

# FEC FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

KREEGEL FOR CONGRESS

ADDRESS (number and street) 3821 B TAMIAMI TRAIL #321

Check if different than previously reported. (ACC)

PORT CHARLOTTE FL 33952

2. **FEC IDENTIFICATION NUMBER** C00492488

**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**

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

FL 16

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on [ ] [ ] [ ] in the State of [ ]

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

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

Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 04 01 2011 through 06 30 2011

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 VICKIE POTTS

Signature of Treasurer Electronically Filed by VICKIE POTTS Date 07 11 2011

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

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

KREEGEL FOR CONGRESS

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	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)).....	64750.00	64750.00
(b) Total Contribution Refunds (from Line 20(d)).....	500.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	64250.00	64250.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	3319.24	3319.24
(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)).....	3319.24	3319.24
8. Cash on Hand at Close of Reporting Period (from Line 27).....	61930.76	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	900.00	

**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  
KREGEL FOR CONGRESS

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

**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).....

60600.00

60600.00

(ii) Unitemized.....

4150.00

4150.00

(iii) TOTAL of contributions

64750.00

64750.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACS).....

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

64750.00

64750.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

900.00

900.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

900.00

900.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

65650.00

65650.00

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	3319.24	3319.24
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.....	500.00	500.00
(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)).....	500.00	500.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	3819.24	3819.24

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	100.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	65650.00
25. SUBTOTAL (add Line 23 and Line 24).....	65750.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3819.24
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	61930.76

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

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

FOR LINE NUMBER: PAGE 5 / 37  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
**KREEGEL FOR CONGRESS**

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>MASOOD AKHTAR</b></p> <p>Mailing Address <b>4801 ISLAND POND CR UNIT 1002</b></p> <p>City <b>BONITA SPRINGS</b> State <b>FL</b> Zip Code <b>34134</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer <b>SELF</b> Occupation <b>MEDICAL DOCTOR</b></p> <p>Receipt For: 2012  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 6 / 2 9 / 2 0 1 1</span></p> <p><b>Transaction ID: SA11AI.4340</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">300.00</span></p> <p><b>CONTRIBUTION</b></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>JAMES S AMONTREE</b></p> <p>Mailing Address <b>1117 SAN MATEO DR</b></p> <p>City <b>PUNTA GORDA</b> State <b>FL</b> Zip Code <b>33950</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer <b>SELF</b> Occupation <b>PHYSICIAN</b></p> <p>Receipt For: 2012  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 5 / 2 6 / 2 0 1 1</span></p> <p><b>Transaction ID: SA11AI.4159</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p><b>CONTRIBUTION</b></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>CYRUS ANDERSON</b></p> <p>Mailing Address <b>17920 GREY HERON CT</b></p> <p>City <b>FORT MYERS</b> State <b>FL</b> Zip Code <b>33931</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer <b>SELF</b> Occupation <b>PHYSICIAN</b></p> <p>Receipt For: 2012  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 6 / 0 8 / 2 0 1 1</span></p> <p><b>Transaction ID: SA11AI.4265</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p><b>CONTRIBUTION</b></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1550.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 6 / 37  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
**KREEGEL FOR CONGRESS**

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>MARK O ASPERILLA</b></p> <p>Mailing Address <b>3300 TAMIAMI TRAIL STE 102A</b></p> <p>City <b>PORT CHARLOTTE</b> State <b>FL</b> Zip Code <b>33952</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer <b>SELF</b> Occupation <b>MEDICAL DOCTOR</b></p> <p>Receipt For: 2012  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 26 / 2011</span></p> <p><b>Transaction ID: SA11AI.4215</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p><b>CONTRIBUTION</b></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>MICHELLE H BAGAN</b></p> <p>Mailing Address <b>4561 GRASSY POINT BLVD</b></p> <p>City <b>PORT CHARLOTTE</b> State <b>FL</b> Zip Code <b>33952</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer <b>MATTHEW BOGAN DO PA</b> Occupation <b>PHYSICIAN</b></p> <p>Receipt For: 2012  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 06 / 2011</span></p> <p><b>Transaction ID: SA11AI.4226</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p><b>CONTRIBUTION</b></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>BRAD BISHOP</b></p> <p>Mailing Address <b>2624 N PRESTWICK WAY</b></p> <p>City <b>LECANTO</b> State <b>FL</b> Zip Code <b>33461</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer <b>SELF</b> Occupation <b>REAL ESTATE</b></p> <p>Receipt For: 2012  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 29 / 2011</span></p> <p><b>Transaction ID: SA11AI.4338</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p><b>CONTRIBUTION</b></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">2000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 7 / 37</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**KREEGEL FOR CONGRESS**

