

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 MM/DD/YYYY in the State of

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

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

Election on MM/DD/YYYY in the State of

5. Covering Period

MM/DD/YYYY through MM/DD/YYYY 04/01/2012 through 06/30/2012

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

MM/DD/YYYY 10/15/2012

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

Table with 7 columns and 1 row for Office Use Only

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))....	69707.10	192422.10
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	69707.10	192422.10
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	134417.28	164049.70
(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)).....	134417.28	164049.70
8. Cash on Hand at Close of Reporting Period (from Line 27).....	28373.40	
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).....	13674.00	

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).....	61120.00	165320.00
(ii) Unitemized	7587.10	20602.10
(iii) TOTAL of contributions from individuals	68707.10	185922.10
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	6000.00
(d) The Candidate	0.00	500.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	69707.10	192422.10
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
	1.00	1.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	69708.10	192423.10

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	134417.28	164049.70
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	0.00
(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	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	134417.28	164049.70

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	93082.58
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	69708.10
25. SUBTOTAL (add Line 23 and Line 24).....	162790.68
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	134417.28
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	28373.40

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 5 OF 78
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
STEVE OELRICH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Steven Adams

Mailing Address 9312 SW 41st Lane

City Gainesville State FL Zip Code 32608

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

Name of Employer First Assembly of God Occupation Pastor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 27 / 2012

Transaction ID : SA11AI.5685

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Lisa Adel

Mailing Address 151 SW 136th St

City Newberry State FL Zip Code 32669

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

Name of Employer None Occupation Homemaker

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
04 / 13 / 2012

Transaction ID : SA11AI.5091

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Joe H Anderson Jr.

Mailing Address PO Box 38

City Old Town State FL Zip Code 32680

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

Name of Employer Crusades for Christ Occupation Minister

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 14 / 2012

Transaction ID : SA11AI.5399

Amount of Each Receipt this Period
2500.00

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

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

2950.00

**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 78
	<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)
Joe H Anderson Jr.

Mailing Address **PO Box 38**

City **Old Town** State **FL** Zip Code **32680**

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

Name of Employer **Crusades for Christ** Occupation **Minister**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 14 / 2012

Transaction ID : SA11AI.5401

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Deborah Bachschmidt

Mailing Address **PO Box 1396**

City **Inglis** State **FL** Zip Code **34449**

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

Name of Employer **Dab Constructors, Inc.** Occupation **CEO**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 22 / 2012

Transaction ID : SA11AI.5631

Amount of Each Receipt this Period
2500.00

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

Mailing Address **8444 Leeward Air Ranch Circle**

City **Ocala** State **FL** Zip Code **34472**

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

Name of Employer **Unlimited Aerobatics, LLC** Occupation **Pilot/Aircraft Manufacturer**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 22 / 2012

Transaction ID : SA11AI.5633

Amount of Each Receipt this Period
2500.00

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

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

7500.00

**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 78
	<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) A. Lauren Bachschmidt		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2012	
Mailing Address 8444 Leeward Air Ranch Circle		Transaction ID : SA11AI.5635	
City State Zip Code Ocala FL 34472	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Unlimited Aerobatics, LLC Managing Member		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) B. William Bachschmidt		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2012	
Mailing Address PO Box 1396		Transaction ID : SA11AI.5629	
City State Zip Code Inglis FL 34449	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation DAB Constructor, Inc. Vice-President		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) C. Dean Beckman		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 18 / 2012	
Mailing Address 183 SW 129th Ter		Transaction ID : SA11AI.5159	
City State Zip Code Newberry FL 32669	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation None Retired		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	5500.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 78
	<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)
Rich Blaser

Mailing Address 10104 SW 17th Pl

City Gainesville State FL Zip Code 32607

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

Name of Employer Infinite Energy Occupation CEO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2012

Transaction ID : SA11AI.4929

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Roger Brill

Mailing Address 6417 SW 35th Way

City Gainesville State FL Zip Code 32608

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

Name of Employer Roger T. Brill MD, FACS, PA Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2012

Transaction ID : SA11AI.5397

Amount of Each Receipt this Period
 250.00

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

Mailing Address 900 John Anderson Drive

City Ormond Beach State FL Zip Code 32176

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

Name of Employer None Occupation Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012

Transaction ID : SA11AI.5623

Amount of Each Receipt this Period
 2500.00

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

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

3000.00

**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 78
	<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) A. Wallace Burt		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2012	
Mailing Address 900 John Anderson Dr.		Transaction ID : SA11AI.5625	
City Ormond Beach	State FL	Zip Code 32176	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Security First Insurance	Occupation Insurance Executive		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. Scottie Butler		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 05 / 2012	
Mailing Address 5521 SW 35th Way		Transaction ID : SA11AI.5513	
City Gainesville	State FL	Zip Code 32608	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self -Independent Law Practice	Occupation Attorney		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Hugh Calderwood		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 04 / 2012	
Mailing Address PO Box 2307		Transaction ID : SA11AI.4898	
City Alachua	State FL	Zip Code 32616	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self	Occupation Semi-Retired Veterinarian		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
STEVE OELRICH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Daniel E Canfield Jr.

Mailing Address 8510 NW 59th St

City Gainesville	State FL	Zip Code 32653
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FEC ID number of contributing federal political committee. **C**

Name of Employer University of Florida	Occupation Professor
---	-------------------------

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
 05 / 02 / 2012

Transaction ID : SA11AI.5217

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Karen Carssow

Mailing Address 938 Little River Campground Rd

City Pisgah Forest	State NC	Zip Code 28768
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Farmer
--------------------------	----------------------

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
 04 / 14 / 2012

Transaction ID : SA11AI.5105

Amount of Each Receipt this Period
500.00

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

Mailing Address 938 Little River Campground Rd

City Pisgah Forest	State NC	Zip Code 28768
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Farmer
--------------------------	----------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 16 / 2012

Transaction ID : SA11AI.5419

Amount of Each Receipt this Period
500.00

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

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

1250.00

**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 11 OF 78
	<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)
Karen Carsow

Mailing Address 938 Little River Campground Rd

City Pisgah Forest	State NC	Zip Code 28768
-----------------------	-------------	-------------------

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

Name of Employer Self	Occupation Farmer
--------------------------	----------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 16 / 2012

Transaction ID : SA11AI.5607

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Armand Cirulli

Mailing Address 329 SW 93rd Street

City Gainesville	State FL	Zip Code 32607
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FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 18 / 2012

Transaction ID : SA11AI.5166

Amount of Each Receipt this Period
250.00

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

Mailing Address 329 SW 93rd St

City Gainesville	State FL	Zip Code 32607
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FEC ID number of contributing federal political committee. **C**

Name of Employer Gainesville Health & Fitness C	Occupation Director
--	------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 18 / 2012

Transaction ID : SA11AI.5187

Amount of Each Receipt this Period
250.00

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

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

1000.00

**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 12 OF 78
	<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)
Stefan Davis

Mailing Address 6312 SW 99th St

City Gainesville State FL Zip Code 32608

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

Name of Employer The Enclave Occupation Owner/Construction

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2012

Transaction ID : SA11AI.5471

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Sarah Dean

Mailing Address PO Box 213

City Candler State FL Zip Code 32111

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

Name of Employer Townley Engineering & Manufact Occupation CFO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2012

Transaction ID : SA11AI.5691

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Charles Denny III

Mailing Address 6624 SW 37th Way

City Gainesville State FL Zip Code 32608

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

Name of Employer Private Investments Occupation Investment Management

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 27 / 2012

Transaction ID : SA11AI.5207

Amount of Each Receipt this Period
 2500.00

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

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

3000.00

**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 13 OF 78
	<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)
Wanda Denny

