FFC I	AND DIS	OF RE BURSE	MENTS		Office	e Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRIN		cample: If typing	g, type	12FE4M5	
		SS 				
ADDRESS (number and street)	5200 NW 43R	D ST SUITE 102 PM	B 151			
Check if different than previously reported. (ACC)	Gainesville				FL 32606	
2. FEC IDENTIFICATION N	UMBER 🔻	CITY			STATE	ZIP CODE ▲ STATE ▼ DISTRICT
С соо5о9901		3. IS THIS REPORT	× NEW (N)	OR	AMENDED (A)	
<ul> <li>4. TYPE OF REPORT (Cf.</li> <li>(a) Quarterly Reports:</li> <li>April 15 Quarterly</li> <li>July 15 Quarterly F</li> <li>October 15 Quarter</li> <li>January 31 Year-Ei</li> <li>Termination Report</li> </ul>	Report (Q1) Report (Q2) Ind Report (Q3)	Election on	General (30G)	12C)	General (12G) Special (12S) Y Y Y Y Y : Runoff (30R)	Runoff (12R) in the State of Special (30S) in the State of
5. Covering Period	4 / D D /	Y Y Y Y 2013	through	M M 06	4 / D D / Y 30	Y Y Y 2013
I certify that I have examined th Type or Print Name of Treasure		-	nowledge and k	belief it is t	true, correct and corr	nplete.
Signature of Treasurer Jaca	queline Schall		[Electronically F	Filed]	Date	D D / Y Y Y Y 03 / 2013
NOTE: Submission of false, error Office Use Only FE5AN018	eous, or incomple	ete information may	subject the pers	son signing	F	nalties of 2 U.S.C. §437g. EC FORM 3 Revised 02/2003)

PAGE 1 / 23

SUMMARY PAGE

PAGE 2 / 23

#### FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

#### Write or Type Committee Name STEVE OELRICH FOR CONGRESS

F	epor	t Covering the Period: From:	04 / D D / Y Y Y Y 04 01 / 2013 To:	M M / D D / Y Y Y Y Y 06 30 / 2013
			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))	4750.00	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))	4750.00	188212.10
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	4838.06	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))	4838.06	293897.38
8.		sh on Hand at Close of porting Period (from Line 27)	35.56	
9.	the	ots and Obligations Owed <b>TO</b> Committee (Itemize all on nedule C and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed <b>BY</b> Committee (Itemize all on nedule C and/or Schedule D)	950.00	

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

	ETAILED SUMMARY PAGE	_
FEC Form 3 (Revised 12/2003)	of Receipts	PAGE 3 / 23
Write or Type Committee Name		
STEVE OELRICH FOR CONGRES	S	
Report Covering the Period: From:		06 / D D / Y Y Y Y 2013
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
<ul> <li>(c) Other Political Committees</li> <li>(such as PACs)</li> </ul>	0.00	6000.00
	4750.00	500.00
(e) TOTAL CONTRIBUTIONS		7 7
(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	4750.00	204212.10
12. TRANSFERS FROM OTHER	0.00	0.00
AUTHORIZED COMMITTEES	7 7 7	7 7 7
<ul><li>13. LOANS:</li><li>(a) Made or Guaranteed by the</li></ul>		
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. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	4750.00	310189.06

Image# 13964013755

of Disbursements PAGE 4 / 23 FEC Form 3 (Revised 02/2003) COLUMN A COLUMN B **II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 4838.06 293897.38 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES ..... 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans ..... (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other (a) 0.00 16000.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees..... Other Political Committees (c) 0.00 0.00 (such as PACs) ..... (d) TOTAL CONTRIBUTION REFUNDS 0.00 16000.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS ..... 22. TOTAL DISBURSEMENTS 4838.06 309897.38 (add Lines 17, 18, 19(c), 20(d), and 21) **III. CASH SUMMARY** 123.62 CASH ON HAND AT RECINNING OF REPORTING REDIOD