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>STUART A BOBMAN</b>	Date of Receipt MM / DD / YYYY <b>06 / 08 / 2011</b>
	Mailing Address <b>813 CAPE VIEW DR</b>	<b>Transaction ID: SA11AI.4288</b>
	City State Zip Code <b>FORT MYERS FL 33919-6005</b>	Amount of Each Receipt this Period <b>250.00</b>
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation <b>RADIOLOGY REGIONAL CENTER PHYSICIAN</b>	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>250.00</b>	

<b>B.</b>	Full Name (Last, First, Middle Initial) <b>CONCEPCION M BOROSCH</b>	Date of Receipt MM / DD / YYYY <b>06 / 08 / 2011</b>
	Mailing Address <b>15548 FIDDLESTICKS BLVD</b>	<b>Transaction ID: SA11AI.4259</b>
	City State Zip Code <b>FORT MYERS FL 33912-4037</b>	Amount of Each Receipt this Period <b>500.00</b>
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation <b>NONE HOUSEWIFE</b>	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>500.00</b>	

<b>C.</b>	Full Name (Last, First, Middle Initial) <b>ROBERT BREWER</b>	Date of Receipt MM / DD / YYYY <b>05 / 25 / 2011</b>
	Mailing Address <b>PO BOX 4000</b>	<b>Transaction ID: SA11AI.4111</b>
	City State Zip Code <b>NOCATEE FL 34268</b>	Amount of Each Receipt this Period <b>1000.00</b>
	FEC ID number of contributing federal political committee. <b>C</b>	<b>CONTRIBUTION</b>
	Name of Employer Occupation <b>SELF CITRUS GROWER</b>	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>1000.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> 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: PAGE 8 / 37  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
**KREEGEL FOR CONGRESS**

<p><b>A.</b> Full Name (Last, First, Middle Initial) DR ALAN L BROWN, Jr.</p> <p>Mailing Address <b>20040 LEGACY COURT</b></p> <p>City <b>ESTERO</b> State <b>FL</b> Zip Code <b>33928-7743</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer <b>SELF</b> Occupation <b>PHYSICIAN</b></p> <p>Receipt For: 2012  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 08 / 2011</span></p> <p><b>Transaction ID: SA11AI.4298</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p><b>CONTRIBUTION</b></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) ROBERT W BROWN</p> <p>Mailing Address <b>6987 HIGHLAND PARK CIR</b></p> <p>City <b>FORT MYERS</b> State <b>FL</b> Zip Code <b>33966-5320</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer <b>SELF</b> Occupation <b>CONTRACTOR</b></p> <p>Receipt For: 2012  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 08 / 2011</span></p> <p><b>Transaction ID: SA11AI.4271</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p><b>CONTRIBUTION</b></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) DAROL H. M. CARR</p> <p>Mailing Address <b>6330 RIVERSIDE DR</b></p> <p>City <b>PUNTA GORDA</b> State <b>FL</b> Zip Code <b>33982</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer <b>SELF</b> Occupation <b>ATTORNEY</b></p> <p>Receipt For: 2012  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 14 / 2011</span></p> <p><b>Transaction ID: SA11AI.4312</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p><b>CONTRIBUTION</b></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 9 / 37

(check only one)

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

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NAME OF COMMITTEE (In Full)  
KREEGEL FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
TODD A CARUSO

Mailing Address 8191 COLLEGE PKWY  
SUITE 302

City State Zip Code  
FORT MYERS FL 33919

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

Name of Employer Occupation  
SELF INSURANCE AGENCY OWNER

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.4255

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
TRACY COPPIN CARUSO

Mailing Address 1400 SWEETWATER CT

City State Zip Code  
FORT MYERS FL 33912-2352

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

Name of Employer Occupation  
SELF INSURANCE AGENCY OWNER

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.4257

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
NANCY E CASON

Mailing Address 5117 SANDY COVE AVENUE

City State Zip Code  
SARASOTA FL 34242

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

Name of Employer Occupation  
SMRL ATTORNEY

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 1 / 2 0 1 1

Transaction ID: SA11AI.4326

Amount of Each Receipt this Period

250.00

CONTRIBUTION

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

1250.00

**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: PAGE 10 / 37  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
KREEGEL FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
BLAKE CHAPMAN