Mailing Address 6624 SW 27th Way

City Gainesville State FL Zip Code 32608

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

Name of Employer WND Enterprises 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 Y Y
 04 / 09 / 2012

Transaction ID : SA11AI.5021

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Paula Dockery

Mailing Address PO Box 2646

City Lakeland State FL Zip Code 33806

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

Name of Employer C.C. Dockery Insurance Occupation Insurance Agent

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2012

Transaction ID : SA11AI.5643

Amount of Each Receipt this Period
 500.00

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

Mailing Address 8515 SW 31st Ave

City Gainesville State FL Zip Code 32608

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

Name of Employer University of Florida Occupation Basketball Coach

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 16 / 2012

Transaction ID : SA11AI.5424

Amount of Each Receipt this Period
 1000.00

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: PAGE 14 OF 78
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
STEVE OELRICH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jeffrey Ference

Mailing Address 12716 NW 109th Lane

City Alachua State FL Zip Code 32615

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

Name of Employer Jeffrey Ference, P.A. Occupation Insurance Agent

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2012

Transaction ID : SA11AI.5125

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Gordon Charles Finlayson

Mailing Address 711 SW 88th Ter

City Gainesville State FL Zip Code 32607

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

Name of Employer Nephrology Assoc of N Cent FL Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2012

Transaction ID : SA11AI.5141

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Tim Flynn

Mailing Address 4623 NW 63rd Terrace

City Gainesville State FL Zip Code 32653

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

Name of Employer University of Florida Occupation Medical Doctor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 16 / 2012

Transaction ID : SA11AI.5415

Amount of Each Receipt this Period
 250.00

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

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

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 15 OF 78
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
STEVE OELRICH FOR CONGRESS

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

Mailing Address 314 SW 93rd Street

City State Zip Code
Gainesville FL 32607

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

Name of Employer Occupation
University of Florida Neurosurgeon

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2012

Transaction ID : SA11AI.5679

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Don Gaetz

Mailing Address P.O. Box 1234

City State Zip Code
Niceville FL 32588

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

Name of Employer Occupation
State of Florida State Senator

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 02 / 2012

Transaction ID : SA11AI.5221

Amount of Each Receipt this Period
 1300.00

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

Mailing Address P.O. Box 1234

City State Zip Code
Niceville FL 32588

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

Name of Employer Occupation
None Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 02 / 2012

Transaction ID : SA11AI.5223

Amount of Each Receipt this Period
 1300.00

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

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

3600.00

**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 16 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
STEVE OELRICH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Emery Gainey

Mailing Address 12170 SW 103rd Ave

City Gainesville State FL Zip Code 32608

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

Name of Employer State of Florida Occupation Director, Law Enforcement Relations

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 09 / 2012

Transaction ID : SA11AI.5573

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Kathy Gallin

Mailing Address 379 NW Dogwood Terr

City Lake City State FL Zip Code 32055

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

Name of Employer Signature Consulting Services, Occupation Director of Legislative Affairs

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 28 / 2012

Transaction ID : SA11AI.5690

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dr. James Gershow

Mailing Address 2215 NW 24th Ave

City Gainesville State FL Zip Code 32605

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

Name of Employer Gainesville Otolaryngology Gro Occupation Medical Doctor

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
05 / 14 / 2012

Transaction ID : SA11AI.5361

Amount of Each Receipt this Period
500.00

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

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

800.00

**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 17 OF 78
	<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)
Gary Gillette

Mailing Address 8858 SW 11th Ave

City Gainesville	State FL	Zip Code 32607
---------------------	-------------	-------------------

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

Name of Employer Self Employed	Occupation Physician
-----------------------------------	-------------------------

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
 05 / 15 / 2012

Transaction ID : SA11AI.5413

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mitch Glaeser

Mailing Address 2145 SW 84 Terr

City Gainesville	State FL	Zip Code 32607
---------------------	-------------	-------------------

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

Name of Employer Glaeser Realty	Occupation Realtor
------------------------------------	-----------------------

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
 05 / 18 / 2012

Transaction ID : SA11AI.5432

Amount of Each Receipt this Period
250.00

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

Mailing Address 130 SW Red Maple Way

City Lake City	State FL	Zip Code 32024
-------------------	-------------	-------------------

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

Name of Employer None	Occupation Retired
--------------------------	-----------------------

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
 04 / 18 / 2012

Transaction ID : SA11AI.5165

Amount of Each Receipt this Period
300.00

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

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

1050.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 18 OF 78
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
STEVE OELRICH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Stanley Hanson

Mailing Address 7074 S.E. 12th Circle

City State Zip Code
Ocala FL 34480

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

Name of Employer Occupation
None Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2012

Transaction ID : SA11AI.5365

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ralph Holden

Mailing Address 969 A1A

City State Zip Code
Hillsboro Beach FL 33062

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

Name of Employer Occupation
None Retired

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
 04 / 11 / 2012

Transaction ID : SA11AI.5068

Amount of Each Receipt this Period
250.00

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

Mailing Address 7450 NW 83rd Ct Rd

City State Zip Code
Ocala FL 34482

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

Name of Employer Occupation
Ocala Tractor, LLC Owner of Tractor Dealership

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
 05 / 15 / 2012

Transaction ID : SA11AI.5411

Amount of Each Receipt this Period
250.00

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

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

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 19 OF 78
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
STEVE OELRICH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Joel Houston

Mailing Address 5011 NW 51st Pl

City Gainesville State FL Zip Code 32606

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

Name of Employer University of Florida Occupation Professor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2012

Transaction ID : SA11AI.5161

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Charlotte Jeffrey

Mailing Address 2224 NW 11th Ave

City Gainesville State FL Zip Code 32605

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

Name of Employer None Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2012

Transaction ID : SA11AI.5090

Amount of Each Receipt this Period
 100.00

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

Mailing Address 2224 NW 11th Ave

City Gainesville State FL Zip Code 32605

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

Name of Employer None Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2012

Transaction ID : SA11AI.5517

Amount of Each Receipt this Period
 100.00

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

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

450.00

**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 20 OF 78
	<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)
Edward King

Mailing Address 915 SE 5th Street

City Ocala State FL Zip Code 34471

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

Name of Employer Ocala Urology Specialists Occupation Urologist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2012

Transaction ID : SA11AI.4892

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Susan King

Mailing Address 2488 NW 28th St

City Gainesville State FL Zip Code 32605

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

Name of Employer Blue Sky Properties Inc Occupation Realtor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2012

Transaction ID : SA11AI.5084

Amount of Each Receipt this Period
 500.00

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

Mailing Address PO Box 357845

City Gainesville State FL Zip Code 32635

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

Name of Employer Florida Woodland Group Occupation Real Estate Developer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2012

Transaction ID : SA11AI.5582

Amount of Each Receipt this Period
 500.00

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

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

1500.00

**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 21 OF 78
	<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)
Caridad Lee

Mailing Address PO Box 357845

City Gainesville State FL Zip Code 32635

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

Name of Employer Florida Woodland Group Occupation Real Estate Developer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2012

Transaction ID : SA11AI.5583

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dennis Lee

Mailing Address PO Box 357845

City Gainesville State FL Zip Code 32635

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

Name of Employer Florida Woodland Group Occupation Real Estate Developer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2012

