

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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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))....	4900.00	204212.10
(b) Total Contribution Refunds (from Line 20(d))	0.00	16000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	4900.00	188212.10
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4988.06	293897.38
(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)).....	4988.06	293897.38
8. Cash on Hand at Close of Reporting Period (from Line 27).....	123.62	
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).....	111500.00	

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).....	0.00	174620.00
(ii) Unitemized.....	0.00	23092.10
(iii) TOTAL of contributions from individuals ▶	0.00	197712.10
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	6000.00
(d) The Candidate.....	4900.00	500.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4900.00	204212.10
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	105800.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	105800.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	176.96
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	4900.00	310189.06

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4988.06	293897.38
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	0.00	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)).....	0.00	16000.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	4988.06	309897.38

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	211.68
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4900.00
25. SUBTOTAL (add Line 23 and Line 24).....	5111.68
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4988.06
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	123.62

**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 14
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" 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)
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
3950.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2013

Transaction ID : SA11D.6273

Amount of Each Receipt this Period
3950.00

For Debt Owed

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
4900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2013

Transaction ID : SA11D.6274

Amount of Each Receipt this Period
950.00

For Debt Owed

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

4900.00

4900.00

**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 6 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Signs Unlimited		Date of Disbursement
Mailing Address 618 S Magnolia Ave		M M / D D / Y Y Y Y 02 / 15 / 2013
City Ocala	State FL	Zip Code 34471
Purpose of Disbursement Campaign Signs	Amount of Each Disbursement this Period 3950.00	
Candidate Name STEVE OELRICH FOR CONGRESS	Category/Type 004	
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	Transaction ID : SB17.6279	

Full Name (Last, First, Middle Initial) B. Signs Unlimited		Date of Disbursement
Mailing Address 618 S Magnolia Ave		M M / D D / Y Y Y Y 03 / 15 / 2013
City Ocala	State FL	Zip Code 34471
Purpose of Disbursement Campaign Signs	Amount of Each Disbursement this Period 950.00	
Candidate Name STEVE OELRICH FOR CONGRESS	Category/Type 004	
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	Transaction ID : SB17.6281	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
Purpose of Disbursement	Amount of Each Disbursement this Period	
Candidate Name	Category/Type	
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).....	4900.00
TOTAL This Period (last page this line number only).....	4900.00

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)

[PERSONAL FUNDS]

Election: 2012

STEPHEN M OELRICH

Primary

General

Other (specify) ▼

Mailing Address

5200 NW 43RD STREET SUITE 102
PMB 151

City

State

ZIP Code

GAINESVILLE

FL

32606

Original Amount of Loan

24000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

24000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

07

20

2012

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).....

24000.00

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/10.6024**

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:
07 / 30 / 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: []
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).....	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
 08 / 01 / 2012 / 11/30/2012

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) 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
6000.00	0.00	6000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08 / 06 / 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: []
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) **[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
3000.00	0.00	3000.00

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)..... ▶ 3000.00
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/10.6138**

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				Secured:	
Date Incurred	Date Due	Interest Rate			
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:
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).....	28000.00
TOTALS This Period (last page in this line only).....	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 4900.00	Outstanding Balance at Close of This Period 5700.00

B. 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

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)	5700.00
2) TOTALS This Period (last page this line number only)	5700.00
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) ▶	111500.00