Mailing Address 6126 DEER RUN

City State Zip Code  
FORT MYERS FL 33908-4316

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

Name of Employer Occupation  
CHAPMAN INSURANCE GROU[ INSURANCE AGENT

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11AI.4127

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
JR BRIAN G CHAPMAN

Mailing Address 2005 NW 7TH AVE

City State Zip Code  
CAPE CORAL FL 33993

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

Name of Employer Occupation  
CHAPMAN INSURANCE GROUP INSURANCE AGENT

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11AI.4122

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
BRIAN CHAPMAN

Mailing Address 6126 DEER RUN

City State Zip Code  
FORT MYERS FL 33908

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

Name of Employer Occupation  
SELF INSURANCE AGENT

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11AI.4125

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3500.00**

**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 11 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
KREEGEL FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) LARRY COLLINS	Date of Receipt MM / DD / YYYY 05 / 25 / 2011
	Mailing Address 4600 SUMMERLIN RD UNIT C2 PMB559	Transaction ID: SA11AI.4101
	City FORT MYERS State FL Zip Code 33919	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
	Name of Employer LARRY COLLINS INSURANCE AGENCY Occupation MANAGER Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) CHRISTOPHER G CONSTANCE	Date of Receipt MM / DD / YYYY 06 / 29 / 2011
	Mailing Address 2525 HARBOR BLVD STE 310	Transaction ID: SA11AI.4350
	City PORT CHARLOTTE State FL Zip Code 33952	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
	Name of Employer SELF Occupation MEDICAL DOCTOR Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) CHAUNDRE K CROSS	Date of Receipt MM / DD / YYYY 06 / 29 / 2011
	Mailing Address 8640 BLUE FLAG WAY	Transaction ID: SA11AI.4342
	City NAPLES State FL Zip Code 34109	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	CONTRIBUTION
	Name of Employer 21SST CENTURY ONCOLOGY Occupation MEDICAL DOCTOR Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1500.00
<b>TOTAL</b> 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:	PAGE 12 / 37
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
KREEGEL FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) THOMAS D'ANDREA		Date of Receipt
	Mailing Address 2281 GULFVIEW RD		<input type="text" value="05"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	PUNTA GORDA	FL	33950
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer RETIRED		Occupation RETIRED	Transaction ID: SA11AI.4150
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
CONTRIBUTION			

<b>B.</b>	Full Name (Last, First, Middle Initial) THOMAS J DANIS		Date of Receipt
	Mailing Address 11216 TAMIAMI TRAIL N		<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	NAPLES	FL	34110
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer RETIRED		Occupation RETIRED	Transaction ID: SA11AI.4306
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
CONTRIBUTION			

<b>C.</b>	Full Name (Last, First, Middle Initial) BRIAN S DASHER		Date of Receipt
	Mailing Address 18590 ARAPAHOE CIRCLE		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	PORT CHARLOTTE	FL	33948
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer BRIAN DASHER LAWN CARE		Occupation OWNER LANDSCAPING SERVICES	Transaction ID: SA11AI.4359
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
CONTRIBUTION			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 13 / 37  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
KREEGEL FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
ANTHONY FARHAT  
 Mailing Address 13961 LAKE MAHOGANY BLVD 2722  
 City State Zip Code  
 FORT MYERS FL 33907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PGI HOMES BUILDER  
 Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 2 5 / 2 0 1 1  
**Transaction ID:** SA11AI.4137  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
PHILIP FARHAT  
 Mailing Address 12650 SW KINGSWAY CIR  
 City State Zip Code  
 LAKE SUZY FL 34269-4501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF CONTRACTOR/BUILDER  
 Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 2 5 / 2 0 1 1  
**Transaction ID:** SA11AI.4130  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
TIA D FARHAT  
 Mailing Address 13961 LAKE MAHOGANY BLVD #2722  
 City State Zip Code  
 FORT MYERS FL 33907-6642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 0 8 / 2 0 1 1  
**Transaction ID:** SA11AI.4282  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00  
**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: PAGE 14 / 37  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
KREEGEL FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
TIMOTHY J FARHAT