Transaction ID : SA11AI.5584

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1201 South 9th Street

City Leesburg State FL Zip Code 34748

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

Name of Employer Dr. Nicholas A Maruniak, MD Occupation Pathologist

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
 04 / 09 / 2012

Transaction ID : SA11AI.5017

Amount of Each Receipt this Period
500.00

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

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

2500.00

**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 22 OF 78
	<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)
Joelen Merkel

Mailing Address 118 Marlin Dr

City State Zip Code
Ocean Ridge FL 33435

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

Name of Employer Occupation
None Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2012

Transaction ID : SA11AI.5588

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Stephen W Metz

Mailing Address 215 S Monroe, Ste 505

City State Zip Code
Tallahassee FL 32301

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

Name of Employer Occupation
Metz, Husband & Daughton, P.A. Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 31 / 2012

Transaction ID : SA11AI.5488

Amount of Each Receipt this Period
500.00

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

Mailing Address 3238 NW 57th Terrace

City State Zip Code
Gainesville FL 32606

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

Name of Employer Occupation
Miller & Brasington, PL Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2012

Transaction ID : SA11AI.5608

Amount of Each Receipt this Period
250.00

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

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

1000.00

**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 23 OF 78
	<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)
Andrew Moore

Mailing Address **PO Box 1647**

City **Lake City** State **FL** Zip Code **32056**

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

Name of Employer **Rountree Moore** Occupation **Auto Dealer**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 18 / 2012

Transaction ID : SA11AI.5428

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dexter O'Steen

Mailing Address **16707 NW County Rd 241**

City **Alachua** State **FL** Zip Code **32615**

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

Name of Employer **O'Steen Brothers, Inc.** Occupation **Developer**

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
04 / 04 / 2012

Transaction ID : SA11AI.4902

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
William Bradley O'Steen

Mailing Address **16615 NW County Rd 241**

City **Alachua** State **FL** Zip Code **32615**

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

Name of Employer **O'Steen Brothers, Inc.** Occupation **Developer**

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
04 / 09 / 2012

Transaction ID : SA11AI.5019

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 24 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
STEVE OELRICH FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Leticia Olesky		Date of Receipt M M / D D / Y Y Y Y 04 / 09 / 2012	
Mailing Address 3832 W Newberry Rd, Ste 2C		Transaction ID : SA11AI.4996	
City Gainesville	State FL	Zip Code 32607	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer S & O PROPERTIES, LLC	Occupation Property Manager		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Joel Overton		Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2012	
Mailing Address 3262 Foley Drive		Transaction ID : SA11AI.5209	
City Tallahassee	State FL	Zip Code 32309	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Larry J Overton & Associates	Occupation Consultant		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Doris Perry		Date of Receipt M M / D D / Y Y Y Y 04 / 09 / 2012	
Mailing Address 5771 NW 4th Pl		Transaction ID : SA11AI.5012	
City Gainesville	State FL	Zip Code 32607	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00	
Name of Employer None	Occupation Retired		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 270.00		

SUBTOTAL of Receipts This Page (optional).....	770.00
TOTAL This Period (last page this line number only).....	770.00

**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 25 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
STEVE OELRICH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Michael Preston

Mailing Address 121 N Monroe Street, Apt 9004

City Tallahassee	State FL	Zip Code 32301
---------------------	-------------	-------------------

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

Name of Employer Enterprise Florida, Inc	Occupation Consultant
---	--------------------------

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
 06 / 21 / 2012

Transaction ID : SA11AI.5614

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Anthony Randazzo

Mailing Address 1925 NW 27 St

City Gainesville	State FL	Zip Code 32605
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FEC ID number of contributing federal political committee. **C**

Name of Employer Geohazards, Inc.	Occupation Geologist
--------------------------------------	-------------------------

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
 05 / 15 / 2012

Transaction ID : SA11AI.5358

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Davis M Rembert Jr.

Mailing Address PO Box 729

City Alachua	State FL	Zip Code 32616
-----------------	-------------	-------------------

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

Name of Employer Rembert Food Enterprises Inc	Occupation Restaurant Owner
--	--------------------------------

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
 04 / 03 / 2012

Transaction ID : SA11AI.4894

Amount of Each Receipt this Period
250.00

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

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

700.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 26 OF 78
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
STEVE OELRICH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Justin Revuelta

Mailing Address 3700 Windmeadows Blvd Apt. T188

City State Zip Code
Gainesville FL 32608

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

Name of Employer Occupation
Domino's Pizza Communications Manager

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
 06 / 29 / 2012

Transaction ID : SA11AI.5726

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Robert Reyes

Mailing Address 108 South Monroe Street

City State Zip Code
Tallahassee FL 32301

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

Name of Employer Occupation
Floridian Partnerts Government Affairs

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
 04 / 05 / 2012

Transaction ID : SA11AI.4881

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Donald K Robertson

Mailing Address 1801 NW 77th St

City State Zip Code
Gainesville FL 32605

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

Name of Employer Occupation
NHRA Manager

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
 04 / 23 / 2012

Transaction ID : SA11AI.5190

Amount of Each Receipt this Period
250.00

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

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

1000.00

**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 27 OF 78
	<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)
Donald K Robertson

Mailing Address 1801 NW 77th St

City Gainesville State FL Zip Code 32605

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

Name of Employer NHRA Occupation Manager

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
05 / 15 / 2012

Transaction ID : SA11AI.5360

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Thomas Robinson

Mailing Address 5800 NW 39th Ave, Ste 101

City Gainesville State FL Zip Code 32606

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

Name of Employer Robinshore, Inc. Occupation CEO

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
06 / 29 / 2012

Transaction ID : SA11AI.5745

Amount of Each Receipt this Period
500.00

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

Mailing Address 610 East Main Street

City Leesburg State FL Zip Code 34748

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

Name of Employer Ro-Mac Lumber Supply Occupation Vice-President

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
04 / 17 / 2012

Transaction ID : SA11AI.5108

Amount of Each Receipt this Period
500.00

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

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

1250.00

**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 28 OF 78
	<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) A. Brian Scarborough		Date of Receipt M M / D D / Y Y Y Y Y 06 / 12 / 2012	
Mailing Address 1800 NW 24 Street		Transaction ID : SA11AI.5580	
City Gainesville	State FL	Zip Code 32605	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Scarborough Insurance	Occupation Insurance Agent		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Ward Scott		Date of Receipt M M / D D / Y Y Y Y Y 06 / 21 / 2012	
Mailing Address 13712 NW 109 Lane		Transaction ID : SA11AI.5641	
City Alachua	State FL	Zip Code 32615	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Santa Fe College	Occupation Professor		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. Stephen Shey		Date of Receipt M M / D D / Y Y Y Y Y 05 / 02 / 2012	
Mailing Address PO Box 14424		Transaction ID : SA11AI.5225	
City Gainesville	State FL	Zip Code 32604	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer Shey Associates Inc	Occupation Property Management		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	_____

**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 29 OF 78
	<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)
Henry Sipowski Jr

Mailing Address 6198 N Federal Hwy

City Boca Raton State FL Zip Code 33487

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

Name of Employer State Farm Insurance Occupation Insurance Agent

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : SA11AI.5532

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Jerry M Smith

Mailing Address 623 Turkey Creek

City Alachua State FL Zip Code 32615

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

Name of Employer FNB of Alachua Occupation President & CEO

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
04 / 04 / 2012

Transaction ID : SA11AI.4896

Amount of Each Receipt this Period
250.00

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

Mailing Address 2797 Ravines Rd

City Middleburg State FL Zip Code 32068

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

Name of Employer WW Gay Mechanical Occupation Senior Vice President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 17 / 2012