**DETAILED SUMMARY PAGE** 

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	· · · · · · · · · · · · · · · · · · ·
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	4750.00
25. SUBTOTAL (add Line 23 and Line 24)	4873.62
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	4838.06
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	35.56

Image# 13964013756

IT Ar				FOR LINE NUMBER:       PAGE       5       OF       23         (check only one)       11a       11b       11c       X       11d         12       13a       13b       14       15         person for the purpose of soliciting contributions       for the purpose for more than the purpose for more the purpose for more than the purpose for more the purpose for more the purpose for more the purpose for more than				
or	NAME OF COMMITTEE (In Full) STEVE OELRICH FOR CONGR		address of any political committe	ee to solicit contributions from such committee.				
<u>А</u> .	Full Name (Last, First, Middle Initial) STEPHEN M OELRICH Mailing Address 5200 NW 43RD STREET SUIT	<b>F</b> 400		Date of Receipt				
	PMB 151	E 102		04 03 2013				
	GAINESVILLE	State FL	Zip Code 32606	Transaction ID : SA11D.6287				
	FEC ID number of contributing federal political committee.	Сна	FL06117	Amount of Each Receipt this Period				
	Name of Employer Florida Senate	Occupation State Sena		For Debt Owed				
	Receipt For: 2012	Election C	ycle-to-Date					
	Primary General Other (specify)		5850.00	]				
В.	Full Name (Last, First, Middle Initial) STEPHEN M OELRICH			Date of Receipt				
	Mailing Address 5200 NW 43RD STREET SUIT PMB 151			04 / D D / Y Y Y Y 04 17 2013				
	City GAINESVILLE	State FL	Zip Code 32606	Transaction ID : SA11D.6288				
	FEC ID number of contributing federal political committee.	С на	FL06117	Amount of Each Receipt this Period				
	Name of Employer	Occupation	1	950.00				
	Florida Senate	State Senat	tor	For Debt Owed				
	Receipt For: 2012	Election C	ycle-to-Date					
	Primary   General     Other (specify)		6800.00	]				
<u>с.</u>	Full Name (Last, First, Middle Initial) STEPHEN M OELRICH			Date of Receipt				
-	Mailing Address 5200 NW 43RD STREET SUIT	ΓE 102		M M / D D / Y Y Y Y				
	PMB 151 City	State	Zip Code	05 09 2013				
	GAINESVILLE	FL	32606	Transaction ID : SA11D.6289				
	FEC ID number of contributing federal political committee.	С на	FL06117	Amount of Each Receipt this Period				
	Name of Employer	Occupation	1	950.00				
	Florida Senate	State Sena	tor	For Debt Owed				
	Receipt For: 2012 Primary General Other (specify)	Election C	ycle-to-Date 7750.00	]				
F	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number c							

