 108		Amount of Each Disbursement this Period 875.94 Transaction ID : SB17.6161
City Gainesville State FL Zip Code 32606	Purpose of Disbursement Reimburse Campaign Expense 001 Category/Type	
Candidate Name STEVE OELRICH FOR CONGRESS		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement MM / DD / YYYY 07 / 02 / 2012
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 176.13 Transaction ID : SB17.6161.1 [MEMO ITEM]
City Dallas State TX Zip Code 75266	Purpose of Disbursement Telephone Expense 001 Category/Type	
Candidate Name STEVE OELRICH FOR CONGRESS		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06		

Full Name (Last, First, Middle Initial) c. Verizon Wireless		Date of Disbursement MM / DD / YYYY 08 / 02 / 2012
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 175.89 Transaction ID : SB17.6161.15 [MEMO ITEM]
City Dallas State TX Zip Code 75266	Purpose of Disbursement Telephone Expense 001 Category/Type	
Candidate Name STEVE OELRICH FOR CONGRESS		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06		

SUBTOTAL of Disbursements This Page (optional).....	875.94
TOTAL This Period (last page this line number only).....	88041.49

**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 35 OF 45			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
STEVE OELRICH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Joe H Anderson Jr.		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2012
Mailing Address PO Box 38		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.6231
City Old Town	State FL	
Purpose of Disbursement Refund General Election Contribution	010	Category/ Type
Candidate Name STEVE OELRICH FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 06	

Full Name (Last, First, Middle Initial) B. Kelly Anderson		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2012
Mailing Address 3603 Pine Street		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.6232
City Jacksonville	State FL	
Purpose of Disbursement Refund General Election Contribution	010	Category/ Type
Candidate Name STEVE OELRICH FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 06	

Full Name (Last, First, Middle Initial) c. Mark Anderson		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2012
Mailing Address 3603 Pine Street		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.6233
City Jacksonville	State FL	
Purpose of Disbursement Refund General Election Contribution	010	Category/ Type
Candidate Name STEVE OELRICH FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 06	

SUBTOTAL of Disbursements This Page (optional).....	7500.00
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 36 OF 45			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
STEVE OELRICH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Nancy Dee Anderson		Date of Disbursement MM / DD / YYYY 09 / 12 / 2012
Mailing Address 7940 Little Fox Lane		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.6234
City Jacksonville	State FL	
Zip Code 32256	Purpose of Disbursement Refund General Election Contribution	Category/ Type 010
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

Full Name (Last, First, Middle Initial) B. Scott R Anderson		Date of Disbursement MM / DD / YYYY 09 / 12 / 2012
Mailing Address 2303 Kensington Garden Ln		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.6235
City Tampa	State FL	
Zip Code 33609	Purpose of Disbursement Refund General Election Contribution	Category/ Type 010
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

Full Name (Last, First, Middle Initial) c. Ronald L Book		Date of Disbursement MM / DD / YYYY 09 / 12 / 2012
Mailing Address 491 Coconut Palm Ter		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB20A.6236
City Plantation	State FL	
Zip Code 33324	Purpose of Disbursement Refund General Election Contribution	Category/ Type 010
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 06	

SUBTOTAL of Disbursements This Page (optional).....	6000.00
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 37 OF 45	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
STEVE OELRICH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. David Williams		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2012
Mailing Address 4707 Skimmer Way South		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB20A.6237
City State Zip Code St Petersburg FL 33711	Purpose of Disbursement Refund General Election Contribution 010 Category/Type	
Candidate Name STEVE OELRICH FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

Full Name (Last, First, Middle Initial) B.		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 Category/Type	
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.		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 Category/Type	
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).....	2500.00
TOTAL This Period (last page this line number only).....	16000.00

**SCHEDULE C (FEC Form 3)
LOANS**

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.5915**
STEVE OELRICH FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) STEPHEN M OELRICH	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5200 NW 43RD STREET SUITE 102 PMB 151		

City	State	ZIP Code
GAINESVILLE	FL	32606

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
24000.00	0.00	24000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 07 / D 20 / Y 2012	M M / D D / Y 11/30/2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:100%" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:100%" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:100%" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:100%" type="text"/>