Transaction ID : SA11AI.5430

Amount of Each Receipt this Period
2500.00

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

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

2800.00

**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 30 OF 78
	<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)
Patricia Spencer

Mailing Address 3023 SW 98th Drive

City Gainesville State FL Zip Code 32608

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

Name of Employer None Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2012

Transaction ID : SA11AI.5616

Amount of Each Receipt this Period
 2000.00

B. Full Name (Last, First, Middle Initial)
Edward Staples

Mailing Address 20434 NE 135th Avenue

City Waldo State FL Zip Code 32694

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

Name of Employer University of Florida Occupation Heart Surgeon

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 04 / 2012

Transaction ID : SA11AI.4800

Amount of Each Receipt this Period
 500.00

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

Mailing Address 1206 NW 150th Dr

City Newberry State FL Zip Code 32669

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

Name of Employer William Storie IV, D.D.S., P.A. Occupation Surgeon

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2012

Transaction ID : SA11AI.5533

Amount of Each Receipt this Period
 250.00

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

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

2750.00

**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 31 OF 78
	<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)
Allen Weikel

Mailing Address PO Box 840071

City St Augustine State FL Zip Code 32080

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

Name of Employer None Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 16 / 2012

Transaction ID : SA11AI.5420

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Mack Williams

Mailing Address 3501-A W. University Ave

City Gainesville State FL Zip Code 32607

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

Name of Employer McGriff-Williams Insurance Age Occupation Insurance Agent

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2012

Transaction ID : SA11AI.5683

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1008 Moosehead Drive

City Orange Park State FL Zip Code 32065

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

Name of Employer Tri-Star Investigative Service Occupation Private Investigator

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.5713

Amount of Each Receipt this Period
 500.00

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

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

1250.00

**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 32 OF 78
	<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)
Cari Wolfson

Mailing Address 5726 Roanoke Trail

City State Zip Code
Tallahassee FL 32312

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

Name of Employer Occupation
OSI U.E. Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2012

Transaction ID : SA11AI.5564

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
David Wolfson

Mailing Address 5726 Roanoke Trail

City State Zip Code
Tallahassee FL 32312

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

Name of Employer Occupation
OSI Political Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2012

Transaction ID : SA11AI.5542

Amount of Each Receipt this Period
 2500.00

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).....

5000.00

61120.00

**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 33 OF 78	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" 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)
GRAYROBINSON, P.A., POLITICAL ACTION COMMITTEE

Mailing Address 301 E PINE ST., SUITE 1400

City: ORLANDO State: FL Zip Code: 32801

FEC ID number of contributing federal political committee: **C** C00224790

Name of Employer: _____ Occupation: _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____

Date of Receipt: **04 / 02 / 2012**

Transaction ID : SA11C.5732

Amount of Each Receipt this Period: **1000.00**

B. 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: _____

Amount of Each Receipt this Period: _____

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: _____

Amount of Each Receipt this Period: _____

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

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

1000.00

1000.00

**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 34 OF 78			
	<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. Advantage, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 2300 Clarendon Blvd Suite 1004		Amount of Each Disbursement this Period 941.33 Transaction ID : SB17.4983
City Arlington State VA Zip Code 22201	Purpose of Disbursement Telephone Solicitation 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. Advantage, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 2300 Clarendon Blvd Suite 1004		Amount of Each Disbursement this Period 105.40 Transaction ID : SB17.4985
City Arlington State VA Zip Code 22201	Purpose of Disbursement Automated Phone Calls 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. Mason Alley		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address 1642 NW 11th Rd		Amount of Each Disbursement this Period 247.28 Transaction ID : SB17.5379
City Gainesville State FL Zip Code 32605	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).....	941.33
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 35 OF 78			
	<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. Mason Alley		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2012
Mailing Address 1642 NW 11th Rd		Amount of Each Disbursement this Period 1850.00 Transaction ID : SB17.5563
City Gainesville	State FL	
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. Caroline Anderson		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 132 SW 62nd Street, Apt 601		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.4817
City Gainesville	State FL	
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) c. Caroline Anderson		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 132 SW 62nd Street, Apt 601		Amount of Each Disbursement this Period 125.00 Transaction ID : SB17.4818
City Gainesville	State FL	
Purpose of Disbursement Fuel Reimbursement	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)	2725.00
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 78			
	<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 M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 132 SW 62nd Street, Apt 601		Amount of Each Disbursement this Period 333.00 Transaction ID : SB17.4987
City Gainesville	State FL	
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. Caroline Anderson		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 132 SW 62nd Street, Apt 601		Amount of Each Disbursement this Period 34.00 Transaction ID : SB17.5127
City Gainesville	State FL	
Purpose of Disbursement Fuel Reimbursement	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. Caroline Anderson		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 132 SW 62nd Street, Apt 601		Amount of Each Disbursement this Period 333.00 Transaction ID : SB17.5244
City Gainesville	State FL	
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).....	700.00
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 78			
	<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 M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 132 SW 62nd Street, Apt 601		Amount of Each Disbursement this Period 54.00 Transaction ID : SB17.5246
City State Zip Code Gainesville FL 32607	Purpose of Disbursement Fuel Reimbursement 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) B. Caroline Anderson		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address 132 SW 62nd Street, Apt 601		Amount of Each Disbursement this Period 333.33 Transaction ID : SB17.5406
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) c. Caroline Anderson		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address 132 SW 62nd Street, Apt 601		Amount of Each Disbursement this Period 66.03 Transaction ID : SB17.5407
City State Zip Code Gainesville FL 32607	Purpose of Disbursement Fuel Reimbursement 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).....	453.36
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 38 OF 78	
	<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 M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address 132 SW 62nd Street, Apt 601		Amount of Each Disbursement this Period 333.33 Transaction ID : SB17.5494
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. Caroline Anderson		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2012
Mailing Address 132 SW 62nd Street, Apt 601		Amount of Each Disbursement this Period 333.33 Transaction ID : SB17.5590
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) c. Bank of America		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 13170 Atlantic Blvd		Amount of Each Disbursement this Period 31.50 Transaction ID : SB17.5306
City Jacksonville State FL Zip Code 32225	Purpose of Disbursement Bank Service Charges 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).....	698.16
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 39 OF 78			
	<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 06 / 27 / 2012
Mailing Address 13170 Atlantic Blvd		Amount of Each Disbursement this Period 42.00 Transaction ID : SB17.5689
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) B. Beechler's Printing, Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2012
Mailing Address 350 NW 39 Avenue		Amount of Each Disbursement this Period 2078.34 Transaction ID : SB17.5699
City Gainesville State FL Zip Code 32609	Purpose of Disbursement Direct Mail 003 Category/Type	
Candidate Name	Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) C. Daniel Bruno		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012
Mailing Address 17320 SW 84th Ct		Amount of Each Disbursement this Period 677.42 Transaction ID : SB17.4904
City Miami State FL Zip Code 33157	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).....	2797.76
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 40 OF 78			
	<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. Daniel Bruno		Date of Disbursement MM / DD / YYYY 04 / 09 / 2012
Mailing Address 17320 SW 84th Ct		Amount of Each Disbursement this Period 1052.28
City Miami State FL Zip Code 33157	Purpose of Disbursement Reimburse Campaign Expense	
Candidate Name STEVE OELRICH FOR CONGRESS		Transaction ID : SB17.4906
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) B. Verizon Wireless		Date of Disbursement MM / DD / YYYY 03 / 28 / 2012
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 81.21
City Dallas State TX Zip Code 75266	Purpose of Disbursement Telephone Expense	
Candidate Name STEVE OELRICH FOR CONGRESS		Transaction ID : SB17.4906.0
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	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement MM / DD / YYYY 03 / 30 / 2012
Mailing Address 2701 SW College Rd		Amount of Each Disbursement this Period 271.89
City Ocala State FL Zip Code 34474	Purpose of Disbursement Flyers for Dinner	
Candidate Name STEVE OELRICH FOR CONGRESS		Transaction ID : SB17.4906.10
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 003	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	1052.28
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 41 OF 78	
	<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. Daniel Bruno		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address 17320 SW 84th Ct		Amount of Each Disbursement this Period 283.06 Transaction ID : SB17.5497
City State Zip Code Miami FL 33157	Purpose of Disbursement Reimburse Campaign Expense 006 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. Kangaroo		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address 9260 NW 29th Ave		Amount of Each Disbursement this Period 68.81 Transaction ID : SB17.5497.0 [MEMO ITEM]
City State Zip Code Gainesville FL 32606	Purpose of Disbursement Fuel Reimbursement for 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		

