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## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

| 1. NAME OF COMMITTEE IN FULL STEVE OELRICH FOR CONGRESS       |   |  | ]  |         |
|---|---|--|--|---------|
| ADDRESS (number and street) 5200 NW 43RD ST SUITE 102 PMB 151 |   |  |  |         |
| 3230 TW 10TO 01 00TH2 1021 IND 101                            |   |  |  |         |
| CITY, STATE, and ZIP CODE                                     |   |  | 1  |         |
| Gainesville   | FL 32606  |  |  |         |
| 2. NAME OF CANDIDATE  | 3. OFFICE SOUGHT (State and District) House FL 06 |  | 4. FEC IDENTIFICATION NUMBER C00509901   |         |
| STEPHEN M OELRICH   |   |  |  |         |
| 5. IS THIS AN AMENDMENT? NO, THIS IS A NEW FILING             | YES, IT AMENDS THE NOTICE FILED ON                |  | //   |         |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                    | Name of Employer                                  |  | Date (month,   | Amount  |
| STEPHEN M OELRICH   | Florida Senate                                    |  | day, year)   |         |
| FOR NIM ARR OTREET OFFIT AND                                  |   |  | 07/30/2012   | 8300.00 |
| 5200 NW 43RD STREET SUITE 102                                 | Transaction ID : F6.6027                          |  |  |         |
| PMB 151   | Occupation  |  |  |         |
| GAINESVILLE FL 32606  | State Senator                                     |  |  |         |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                    | Name of Employer                                  |  | Date (month, day, year)  | Amount  |
|   |   |  |  |         |
|   | Occupation  |  | -  |         |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                    | Name of Employer                                  |  | Date (month, day, year)  | Amount  |
|   | Occupation  |  |  |         |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  |   |  | Date (month,   | Amount  |
|   |   |  | day, year)   |         |
|   | Occupation  |  |  |         |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                    | Name of Employer  Occupation                      |  | Date (month, day, year)  | Amount  |
|   |   |  |  |         |
|   | Ουσματίστ   |  |  |         |
| SIGNATURE (optional) Jacqueline Schall                        | [Electronically Filed]                            |  | For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100 |         |

Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