	CHEDULE A (FEC Form 3)		Use separate schedule(s) for each category of the	(check only one)	PAGE 6 OF 23				
11	EIVILLED RECEIPIS		Detailed Summary Page		$\begin{array}{c c} X & 11d \\ 3b & 14 & 15 \end{array}$				
Ar	MIZED RECEIPTS         v information copied from such Reports and Stateme for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) STEVE OELRICH FOR CONGRESS         Full Name (Last, First, Middle Initial) STEPHEN M OELRICH         Mailing Address 5200 NW 43RD STREET SUITE 102 PMB 151         PMB 151         Color         PMB 0 Contributing rederal political committee.         Name of Employer         Porter         Primary         General         Other (specify)         FEC ID number of contributing rederal political committee.         Name of Employer         Pother (specify)         Full Name (Last, First, Middle Initial) STEPHEN M OELRICH         Mailing Address 5200 NW 43RD STREET SUITE 102 PMB 151         City         State         GAINESVILLE         FEC ID number of contributing rederal political committee.         Name of Employer         Pother (specify)         City         State         Receipt For: 2012         Primary         General         Other (specify)         City         State         Receipt For: 2012         Primary         General         Other (specify)	Statements m	nay not be sold or used by any address of any political committee	erson for the purpose of sol	liciting contributions				
	NAME OF COMMITTEE (In Full)								
Z	Full Name (Last First Middle Initial)								
				Data of Descipt					
Α.		TE 102		M M / D D /	Y Y Y Y				
	PMB 151 City	State	Zip Code						
	GAINESVILLE	FL	32606	Transaction ID : SA11D.6	6290				
	FEC ID number of contributing federal political committee.	Сна	FL06117	Amount of Each Receip					
	Name of Employer		950.00						
	Florida Senate	For Debt Owed							
	Receipt For: 2012	ycle-to-Date	_						
			8700.00						
	Other (specify)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
В.	Full Name (Last, First, Middle Initial) STEPHEN M OELRICH			Date of Receipt					
υ.	PMB 151	ΓE 102		M M / D D / Y Y Y Y 06 06 2013					
	City GAINESVILLE	State FL	Zip Code 32606	Transaction ID : SA11D.6	5291				
	FEC ID number of contributing federal political committee.	С на	FL06117	Amount of Each Receip	ot this Period				
					950.00				
		Occupation		For Data Ornerd	,				
		State Senat		For Debt Owed					
		Election C	ycle-to-Date						
			9650.00						
	Full Name (Last, First, Middle Initial)								
C.	Mailing Address			al committee to solicit contributions from such committee         Date of Receipt         M       /       2013         Transaction ID : SA11D.6290         Amount of Each Receipt this Period         950.00         For Debt Owed         700.00         Date of Receipt         M       /         Date of Receipt         M       /         Date of Receipt         M       /         Date of Receipt         Amount of Each Receipt this Period         950.00         For Debt Owed         S50.00         Date of Receipt         M       /         Date of Receipt         Amount of Each Receipt this Period         S50.00       /         Date of Receipt         M       /         Date of Receipt         Amount of Each Receipt this Period         Amount of Each Receipt this Period         Amount of Each Receipt this Period         Image: Date of Receipt this Period					
				M M / D D /	YYYYY				
	City	State	Zip Code						
	FEC ID number of contributing	0		_					
	federal political committee.	C		Amount of Each Receip	ot this Period				
	Name of Employer	Occupatior	1		,				
	Receipt For:	Election C	ycle-to-Date	-					
	Other (specify)	L							
					1900.00				
F	SUBTOTAL of Receipts This Page (optional)								
1	<b>TOTAL</b> This Period (last page this line number of	only)			4750.00				

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each categor Detailed Summar	/ of the	FOR LINE NUMBER: (check only one)         PAGE         7         OF         23           X         17         18         19a         19b           20a         20b         20c         21
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) STEVE OELRICH FOR CONGRESS			
Α.	Full Name (Last, First, Middle Initial) Signs Unlimited Mailing Address 618 S Magnolia Ave			Date of Disbursement
	City State Ocala FL Purpose of Disbursement	Zip Code 34471		Amount of Each Disbursement this Period 950.00
	Campaign Signs Candidate Name STEVE OELRICH FOR CONGRESS Office Sought: X House Disbursement For	: 2012	001 Category/ Type	Transaction ID : SB17.6294
	Senate Primary President Other (s State: FL District: 06 Full Name (Last, First, Middle Initial)	General gecify)		
В.	Signs Unlimited         Mailing Address       618 S Magnolia Ave			Date of Disbursement
	City State Ocala FL Purpose of Disbursement Campaign Signs	Zip Code 34471	001	Amount of Each Disbursement this Period 950.00 Transaction ID : SB17.6295
	Candidate Name STEVE OELRICH FOR CONGRESS Office Sought: House Senate President State: FL District: 06	General	Category/ Type	
c.	Full Name (Last, First, Middle Initial)       Signs Unlimited       Mailing Address     618 S Magnolia Ave			Date of Disbursement
		p Code 4471	001	Amount of Each Disbursement this Period 950.00
	Candidate Name         STEVE OELRICH FOR CONGRESS         Office Sought:       House       Disbursement For         Senate       President       Other (s         State:       FL       District:       06	General	Category/ Type	Transaction ID : SB17.6296
s	UBTOTAL of Disbursements This Page (optional)			2850.00
Т	OTAL This Period (last page this line number only)			