Full Name (Last, First, Middle Initial) c. Budget Printing Center, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address 4152 W. Blue Heron Blvd #109		Amount of Each Disbursement this Period 2579.66 Transaction ID : SB17.4877
City State Zip Code Riviera Beach FL 33404	Purpose of Disbursement Mail 006 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).....	2862.72
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 42 OF 78	
	<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. Budget Printing Center, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 4152 W. Blue Heron Blvd #109		Amount of Each Disbursement this Period 4040.38 Transaction ID : SB17.4990
City Riviera Beach	State FL	
Zip Code 33404	Purpose of Disbursement Mail	Category/ Type 003
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. Budget Printing Center, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2012
Mailing Address 4152 W. Blue Heron Blvd #109		Amount of Each Disbursement this Period 2055.45 Transaction ID : SB17.5194
City Riviera Beach	State FL	
Zip Code 33404	Purpose of Disbursement Postage & Mail	Category/ Type 003
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. Budget Printing Center, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address 4152 W. Blue Heron Blvd #109		Amount of Each Disbursement this Period 1564.31 Transaction ID : SB17.5381
City Riviera Beach	State FL	
Zip Code 33404	Purpose of Disbursement 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	

SUBTOTAL of Disbursements This Page (optional).....	7660.14
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 43 OF 78	
	<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. Budget Printing Center, LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 4152 W. Blue Heron Blvd #109		Amount of Each Disbursement this Period 4692.93 Transaction ID : SB17.5649
City Riviera Beach	State FL	
Zip Code 33404	Purpose of Disbursement Mail	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. Michele Burczyk		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2012
Mailing Address 2704 NW 1st Ave		Amount of Each Disbursement this Period 145.00 Transaction ID : SB17.5595
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) c. Clay Electric		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2012
Mailing Address PO Box 308		Amount of Each Disbursement this Period 280.00 Transaction ID : SB17.5197
City Keystone Heights	State FL	
Zip Code 32656	Purpose of Disbursement Utility Payment	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).....	5117.93
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 44 OF 78	
	<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 Electric		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2012
Mailing Address PO Box 308		Amount of Each Disbursement this Period 43.05 Transaction ID : SB17.5449
City Keystone Heights	State FL	
Zip Code 32656	Purpose of Disbursement Utilities/Electric	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. Clay Electric		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address PO Box 308		Amount of Each Disbursement this Period 81.31 Transaction ID : SB17.5675
City Keystone Heights	State FL	
Zip Code 32656	Purpose of Disbursement Utilities	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. COX		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address PO Box 9001007		Amount of Each Disbursement this Period 335.74 Transaction ID : SB17.5395
City Louisville	State KY	
Zip Code 40290	Purpose of Disbursement Internet Install, Set Up, 1st month	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).....	460.10
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 45 OF 78			
	<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. COX		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address PO Box 9001007		Amount of Each Disbursement this Period 99.00 Transaction ID : SB17.5575
City State Zip Code Louisville KY 40290	Purpose of Disbursement Internet for Office 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. Lee Crane		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 4020 Newberry Rd #400		Amount of Each Disbursement this Period 572.40 Transaction ID : SB17.5268
City State Zip Code Gainesville FL 32607	Purpose of Disbursement Office Rent 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. Lee Crane		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address 4020 Newberry Rd #400		Amount of Each Disbursement this Period 572.40 Transaction ID : SB17.5495
City State Zip Code Gainesville FL 32607	Purpose of Disbursement Rent for Gainesville Office 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).....	1243.80
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 46 OF 78			
	<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. Department of State, Division of Elections		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2012
Mailing Address 500 S Bronough St, Room 316 R.A. Gray Bldg		Amount of Each Disbursement this Period 10440.00 Transaction ID : SB17.5545
City Tallahassee State FL Zip Code 32399	Purpose of Disbursement Qualifying 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. Dragon Fly Graphics		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 319 SW 3rd Ave		Amount of Each Disbursement this Period 609.50 Transaction ID : SB17.4971
City Gainesville State FL Zip Code 32601	Purpose of Disbursement Campaign T-Shirts 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 M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 3800 SW 34th Street, Apt CC284		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.4823
City Gainesville State FL Zip Code 32608	Purpose of Disbursement Fundraising Consulting 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		

SUBTOTAL of Disbursements This Page (optional).....	11649.50
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 48 OF 78	
	<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. Candace Edwards		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2012
Mailing Address 3800 SW 34th Street, Apt CC284		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.5548
City State Zip Code Gainesville FL 32608	Purpose of Disbursement Fundraising 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		

Full Name (Last, First, Middle Initial) B. Candace Edwards		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2012
Mailing Address 3800 SW 34th Street, Apt CC284		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.5591
City State Zip Code Gainesville FL 32608	Purpose of Disbursement Fundraising 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		