Mailing Address 2865 SW KINGSWAY CIR

City State Zip Code  
LAKE SUZY FL 34269-7075

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

Name of Employer Occupation  
PGI HOMES CONTRACTOR

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11AI.4117

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
DAN E FARRIS

Mailing Address 5595 RIVERSIDE DR

City State Zip Code  
PUNTA GORDA FL 33982-1588

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

Name of Employer Occupation  
GULF COAST PHARMACY PHARMACIST

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.4217

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
DAVID J FLESZAR

Mailing Address 1075 EAGLES FLIGHT WAY

City State Zip Code  
NORTH PORT FL 34287

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

Name of Employer Occupation  
MILLENNIUM PHYSICIAN GROU MEDICAL DOCTOR

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.4352

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

**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: PAGE 15 / 37  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
KREEGEL FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
F NICHOLAS GAHHOS

Mailing Address 35 SAN MARCO DR

City State Zip Code  
VENICE FL 34285

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

Name of Employer SELF Occupation MD

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

**Transaction ID:** SA11AI.4161

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
JOSE M GARCIA

Mailing Address 175 MANDALAY RD

City State Zip Code  
PUNTA GORDA FL 33950

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

Name of Employer SELF 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  
0 6 / 0 6 / 2 0 1 1

**Transaction ID:** SA11AI.4224

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
JIM GRAHAM

Mailing Address 27097 SULOMON DR

City State Zip Code  
PUNTA GORDA FL 33983

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

Name of Employer AMERICAN PEST CONTROL Occupation BUSINESS OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 5 / 2 0 1 1

**Transaction ID:** SA11AI.4143

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3500.00**

**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: PAGE 16 / 37  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
KREEGEL FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
JANE GREGUSH  
Mailing Address 287 GEORGE R  
City PORT CHARLOTTE State FL Zip Code 33952  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation MEDICAL DOCTOR  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
1000.00  
Date of Receipt 06 / 29 / 2011  
Transaction ID: SA11AI.4348  
Amount of Each Receipt this Period 1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MIKO P GUNDERSON  
Mailing Address 7440 RIVERSIDE DR  
City PUNTA GORDA State FL Zip Code 33982  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation ATTORNEY  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
500.00  
Date of Receipt 05 / 26 / 2011  
Transaction ID: SA11AI.4211  
Amount of Each Receipt this Period 500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
SAM H HAMSHARIE  
Mailing Address 3805 C TAMIAMI TRAIL  
City PORT CHARLOTTE State FL Zip Code 33952-8361  
FEC ID number of contributing federal political committee. **C**  
Name of Employer B&G MEATS Occupation BUSINESS OWNER  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
250.00  
Date of Receipt 06 / 21 / 2011  
Transaction ID: SA11AI.4336  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00  
**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: PAGE 17 / 37  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
KREEGEL FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL C HANUS

Mailing Address 2028 MISSION DR

City State Zip Code  
NAPLES FL 34109

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

Name of Employer Occupation  
21ST CENTURY ONCOLOGY MEDICAL DOCTOR

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 08 / 2011

Transaction ID: SA11AI.4292

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
ANNA HESS

Mailing Address 1100 VIA TRIPOLI

City State Zip Code  
PUNTA GORDA FL 33950

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

Name of Employer Occupation  
N/A HOMEMAKER

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 26 / 2011

Transaction ID: SA11AI.4181

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
SAM HESS

Mailing Address 110 VIA TRIPOLI

City State Zip Code  
PUNTA GORDA FL 33950

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

Name of Employer Occupation  
ALSONMIT ORTHOPEDIC CENTER SURGEON

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 26 / 2011

Transaction ID: SA11AI.4179

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

**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: PAGE 18 / 37

(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
KREEGEL FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
MARIE E. HILLMYER

Mailing Address 7975 GATOR PALM DR

City State Zip Code  
FORT MYERS FL 33912

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.4242

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
LARRY HOBBS

Mailing Address 12717 BREWSTER DR

City State Zip Code  
FORT MYERS FL 33908

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

Name of Employer Occupation  
SELF PHYSICIAN

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.4269

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
DAVID A HOLMES

Mailing Address 99 NESBIT ST

City State Zip Code  
PUNTA GORDA FL 33950

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

Name of Employer Occupation  
SELF ATTORNEY

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.4213

Amount of Each Receipt this Period

350.00

CONTRIBUTION

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

1100.00

**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: PAGE 19 / 37  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
KREEGEL FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
KEVIN A JOHNS

Mailing Address 3840 BORDEAUX DR

City State Zip Code  
PUNTA GORDA FL 33950

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

Name of Employer SELF Occupation BUSINESS OWNER

Receipt For: 2012  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 5 / 2 0 1 1