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	/ of the	FOR LINE NUMBER: (check only one)         PAGE         8         OF         23           X         17         18         19a         19b         19b         20a         20b         21
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) STEVE OELRICH FOR CONGRESS			
Α.	Full Name (Last, First, Middle Initial) Signs Unlimited			Date of Disbursement
	Mailing Address 618 S Magnolia Ave			05 14 2013
	City State Ocala FL Purpose of Disbursement	Zip Code 34471		Amount of Each Disbursement this Period 950.00
	Campaign Signs Candidate Name		001 Category/	Transaction ID : SB17.6297
	STEVE OELRICH FOR CONGRESS         Office Sought:       House       Disbursement For         Senate       President       Other (s         State:       FL       District:       06	General	Туре	
В.	Full Name (Last, First, Middle Initial) Signs Unlimited			Date of Disbursement
	Mailing Address 618 S Magnolia Ave	Zip Code		06 06 2013
	Ocala FL	34471		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Signs Candidate Name		001	950.00 Transaction ID : SB17.6298
	STEVE OELRICH FOR CONGRESS		Category/ Type	
	Office Sought: House Disbursement For Senate President Other (s State: FL District: 06	General		
	Full Name (Last, First, Middle Initial)			
C.	Mailing Address			Date of Disbursement
	City State Zij	p Code		Amount of Each Disbursement this Period
	Purpose of Disbursement		· · ·	
	Candidate Name		Category/ Type	-1 
	Office Sought: House Disbursement For Senate President Other (s State: District:	General		
s	UBTOTAL of Disbursements This Page (optional)			1900.00
	OTAL This Period (last page this line number only)			4750.00

age# 13964013761											
CHEDULE C (FEC Form 3) DANS					Use separate schedule(s) for each category of the Detailed Summary Page			PAC OR LINE NU heck only c	JMBER:	OF	23 13a 13b
ME OF COMMITTEE (In Fu		SS			1	Transac	tion ID :	SC/10.5915		1	
LOAN SOURCE Full Nam STEPHEN M OELR		dle Initia	al)		[PERSONA	AL FUNDS]	X Pri	n: 2012 mary neral			
Mailing Address 5200 NW 43RD STREET SL PMB 151	ITE 102							ner (specify)	•		
City		State	Z	ZIP Code	e						
GAINESVILLE		FL	:	32606							
Original Amount of Loan		Cumul	ative Paym	ient To D	Date	Bala	nce Outs	standing at	Close o	f This	Perio
	24000.00				0.0	0				0.00	)
TERMS Date Incurr			Det	e Due		Interest Rate			Secu	rodi	
M07 / D20 / Y	2012 Y	M M /			30/2012 <sup>°</sup>	0.00	_		Gecu	ieu.	~
07 20	2012	_		11/.	30/2012			<b>%</b> (apr)		/es	<u>K</u> No
List All Endorsers or Gua	arantors (if any) to	o Loan :	Source								
1. Full Name (Last, First,	Middle Initial)				Name of Em	nployer					
Mailing Address					Occupation						
				-	Amount	_				_	
City	State	ZIP C	Code		Guaranteed Outstanding		7	,			
2. Full Name (Last, First, I	Viddle Initial)				Name of Em	nployer					
Mailing Address					Occupation						
				-	Amount					_	
City	State	ZIP C	Code		Guaranteed Outstanding						
3. Full Name (Last, First, I	Viddle Initial)				Name of Em						
Mailing Address					Occupation						
					Amount					-	
City	State	ZIP C	Code		Guaranteed Outstanding		7		1	_	
4. Full Name (Last, First, I	Aiddle Initial)				Name of Em	nployer					
Mailing Address					Occupation						
City	State	ZIP C	Code		Amount Guaranteed Outstanding:		7				
UBTOTALS This Period This							7			0.00	)
OTALS This Period (last page	ge in this line only	/)				• •				-	_