Full Name (Last, First, Middle Initial) c. Brian Graham		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2012
Mailing Address PO Box 9630		Amount of Each Disbursement this Period 245.67 Transaction ID : SB17.5549
City State Zip Code Fleming Island FL 32006	Purpose of Disbursement Reimburse Campaign Expenses 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).....	845.67
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 49 OF 78			
	<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. Hagan Ace		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address 1022 Blanding Boulevard		Amount of Each Disbursement this Period 19.24
City Orange Park State FL Zip Code 32065	Purpose of Disbursement Supplies for Signs 004	
Candidate Name STEVE OELRICH FOR CONGRESS		Transaction ID : SB17.5549.5 [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. Brian Graham		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2012
Mailing Address PO Box 9630		Amount of Each Disbursement this Period 3400.00
City Fleming Island State FL Zip Code 32006	Purpose of Disbursement Campaign Field Work 001	
Candidate Name STEVE OELRICH FOR CONGRESS		Transaction ID : SB17.5577
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. Gulf Management Systems		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2012
Mailing Address 2753 S.R. 580		Amount of Each Disbursement this Period 177.71
City Clearwater State FL Zip Code 33761	Purpose of Disbursement Merchant Acct Fees 001	
Candidate Name STEVE OELRICH FOR CONGRESS		Transaction ID : SB17.5516
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).....	3577.71
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 50 OF 78	
	<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. Gulf Management Systems		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012
Mailing Address 2753 S.R. 580		Amount of Each Disbursement this Period 1.00 Transaction ID : SB17.5574
City Clearwater State FL Zip Code 33761	Purpose of Disbursement Merchant Acct 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. Hagan Ace		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2012
Mailing Address 1022 Blanding Boulevard		Amount of Each Disbursement this Period 977.98 Transaction ID : SB17.5444
City Orange Park State FL Zip Code 32065	Purpose of Disbursement Lumber for Signs 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. Heritage Investments Ltd.		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address PO Box 1000		Amount of Each Disbursement this Period 599.20 Transaction ID : SB17.4879
City Middleburg State FL Zip Code 32050	Purpose of Disbursement Rent for Campaign Office 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).....	1578.18
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 51 OF 78			
	<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. Heritage Investments Ltd.		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address PO Box 1000		Amount of Each Disbursement this Period 425.33 Transaction ID : SB17.5267
City Middleburg	State FL	
Zip Code 32050	Purpose of Disbursement Office Rent	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. Heritage Investments Ltd.		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address PO Box 1000		Amount of Each Disbursement this Period 173.87 Transaction ID : SB17.5374
City Middleburg	State FL	
Zip Code 32050	Purpose of Disbursement Office Rent	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. Heritage Investments Ltd.		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2012
Mailing Address PO Box 1000		Amount of Each Disbursement this Period 599.20 Transaction ID : SB17.5496
City Middleburg	State FL	
Zip Code 32050	Purpose of Disbursement Rent for Clay Office	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).....	1198.40
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 52 OF 78	
	<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. Jacqueline Schall, LLC		Date of Disbursement MM / DD / YYYY 04 / 02 / 2012
Mailing Address PO Box 330965		Amount of Each Disbursement this Period 1400.00 Transaction ID : SB17.4855
City Atlantic Beach	State FL	
Zip Code 32233	Purpose of Disbursement Treasury Management 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) B. Jacqueline Schall, LLC		Date of Disbursement MM / DD / YYYY 05 / 01 / 2012
Mailing Address PO Box 330965		Amount of Each Disbursement this Period 700.00 Transaction ID : SB17.5250
City Atlantic Beach	State FL	
Zip Code 32233	Purpose of Disbursement Treasury Management 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. Jacqueline Schall, LLC		Date of Disbursement MM / DD / YYYY 05 / 30 / 2012
Mailing Address PO Box 330965		Amount of Each Disbursement this Period 700.00 Transaction ID : SB17.5486
City Atlantic Beach	State FL	
Zip Code 32233	Purpose of Disbursement Treasury Management 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		