**Transaction ID:** SA11AI.4109

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
MARY ANNE JOHNS

Mailing Address 1 WOODLAND DR

City State Zip Code  
PUNTA GORDA FL 33982

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

Name of Employer N/A Occupation RETIRED

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  
 0 5 / 2 5 / 2 0 1 1

**Transaction ID:** SA11AI.4107

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
ELIZABETH P KAGAN

Mailing Address 6981 LAKE DEVONWOOD DR

City State Zip Code  
FORT MYERS FL 33908

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

Name of Employer SELF Occupation ATTORNEY

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  
 0 6 / 0 8 / 2 0 1 1

**Transaction ID:** SA11AI.4280

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5000.00**

**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:	PAGE 20 / 37
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
KREEGEL FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) JACK C KAGAN		Date of Receipt
	Mailing Address 6981 LAKE DEVONWOOD DR		<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	FORT MYERS	FL	33908
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer SELF		Occupation PHYSICIAN	Transaction ID: SA11AI.4278
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>	<input type="text" value="2500.00"/>
CONTRIBUTION			

<b>B.</b>	Full Name (Last, First, Middle Initial) THOMAS KARTIS		Date of Receipt
	Mailing Address 4696 HEGIRA ST		<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	NORTH PORT	FL	34286-8112
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer SELF		Occupation MEDICAL DOCTOR	Transaction ID: SA11AI.4244
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>
CONTRIBUTION			

<b>C.</b>	Full Name (Last, First, Middle Initial) MICHAEL J KATIN		Date of Receipt
	Mailing Address 2270 COLONIAL BLVD		<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	FORT MYERS	FL	33907
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer SELF		Occupation MEDICAL DOCTOR	Transaction ID: SA11AI.4246
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
CONTRIBUTION			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="4000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 21 / 37  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
KREEGEL FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
CHARLES KNOX

Mailing Address 15810 OLD WEDGEWOOD CT

City State Zip Code  
FORT MYERS FL 33908

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

Name of Employer SELF Occupation CPA

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 08 / 2011

Transaction ID: SA11AI.4248

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
CATHERINE M KROTEC

Mailing Address 17774 DEER PRAIRIE DR

City State Zip Code  
SARASOTA FL 34240

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

Name of Employer RETIRED Occupation NURSE

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 21 / 2011

Transaction ID: SA11AI.4332

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
HELEN C KROTEC

Mailing Address 25551 WANETA DR

City State Zip Code  
SARASOTA FL 34231

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 21 / 2011

Transaction ID: SA11AI.4330

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

**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:	PAGE 22 / 37
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
KREEGEL FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) M JOSEPH LIEB, Jr.		Date of Receipt
	Mailing Address 1900 RINGLING BLVD		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	SARASOTA	FL	34236
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer SMRL		Occupation ATTORNEY	Transaction ID: SA11AI.4314
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
			CONTRIBUTION

<b>B.</b>	Full Name (Last, First, Middle Initial) JOHN T LITCHFIELD		Date of Receipt
	Mailing Address 14801 CALEB DR		<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	FORT MYERS	FL	33908
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer RETIRED		Occupation RETIRED	Transaction ID: SA11AI.4263
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
			CONTRIBUTION

<b>C.</b>	Full Name (Last, First, Middle Initial) CAROLE LOREN		Date of Receipt
	Mailing Address 3381 DIAMOND KEY CT		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	PUNTA GORDA	FL	33955
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer SELF		Occupation BUSINESS OWENR	Transaction ID: SA11AI.4393
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>	<input type="text" value="2500.00"/>
			CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="3250.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 23 / 37

(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
KREEGEL FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
DANIEL LOREN

Mailing Address 3381 DIAMOND KEY COURT

City State Zip Code  
PUNTA GORDA FL 33955

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

Name of Employer Occupation  
SELF BUSINESS OWNER

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.4157

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MARC7090 HARBOR OAKS MELSER

Mailing Address 27090 HARBOR OAKS BLVD

City State Zip Code  
PUNTA GORDA FL 33983

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

Name of Employer Occupation  
21ST CENTURY ONCOLOGY UROLOGIST

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.4165

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MICHAEL METYK

Mailing Address 246 E TARPON BLVD NW

City State Zip Code  
PORT CHARLOTTE FL 33952

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

Name of Employer Occupation  
SELF MD

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 5 / 2 0 1 1

Transaction ID: SA11AI.4133

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

3500.00

**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: PAGE 24 / 37  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
**KREEGEL FOR CONGRESS**