Form/Schedule: SC/10 Transaction ID : SC/10.5915

(Candidate loan amount of 24000.00 from a balance of 24000.00 has been forgiven by candidate. Hard copy letter mailed to FEC)

age# 13964013763					
HEDULE C (FEC Form 3) ANS		Use separate schedule(s) for each category of the Detailed Summary Page	he (check only one) X 13a		
ME OF COMMITTEE (In Full) TEVE OELRICH FOR CONG	GRESS	Transaction	D : SC/10.6024		
LOAN SOURCE Full Name (Last, First STEPHEN M OELRICH	st, Middle Initial)		ction: 2012 Primary		
Mailing Address 5200 NW 43RD STREET SUITE 102 PMB 151			General Other (specify) v		
City	State ZIP Co	ode			
GAINESVILLE	FL 32606	;			
Original Amount of Loan	Cumulative Payment To	o Date Balance (	Dutstanding at Close of This Perio		
8300.00	0	0.00	0.00		
TERMS Date Incurred	Date Due	e Interest Rate	Secured:		
M07 <sup>M</sup> / D D / Y Y Y Y 30 <sup>D</sup> / Y 2012 <sup>Y</sup>		11/30/2012 0.00			
			(apr) Ves No		
List All Endorsers or Guarantors (if					
1. Full Name (Last, First, Middle Initia	al)	Name of Employer			
Mailing Address		Occupation			
		Amount Guaranteed			
City St	tate ZIP Code	Outstanding:			
2. Full Name (Last, First, Middle Initia	ıl)	Name of Employer			
Mailing Address		Occupation			
		Amount			
City St	tate ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initia	l)	Name of Employer			
Mailing Address		Occupation			
		Amount			
City St	tate ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initia	l)	Name of Employer			
Mailing Address		Occupation			
City St	tate ZIP Code	Amount Guaranteed Outstanding:			
<b>JBTOTALS</b> This Period This Page (opt <b>DTALS</b> This Period (last page in this lir	·	· · · · · · · · · · · · · · · · · · ·	0.00 7 7		

Form/Schedule: SC/10 Transaction ID : SC/10.6024

(Candidate loan amount of 8300.00 from a balance of 8300.00 has been forgiven by candidate. Hard copy letter mailed to FEC)

age# 13964013765							
HEDULE C (FEC F ANS	<sup>:</sup> orm 3)			Use separate sched for each category of Detailed Summary P	the	PAGE 13 FOR LINE NUMBER: (check only one)	OF 23
ME OF COMMITTEE (In Full) TEVE OELRICH FOF		SS		Trans	action	ID : SC/10.6035	
LOAN SOURCE Full Name STEPHEN M OELRI	•	ddle Initial)		[PERSONAL FUNDS]		ction: 2012 Primary General	
Mailing Address 5200 NW 43RD STREET SUIT PMB 151	ΓE 102					Other (specify)	
City		State Z	ZIP Code	•			
GAINESVILLE		FL :	32606				
Original Amount of Loan		Cumulative Paym	ient To Da		alance (	Outstanding at Close of	
<u> </u>	19000.00	9		0.00		9 9	0.00
TERMS Date Incurred	4	Date	e Due	Interest Ra	ate	Secur	ed:
	Ž01Ž <sup>Y</sup>	M M / D D		THE R. L. L. L.	00	% (apr)	es No
List All Endorsers or Guar	antors (if any) t	o Loan Source					
1. Full Name (Last, First, N	1iddle Initial)		١	Name of Employer			
Mailing Address			(	Dccupation			
City	State	ZIP Code		Amount Guaranteed Dutstanding:	7		
2. Full Name (Last, First, M	iddle Initial)		١	Name of Employer			
Mailing Address			(	Dccupation			
City	State	ZIP Code		Amount Guaranteed Dutstanding:	7		
3. Full Name (Last, First, M	iddle Initial)		1	Name of Employer			
Mailing Address			(	Dccupation			
City	State	ZIP Code		Amount Guaranteed Dutstanding:	,		
4. Full Name (Last, First, M	iddle Initial)		1	Name of Employer			
Mailing Address			(	Occupation			
City	State	ZIP Code		Amount Guaranteed Dutstanding:	7	· · · · · ·	
JBTOTALS This Period This	Page (optional).			····· •			0.00
OTALS This Period (last page	in this line only	/)		······			
arry outstanding balance on	y to LINE 3, Sci	nedule D, for this li	ine. If no	Schedule D, carry fo	rward	to appropriate line of	Summ