SUBTOTALS This Period This Page (optional).....	24000.00
TOTALS This Period (last page in this line only).....	<input style="width:100%" type="text"/>
<p>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</p>	

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **STEVE OELRICH FOR CONGRESS** Transaction ID : **SC/10.6024**

LOAN SOURCE Full Name (Last, First, Middle Initial) STEPHEN M OELRICH	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5200 NW 43RD STREET SUITE 102 PMB 151		

City	State	ZIP Code
GAINESVILLE	FL	32606

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8300.00	0.00	8300.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 07 / D 30 / Y 2012	M M / D D / Y 11/30/2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	8300.00
TOTALS This Period (last page in this line only).....	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **STEVE OELRICH FOR CONGRESS** Transaction ID : **SC/10.6035**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012
STEPHEN M OELRICH Primary
 Mailing Address 5200 NW 43RD STREET SUITE 102 PMB 151 General
 Other (specify) ▼

City State ZIP Code
 GAINESVILLE FL 32606

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
19000.00	0.00	19000.00

TERMS Date Incurred Date Due Interest Rate Secured:
 M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 19000.00
TOTALS This Period (last page in this line only)..... ▶ []
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **STEVE OELRICH FOR CONGRESS** Transaction ID : **SC/10.6038**

LOAN SOURCE Full Name (Last, First, Middle Initial) STEPHEN M OELRICH	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5200 NW 43RD STREET SUITE 102 PMB 151		

City	State	ZIP Code
GAINESVILLE	FL	32606

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
17500.00	0.00	17500.00

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 08	D 02	Y 2012	M M / D D / Y 11/30/2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	17500.00
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **STEVE OELRICH FOR CONGRESS** Transaction ID : **SC/10.6091**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012
STEPHEN M OELRICH Primary
 Mailing Address 5200 NW 43RD STREET SUITE 102 PMB 151 General
 Other (specify) ▼

City State ZIP Code
 GAINESVILLE FL 32606

Original Amount of Loan 6000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 6000.00
------------------------------------	------------------------------------	--

TERMS Date Incurred Date Due Interest Rate Secured:
 08 / 06 / 2012 M M / D D / 11/30/2012 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 6000.00
TOTALS This Period (last page in this line only)..... ▶ []
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **STEVE OELRICH FOR CONGRESS** Transaction ID : **SC/10.6120**

LOAN SOURCE Full Name (Last, First, Middle Initial) STEPHEN M OELRICH	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5200 NW 43RD STREET SUITE 102 PMB 151		

City	State	ZIP Code
GAINESVILLE	FL	32606

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08 / 07 / 2012	11/30/2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text" value="3000.00"/>
TOTALS This Period (last page in this line only).....	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **STEVE OELRICH FOR CONGRESS** Transaction ID : **SC/10.6138**

LOAN SOURCE Full Name (Last, First, Middle Initial) STEPHEN M OELRICH	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5200 NW 43RD STREET SUITE 102 PMB 151		

City	State	ZIP Code
GAINESVILLE	FL	32606

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
28000.00	0.00	28000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08 / 08 / 2012	11/30/2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="28000.00"/>
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" type="text" value="105800.00"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

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

NAME OF COMMITTEE (In Full)
STEVE OELRICH FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Signs Unlimited	Nature of Debt (Purpose): Signs
Mailing Address 618 S Magnolia Ave	
City State Zip Code Ocala FL 34471	

Outstanding Balance Beginning This Period 10600.00	Transaction ID : SD10.5973	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10600.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Signs Unlimited	Nature of Debt (Purpose): Signs
Mailing Address 618 S Magnolia Ave	
City State Zip Code Ocala FL 34471	

Outstanding Balance Beginning This Period 3074.00	Transaction ID : SD10.5974	
Amount Incurred This Period 0.00	Payment This Period 3074.00	Outstanding Balance at Close of This Period 0.00

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		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	10600.00
2) TOTALS This Period (last page this line number only)	10600.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	105800.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	116400.00