SUBTOTAL of Disbursements This Page (optional)	2800.00
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 53 OF 78			
	<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. Adam McKinney		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address PO Box 1611		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4805
City Hawthorne	State FL	
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. Adam McKinney		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address PO Box 1611		Amount of Each Disbursement this Period 207.39 Transaction ID : SB17.4808
City Hawthorne	State FL	
Purpose of Disbursement Reimburse Campaign Expense	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. Adam McKinney		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address PO Box 1611		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4973
City Hawthorne	State FL	
Purpose of Disbursement Campaign Field Work	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)	2207.39
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 54 OF 78	
	<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. Adam McKinney		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address PO Box 1611		Amount of Each Disbursement this Period 321.79 Transaction ID : SB17.4974
City Hawthorne	State FL	
Purpose of Disbursement Reimburse Campaign Expense		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) B. Shell		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012
Mailing Address 7015 SE US 301		Amount of Each Disbursement this Period 66.44 Transaction ID : SB17.4974.0 [MEMO ITEM]
City Hawthorne	State FL	
Purpose of Disbursement Fuel Reimbursement for 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. Adam McKinney		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address PO Box 1611		Amount of Each Disbursement this Period 186.21 Transaction ID : SB17.5251
City Hawthorne	State FL	
Purpose of Disbursement Reimburse Campaign Expense		Category/ Type 006
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).....	508.00
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 55 OF 78			
	<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. Shell		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2012
Mailing Address 7015 SE US 301		Amount of Each Disbursement this Period 56.02
City State Zip Code Hawthorne FL 32640	Purpose of Disbursement Reimburse Fuel for Campaign Travel	
Candidate Name STEVE OELRICH FOR CONGRESS		Transaction ID : SB17.5251.1 [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. Adam McKinney		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2012
Mailing Address PO Box 1611		Amount of Each Disbursement this Period 1000.00
City State Zip Code Hawthorne FL 32640	Purpose of Disbursement Campaign Field Work	
Candidate Name STEVE OELRICH FOR CONGRESS		Transaction ID : SB17.5272
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. Anahita Nemat		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address 2022 NW 3rd Ave		Amount of Each Disbursement this Period 1063.00
City State Zip Code Gainesville FL 32603	Purpose of Disbursement Campaign Field Work	
Candidate Name STEVE OELRICH FOR CONGRESS		Transaction ID : SB17.5403
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).....	2063.00
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 56 OF 78			
	<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. Anahita Nemat		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2012
Mailing Address 2022 NW 3rd Ave		Amount of Each Disbursement this Period 97.01 Transaction ID : SB17.5434
City State Zip Code Gainesville FL 32603	Purpose of Disbursement Reimburse Expense	
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) B. Costco		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 4901 Gate Parkway		Amount of Each Disbursement this Period 97.01 Transaction ID : SB17.5434.0
City State Zip Code Jacksonville FL 32246	Purpose of Disbursement Office Supplies	
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) c. Anahita Nemat		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 2022 NW 3rd Ave		Amount of Each Disbursement this Period 2228.00 Transaction ID : SB17.5487
City State Zip Code Gainesville FL 32603	Purpose of Disbursement Campaign Field Work	
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).....	2325.01
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 57 OF 78			
	<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. Anahita Nemat		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address 2022 NW 3rd Ave		Amount of Each Disbursement this Period 1333.33 Transaction ID : SB17.5671
City Gainesville State FL Zip Code 32603	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. Catherine Norris		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2012
Mailing Address 2631 Cherrywood Lane		Amount of Each Disbursement this Period 145.00 Transaction ID : SB17.5610
City Titusville State FL Zip Code 32780	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) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2012
Mailing Address 6861 W Newberry Rd		Amount of Each Disbursement this Period 191.10 Transaction ID : SB17.5592
City Gainesville State FL Zip Code 32605	Purpose of Disbursement Stamps & Envelopes 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).....	1669.43
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 58 OF 78	
	<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 06 / 26 / 2012
Mailing Address 6861 W Newberry Rd		Amount of Each Disbursement this Period 273.04
City Gainesville	State FL Zip Code 32605	
Purpose of Disbursement Postage	Category/Type 001	Transaction ID : SB17.5670
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 04 / 02 / 2012
Mailing Address 5726 Roanoke Trail		Amount of Each Disbursement this Period 4800.00
City Tallahassee	State FL Zip Code 32233	
Purpose of Disbursement Mailers	Category/Type 001	Transaction ID : SB17.4824
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 04 / 02 / 2012
Mailing Address 5726 Roanoke Trail		Amount of Each Disbursement this Period 9642.59
City Tallahassee	State FL Zip Code 32233	
Purpose of Disbursement Mailers	Category/Type 006	Transaction ID : SB17.4825
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).....	14715.63
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 59 OF 78			
	<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 04 / 16 / 2012
Mailing Address 5726 Roanoke Trail		Amount of Each Disbursement this Period 2558.00 Transaction ID : SB17.4986
City Tallahassee	State FL	
Purpose of Disbursement Palm Cards, Note Cards, 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) B. Opinion Strategies, Inc.		Date of Disbursement MM / DD / YYYY 04 / 17 / 2012
Mailing Address 5726 Roanoke Trail		Amount of Each Disbursement this Period 10205.65 Transaction ID : SB17.5110
City Tallahassee	State FL	
Purpose of Disbursement Mailers	Category/ Type 003	
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 04 / 19 / 2012
Mailing Address 5726 Roanoke Trail		Amount of Each Disbursement this Period 751.78 Transaction ID : SB17.5113
City Tallahassee	State FL	
Purpose of Disbursement Letterhead & Envelopes	Category/ Type 006	
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).....	13515.43
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 60 OF 78	
	<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 M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address 5726 Roanoke Trail		Amount of Each Disbursement this Period 9975.00 Transaction ID : SB17.5206
City Tallahassee	State FL	
Zip Code 32233	Purpose of Disbursement Mailers	Category/ Type 003
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 M M / D D / Y Y Y Y 05 / 09 / 2012
Mailing Address 5726 Roanoke Trail		Amount of Each Disbursement this Period 2900.00 Transaction ID : SB17.5297
City Tallahassee	State FL	
Zip Code 32233	Purpose of Disbursement Political Consulting	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. Opinion Strategies, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2012
Mailing Address 5726 Roanoke Trail		Amount of Each Disbursement this Period 2900.00 Transaction ID : SB17.5462
City Tallahassee	State FL	
Zip Code 32233	Purpose of Disbursement Political Consulting	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)	15775.00
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 61 OF 78			
	<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 05 / 26 / 2012
Mailing Address 3461 SW 2nd Ave, Apt 264		Amount of Each Disbursement this Period 420.00 Transaction ID : SB17.5452
City State Zip Code Gainesville FL 32607	Purpose of Disbursement Campaign Field Work	
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) B. Matt Pesek		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2012
Mailing Address 3461 SW 2nd Ave, Apt 264		Amount of Each Disbursement this Period 58.56 Transaction ID : SB17.5454
City State Zip Code Gainesville FL 32607	Purpose of Disbursement Reimburse Fuel Expense	
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. Matt Pesek		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 3461 SW 2nd Ave, Apt 264		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.5536
City State Zip Code Gainesville FL 32607	Purpose of Disbursement Campaign Field Work	
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).....	778.56
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 62 OF 78	
	<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 06 / 04 / 2012
Mailing Address 3461 SW 2nd Ave, Apt 264		Amount of Each Disbursement this Period 20.29 Transaction ID : SB17.5537
City State Zip Code Gainesville FL 32607	Purpose of Disbursement Reimburse Fuel Expense 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) B. Matt Pesek		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2012
Mailing Address 3461 SW 2nd Ave, Apt 264		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.5585
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) c. Matt Pesek		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2012
Mailing Address 3461 SW 2nd Ave, Apt 264		Amount of Each Disbursement this Period 20.05 Transaction ID : SB17.5586
City State Zip Code Gainesville FL 32607	Purpose of Disbursement Reimburse Fuel Expense 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).....	340.34
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 63 OF 78			
	<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 06 / 24 / 2012
Mailing Address 3461 SW 2nd Ave, Apt 264		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.5651
City State Zip Code Gainesville FL 32607	Purpose of Disbursement Campaign Field Work	
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) B. Matt Pesek		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2012
Mailing Address 3461 SW 2nd Ave, Apt 264		Amount of Each Disbursement this Period 86.24 Transaction ID : SB17.5652
City State Zip Code Gainesville FL 32607	Purpose of Disbursement Reimburse Expense	
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. City Line, LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2012
Mailing Address 3936 W Newberry Rd		Amount of Each Disbursement this Period 11.58 Transaction ID : SB17.5652.2 [MEMO ITEM]
City State Zip Code Gainesville FL 32607	Purpose of Disbursement Fuel Reimbursement for Travel	
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).....	686.24
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 64 OF 78	
	<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 Peterson		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2012
Mailing Address 2701 NW 23rd Blvd Apt R144		Amount of Each Disbursement this Period 340.00 Transaction ID : SB17.5646
City Gainesville	State FL	
Zip Code 32605	Purpose of Disbursement Sign 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. QGiv		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address 53 Lake Morton Dr Ste 10		Amount of Each Disbursement this Period 14.00 Transaction ID : SB17.4871
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) C. QGiv		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 53 Lake Morton Dr Ste 10		Amount of Each Disbursement this Period 38.08 Transaction ID : SB17.5303
City Lakeland	State FL	
Zip Code 33801	Purpose of Disbursement Merchant Acct Fees	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).....	392.08
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 65 OF 78	
	<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 06 / 04 / 2012
Mailing Address 53 Lake Morton Dr Ste 10		Amount of Each Disbursement this Period 154.87 Transaction ID : SB17.5514
City Lakeland	State FL	
Zip Code 33801	Purpose of Disbursement Merchant Acct Fees	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. Kevin Reichardt		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2012
Mailing Address 2801 NW 23rd Blvd Apt X168		Amount of Each Disbursement this Period 240.00 Transaction ID : SB17.5598
City Gainesville	State FL	
Zip Code 32606	Purpose of Disbursement Reimburse Fuel Expense	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. Kevin Reichardt		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2012
Mailing Address 2801 NW 23rd Blvd Apt X168		Amount of Each Disbursement this Period 340.00 Transaction ID : SB17.5660
City Gainesville	State FL	
Zip Code 32606	Purpose of Disbursement Sign 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).....	734.87
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 66 OF 78	
	<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. Kevin Reichardt		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2012
Mailing Address 2801 NW 23rd Blvd Apt X168		Amount of Each Disbursement this Period 120.00 Transaction ID : SB17.5661
City Gainesville State FL Zip Code 32606	Purpose of Disbursement Reimbursed Expense 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) B. Signs Unlimited		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address 618 S Magnolia Ave		Amount of Each Disbursement this Period 1136.85 Transaction ID : SB17.5377
City Ocala State FL Zip Code 34471	Purpose of Disbursement Campaign Signs 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. The Jackson-Alvarez Group		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address PO Box 7272		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4878
City McLean State VA Zip Code 22106	Purpose of Disbursement Consulting: Research/Communications 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).....	3756.85
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 67 OF 78	
	<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. The Prosper Group		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 435 East Main Street Suite 250		Amount of Each Disbursement this Period 1935.24 Transaction ID : SB17.4991
City Greenwood State IN Zip Code 46143	Purpose of Disbursement Website Services 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) B. The Prosper Group		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address 435 East Main Street Suite 250		Amount of Each Disbursement this Period 2072.73 Transaction ID : SB17.5672
City Greenwood State IN Zip Code 46143	Purpose of Disbursement Web Hosting & Updates 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. Transxt		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 190 Monroe Avenue NW, Ste 500		Amount of Each Disbursement this Period 128.05 Transaction ID : SB17.4856
City Grand Rapids State MI Zip Code 49503	Purpose of Disbursement Merchant Acct Fees 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		