# :97 A = G79 @ G5 B9CIG H9LH F9 @ 5 H98 HC 5 F9DCFH 2G7 < 98 I @ CF + H9A = N5 H= CB

Form/Schedule: SC/10 Transaction ID : SC/10.6035

(Candidate loan amount of 19000.00 from a balance of 19000.00 has been forgiven by candidate. Hard copy letter mailed to FEC)

age# 13964013767							
HEDULE C (FEC Form a		Use separate sc for each categor Detailed Summa	y of the	he (check only one)			
ME OF COMMITTEE (In Full) TEVE OELRICH FOR CON	IGRESS			Tr	ansaction	D : SC/10.6038	
LOAN SOURCE Full Name (Last, F STEPHEN M OELRICH	First, Middle II	nitial)		[PERSONAL FUN		ction: 2012 Primary General	
Mailing Address 5200 NW 43RD STREET SUITE 102 PMB 151						Other (specify)	
City	State	е	ZIP Coo	le			
GAINESVILLE	FL		32606				
Original Amount of Loan	Cur	mulative Pa	yment To	Date	Balance	Outstanding at Close of This F	Perio
17500	.00	7		0.00		0.00	
TERMS Date Incurred			Date Due	Interes	st Rate	Secured:	
M 08 / D 2 / Y 2012	Y M M	/ D D		/30/2012	0.00		7
00 02 2012				/30/2012		% (apr)Yes ⊻	S No
List All Endorsers or Guarantors (	if any) to Loa	an Source					
1. Full Name (Last, First, Middle In	iitial)			Name of Employer			
Mailing Address				Occupation			
				Amount			
City	State ZII	P Code		Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Init	tial)			Name of Employer			
Mailing Address				Occupation			
				Amount			
City	State ZII	P Code		Guaranteed Outstanding:	7	y	
3. Full Name (Last, First, Middle Init	tial)			Name of Employer			
Mailing Address				Occupation			
City	State ZII	P Code		Amount Guaranteed Outstanding:		y	
4. Full Name (Last, First, Middle Init	tial)			Name of Employer			
Mailing Address				Occupation			
City	State ZII	P Code		Amount Guaranteed Outstanding:		y 1 1 1	
JBTOTALS This Period This Page (o	· ·					7 7 7 0.00	

Form/Schedule: SC/10 Transaction ID : SC/10.6038

(Candidate loan amount of 17500.00 from a balance of 17500.00 has been forgiven by candidate. Hard copy letter mailed to FEC)