SUBTOTAL of Disbursements This Page (optional).....	4136.02
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 68 OF 78	
	<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. Transact		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 190 Monroe Avenue NW, Ste 500		Amount of Each Disbursement this Period 17.50 Transaction ID : SB17.5427
City Grand Rapids State MI Zip Code 49503	Purpose of Disbursement Merchant Acct 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. USPS		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address 4111 NW 16th Blvd		Amount of Each Disbursement this Period 180.00 Transaction ID : SB17.4963
City Gainesville State FL Zip Code 32605	Purpose of Disbursement Postage 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. USPS		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 4600 SW34th Street		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.5292
City Gainesville State FL Zip Code 32608	Purpose of Disbursement BRM Acct - Postage 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).....	297.50
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 69 OF 78	
	<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 M M / D D / Y Y Y Y 05 / 04 / 2012
Mailing Address 4600 SW34th Street		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.5296
City Gainesville	State FL	
Zip Code 32608	Purpose of Disbursement BRM Acct - Postage	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. USPS		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2012
Mailing Address 4600 SW34th Street		Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.5436
City Gainesville	State FL	
Zip Code 32608	Purpose of Disbursement Postage for BRM	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 05 / 29 / 2012
Mailing Address 4600 SW34th Street		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.5460
City Gainesville	State FL	
Zip Code 32608	Purpose of Disbursement BRM Acct	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).....	340.00
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 70 OF 78	
	<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 M M / D D / Y Y Y Y 06 / 22 / 2012
Mailing Address 4111 NW 16th Blvd		Amount of Each Disbursement this Period 210.00 Transaction ID : SB17.5650
City Gainesville State FL Zip Code 32605	Purpose of Disbursement Postage 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. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2012
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 304.81 Transaction ID : SB17.5201
City Dallas State TX Zip Code 75266	Purpose of Disbursement Telephone 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		

Full Name (Last, First, Middle Initial) c. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2012
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 253.59 Transaction ID : SB17.5450
City Dallas State TX Zip Code 75266	Purpose of Disbursement Telephone 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).....	768.40
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 71 OF 78			
	<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. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 250.71 Transaction ID : SB17.5673
City Dallas	State TX	
Zip Code 75266	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) B. WebElect.net LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 1256 Vinetree Dr		Amount of Each Disbursement this Period 270.00 Transaction ID : SB17.4826
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	

Full Name (Last, First, Middle Initial) c. WebElect.net LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 1256 Vinetree Dr		Amount of Each Disbursement this Period 270.00 Transaction ID : SB17.5241
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).....	790.71
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 72 OF 78	
	<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. WebElect.net LLC		Date of Disbursement MM / DD / YYYY 05 / 24 / 2012
Mailing Address 1256 Vinetree Dr		Amount of Each Disbursement this Period 270.00 Transaction ID : SB17.5451
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	

Full Name (Last, First, Middle Initial) B. WebElect.net LLC		Date of Disbursement MM / DD / YYYY 06 / 30 / 2012
Mailing Address 1256 Vinetree Dr		Amount of Each Disbursement this Period 270.00 Transaction ID : SB17.5730
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	

Full Name (Last, First, Middle Initial) c. Kristine Zooberg		Date of Disbursement MM / DD / YYYY 04 / 02 / 2012
Mailing Address 4972 NW 45th Rd, Apt 108		Amount of Each Disbursement this Period 2750.00 Transaction ID : SB17.4828
City Gainesville	State FL	
Zip Code 32606	Purpose of Disbursement Campaign Management	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).....	3290.00
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 73 OF 78			
	<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 M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 4972 NW 45th Rd, Apt 108		Amount of Each Disbursement this Period 1427.07
City State Zip Code Gainesville FL 32606	Purpose of Disbursement Reimburse Campaign Expenses	
Candidate Name STEVE OELRICH FOR CONGRESS		Transaction ID : SB17.4829
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) B. Hampton Inn & Suites		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2012
Mailing Address 3388 Lonnladh Rd		Amount of Each Disbursement this Period 166.00
City State Zip Code Tallahassee FL 32308	Purpose of Disbursement Travel: Staff Hotel Expense	
Candidate Name STEVE OELRICH FOR CONGRESS		Transaction ID : SB17.4829.4
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	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Hampton Inn & Suites		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2012
Mailing Address 3388 Lonnladh Rd		Amount of Each Disbursement this Period 120.50
City State Zip Code Tallahassee FL 32308	Purpose of Disbursement Travel: Staff Hotel Expense	
Candidate Name STEVE OELRICH FOR CONGRESS		Transaction ID : SB17.4829.5
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	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	1427.07
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 74 OF 78			
	<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. Hampton Inn & Suites		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2012
Mailing Address 3388 Lonnladh Rd		Amount of Each Disbursement this Period 153.12
City Tallahassee State FL Zip Code 32308	Purpose of Disbursement Travel: Staff Hotel Expense	
Candidate Name STEVE OELRICH FOR CONGRESS		Transaction ID : SB17.4829.6 [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)	
Category/Type 002		

Full Name (Last, First, Middle Initial) B. Hampton Inn & Suites		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2012
Mailing Address 3388 Lonnladh Rd		Amount of Each Disbursement this Period 456.31
City Tallahassee State FL Zip Code 32308	Purpose of Disbursement Travel: Staff Hotel Expense	
Candidate Name STEVE OELRICH FOR CONGRESS		Transaction ID : SB17.4829.7 [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)	
Category/Type 002		

Full Name (Last, First, Middle Initial) c. Hampton Inn & Suites		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2012
Mailing Address 3388 Lonnladh Rd		Amount of Each Disbursement this Period 130.62
City Tallahassee State FL Zip Code 32308	Purpose of Disbursement Travel: Staff Hotel Expense	
Candidate Name STEVE OELRICH FOR CONGRESS		Transaction ID : SB17.4829.8 [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)	
Category/Type 002		

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 75 OF 78	
	<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 M M / D D / Y Y Y Y 04 / 13 / 2012
Mailing Address 4972 NW 45th Rd, Apt 108		Amount of Each Disbursement this Period 2750.00 Transaction ID : SB17.5130
City State Zip Code Gainesville FL 32606	Purpose of Disbursement Campaign Management 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. Kristine Zooberg		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 4972 NW 45th Rd, Apt 108		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.5258
City State Zip Code Gainesville FL 32606	Purpose of Disbursement Campaign Management 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. Kristine Zooberg		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 4972 NW 45th Rd, Apt 108		Amount of Each Disbursement this Period 156.82 Transaction ID : SB17.5259
City State Zip Code Gainesville FL 32606	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		

SUBTOTAL of Disbursements This Page (optional).....	4906.82
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 76 OF 78			
	<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 M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address 4972 NW 45th Rd, Apt 108		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.5376
City State Zip Code Gainesville FL 32606	Purpose of Disbursement Campaign Management 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. Kristine Zooberg		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address 4972 NW 45th Rd, Apt 108		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.5405
City State Zip Code Gainesville FL 32606	Purpose of Disbursement Campaign Management 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. Kristine Zooberg		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2012
Mailing Address 4972 NW 45th Rd, Apt 108		Amount of Each Disbursement this Period 3250.00 Transaction ID : SB17.5474
City State Zip Code Gainesville FL 32606	Purpose of Disbursement Campaign Management 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).....	6250.00
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 77 OF 78			
	<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 M M / D D / Y Y Y Y 05 / 30 / 2012
Mailing Address 4972 NW 45th Rd, Apt 108		Amount of Each Disbursement this Period 317.14 Transaction ID : SB17.5475
City Gainesville State FL Zip Code 32606	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		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2012
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 181.41 Transaction ID : SB17.5475.4 [MEMO ITEM]
City Dallas State TX Zip Code 75266	Purpose of Disbursement Telephone Expense Category/Type 003	
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.		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).....	317.14
TOTAL This Period (last page this line number only).....	130803.53

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 78 OF 78
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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 0.00	Transaction ID : SD10.5973	
Amount Incurred This Period 10600.00	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 0.00	Transaction ID : SD10.5974	
Amount Incurred This Period 3074.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3074.00

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)	13674.00
2) TOTALS This Period (last page this line number only)	13674.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	13674.00