age# 13964013769								
CHEDULE C (FEC Form 3) OANS				Use separate schedule(s) for each category of the Detailed Summary Page		PAGE 17 FOR LINE NUMBER: (check only one)	-	
AME OF COMMITTEE (In Full)				Transaction ID : SC/10.6091				
LOAN SOURCE Full Name STEPHEN M OELRIC	•	dle Initial)		[PERSONAL FUNDS]	Ele	ction: 2012 Primary General		
Mailing Address 5200 NW 43RD STREET SUIT PMB 151	E 102					Other (specify)		
City		State	ZIP Code	Э				
GAINESVILLE		FL	32606					
Original Amount of Loan		Cumulative Pay	vment To D	Date E	alance	Outstanding at Close o	f This Perioc	
<u> </u>	6000.00			0.00			0.00	
TERMS		D	ata Dua	Interest P	oto	Coour		
Date Incurred	ž01ž <sup>v</sup>	M M / D D	ate Due	- I at Lot I	.00	Secur	rea. Kes No	
List All Endorsers or Guara	ntors (if any) t	o Loan Source				I	<u>es 110</u>	
1. Full Name (Last, First, M	iddle Initial)			Name of Employer				
Mailing Address				Occupation				
				Amount	_		_	
City	State	ZIP Code		Guaranteed Outstanding:	7			
2. Full Name (Last, First, Mic	dle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:	7	· · · · · · ·		
3. Full Name (Last, First, Mic	dle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:		· · · · · · ·		
4. Full Name (Last, First, Mic	dle Initial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:		· · · · · ·		
UBTOTALS This Period This F							0.00	
OTALS This Period (last page carry outstanding balance only		-			orward	to appropriate line of	Summar	

Form/Schedule: SC/10 Transaction ID : SC/10.6091

(Candidate loan amount of 6000.00 from a balance of 6000.00 has been forgiven by candidate. Hard copy letter mailed to FEC)

CHEDULE C (FEC Form DANS AME OF COMMITTEE (In Full) TEVE OELRICH FOR CON LOAN SOURCE Full Name (Last, I STEPHEN M OELRICH Mailing Address 5200 NW 43RD STREET SUITE 102 PMB 151 City GAINESVILLE Original Amount of Loan TERMS Date Incurred Mo8 / 07 / 2012 List All Endorsers or Guarantors (	NGRES First, Mido	dle Initial) State FL Cumulative P	ZIP Code 32606 'ayment To D	[PERSONAL FUNDS]	f the check only one) X 13a (check only one) X 13a 13b
TEVE OELRICH FOR CON LOAN SOURCE Full Name (Last, I STEPHEN M OELRICH Mailing Address 5200 NW 43RD STREET SUITE 102 PMB 151 City GAINESVILLE Original Amount of Loan TERMS Date Incurred Mo8 / O7 / Y 2012	First, Midd	dle Initial) State FL Cumulative P	32606 Payment To D	[PERSONAL FUNDS] e Date Ba	action ID : SC/10.6120
STEPHEN M OELRICH Mailing Address 5200 NW 43RD STREET SUITE 102 PMB 151 City GAINESVILLE Original Amount of Loan TERMS Date Incurred M08 / 07 / ¥ 2012	0.00 Y	State FL Cumulative P	32606 Payment To D	e Date Ba	Primary General Other (specify) ▼ alance Outstanding at Close of This Peri
5200 NW 43RD STREET SUITE 102 PMB 151 City GAINESVILLE Original Amount of Loan <b>TERMS</b> Date Incurred M08 / 07 / Y 2012	0.00 Y	FL Cumulative P	32606 Payment To D	Date Ba	Other (specify) ▼ alance Outstanding at Close of This Peri
GAINESVILLE Original Amount of Loan 3000 TERMS Date Incurred M08 / 07 / Y 2012	0.00 Y	FL Cumulative P	32606 Payment To D	Date Ba	
Original Amount of Loan 3000 TERMS Date Incurred M 08 / D 07 / Y 2012	Y	Cumulative P	ayment To D		
TERMS         Date Incurred           M08         /         07         /         ¥         2012	Y	,			
TERMS Date Incurred	Y	M / D	Date Due	0.00	0.00
Date Incurred	(if any) to	M / D	Date Due		
M08 <sup>M</sup> / D07 <sup>D</sup> / Y 2012	(if any) to	M / D	Date Due	Interest Ra	ate Secured:
List All Endersors or Cuerenters (	(if anv) to		_		.00
LIST AII ENDOISERS OF GUARANTORS (	(	Loan Source	е		
1. Full Name (Last, First, Middle Ir	nitial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Ini	itial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Ini	itial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Ini	itial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	· · · · · · · · · · · ·
<b>UBTOTALS</b> This Period This Page (o	optional)			······ •	0.00
OTALS This Period (last page in this	line only)			····· •	

Form/Schedule: SC/10 Transaction ID : SC/10.6120

(Candidate loan amount of 3000.00 from a balance of 3000.00 has been forgiven by candidate. Hard copy letter mailed to FEC)

age# 13964013773						
CHEDULE C (FEC Form 3) DANS				Use separate schedule( for each category of the Detailed Summary Page		(check only one) X 13a
ME OF COMMITTEE (In Full) TEVE OELRICH FOR		SS			Transac	tion ID : SC/10.6138
LOAN SOURCE Full Name STEPHEN M OELRIG	•	ddle Initial)		[PERSONAL F	-UNDSJ	Election: 2012 Primary General
Mailing Address 5200 NW 43RD STREET SUIT PMB 151	E 102					Other (specify)
City		State	ZIP Code	)		
GAINESVILLE		FL	32606			
Original Amount of Loan		Cumulative Pay	yment To D		Bala	nce Outstanding at Close of This Perio
9 9	28000.00	9		0.00		0.00
TERMS Date Incurred		D	ate Due	Int	erest Rate	Secured:
M 08 / D 08 / Y	žo1ž <sup>v</sup>	M M / D D	_	0/2012 <sup>×</sup>	0.00	
List All Endorsers or Guara	antors (if any) t	o Loan Source				
1. Full Name (Last, First, M	iddle Initial)		1	Name of Employ	yer	
Mailing Address			(	Occupation		
City	State	ZIP Code	(	Amount Guaranteed Dutstanding:		y y x .
2. Full Name (Last, First, Mi	ddle Initial)		1	Name of Employ	yer	
Mailing Address			(	Occupation		
City	State	ZIP Code		Amount Guaranteed Dutstanding:		y y
3. Full Name (Last, First, Mi	ddle Initial)		1	Name of Employ	yer	
Mailing Address			(	Occupation		
City	State	ZIP Code	(	Amount Guaranteed Outstanding:		y
4. Full Name (Last, First, Mi	ddle Initial)		1	Name of Employ	yer	
Mailing Address			(	Occupation		
City	State	ZIP Code	(	Amount Guaranteed Dutstanding:		y 1 1 y 1 1 x 1
JBTOTALS This Period This	Page (optional).					0.00
<b>DTALS</b> This Period (last page	in this line only	y)			Ē	0.00
					carry forw	vard to appropriate line of Summar

Form/Schedule: SC/10 Transaction ID : SC/10.6138

(Candidate loan amount of 28000.00 from a balance of 28000.00 has been forgiven by candidate. Hard copy letter mailed to FEC)

A. Full Name (Last, First, Middle Initial) of Debtor Signs Unlimited		(Use separate schedule(s) for each numbered line) Nature of D Signs	PAGE 23 OF 23 FOR LINE NUMBER: (check only one) 9 X 10 Nebt (Purpose):
City State	Zip Code		
Ocala Outstanding Balance Beginning This Period 5700.00	FL 34471	Transacti	on ID : SD10.5973
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00	4750	0.00	950.00
B. Full Name (Last, First, Middle Initial) of Debtor Mailing Address	or Creditor	Nature of D	ebt (Purpose):
Outstanding Balance Beginning This Period Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor Mailing Address		Nature of D	ebt (Purpose):
City Outstanding Balance Beginning This Period Amount Incurred This Period	State Zip Code Payment This Period	Outstandi	ng Balance at Close of This Period
<ol> <li>SUBTOTALS This Period This Page (optional)</li> <li>TOTALS This Period (last page this line number</li> </ol>			950.00 950.00
<ul><li>3) TOTAL OUTSTANDING LOANS from Schedule (</li><li>4) ADD 2) and 3) and carry forward to appropriate</li></ul>			0.00 950.00

Image# 13964013775

FEC Schedule D (Form 3) (Revised 02/2003)