<p><b>A.</b> Full Name (Last, First, Middle Initial) JOHN W MIKSA</p> <p>Mailing Address 2071 SE 28TH STREET</p> <p>City State Zip Code <b>CAPE CORAL FL 33904</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer SELF Occupation <b>SURGEON</b></p> <p>Receipt For: 2012  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 08 / 2011</span></p> <p><b>Transaction ID: SA11AI.4284</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p><b>CONTRIBUTION</b></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) JOHN B MIZELL</p> <p>Mailing Address PO BOX 510814</p> <p>City State Zip Code <b>PUNTA GORDA FL 33951-0814</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer SELF Occupation <b>ATTORNEY</b></p> <p>Receipt For: 2012  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 31 / 2011</span></p> <p><b>Transaction ID: SA11AI.4222</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p><b>CONTRIBUTION</b></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) P. S. NAIR</p> <p>Mailing Address PO BOX 494530</p> <p>City State Zip Code <b>PORT CHARLOTTE FL 33949-4530</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer SELF Occupation <b>MD</b></p> <p>Receipt For: 2012  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 26 / 2011</span></p> <p><b>Transaction ID: SA11AI.4183</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p><b>CONTRIBUTION</b></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1250.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 37  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
KREEGEL FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
JAMES R NATHAN  
 Mailing Address 14621 HIGHLAND HARBOUR CT  
 City State Zip Code  
 FORT MYERS FL 33908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LEE MEMORIAL HEALTH SYSTEM Occupation HEALTH CARE EXEC  
 Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 8 / 2 0 1 1  
**Transaction ID:** SA11AI.4273  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
RICH NEAL  
 Mailing Address PO BOX 5735  
 City State Zip Code  
 HUDSON FL 34674-5735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NEAL GROUP INTL., INC Occupation INVESTIGATOR  
 Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 5 / 2 0 1 1  
**Transaction ID:** SA11AI.4141  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
FLORENTINO PALMON  
 Mailing Address 11250 MAHOGANY RUN  
 City State Zip Code  
 FORT MYERS FL 33913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SWFL EYE CARE Occupation PHYSICIAN  
 Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 8 / 2 0 1 1  
**Transaction ID:** SA11AI.4302  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00  
**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: PAGE 26 / 37  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
KREEGEL FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
DAVID J RICE

Mailing Address 3040 RIVERSHORE LN

City State Zip Code  
PORT CHARLOTTE FL 33953

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

Name of Employer Occupation  
WIAND GUERRA KING ATTORNEY

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.4175

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
ELAINE RICE

Mailing Address 3040 RIVERSHORE LN

City State Zip Code  
PUNTA GORDA FL 33953

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

Name of Employer Occupation  
21ST CENTURY ONCOLOGY PHYSICIAN

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: SA11AI.4177

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
ROBBIE B ROEPSTORFF

Mailing Address 1287 ISABEL DR

City State Zip Code  
SANIBEL ISLAND FL 33957

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

Name of Employer Occupation  
EDISON NATIONAL BANK BANKER

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.4276

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

**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: PAGE 27 / 37  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
KREEGEL FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
TIMOTHY J SALOPEK

Mailing Address 6180 RIVERSIDE DR

City State Zip Code  
PUNTA GORDA FL 33982

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

Name of Employer Occupation  
MID AMERICAN WASTE SYSTEM- ADMINISTRATOR  
S. IN

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 02 / 2011

**Transaction ID:** SA11AI.4220

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
FREDERICK W SCHAEFR

Mailing Address 1051 SUMICA DR

City State Zip Code  
FORT MYERS FL 33919

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

Name of Employer Occupation  
SELF PHYSICIAN

Receipt For: 2011 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2011

**Transaction ID:** SA11AI.4296

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
GARNETT SCHOLL

Mailing Address 4 TROPICANA DR

City State Zip Code  
PUNTA GORDA FL 33950

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 25 / 2011

**Transaction ID:** SA11AI.4113

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3500.00**

**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: PAGE 28 / 37

(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
KREEGEL FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
FRANCIS T SCHWERIN

Mailing Address PO BOX 8237

City State Zip Code  
NAPLES FL 34101

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

Name of Employer Occupation  
SELF PHYSICIAN

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.4261

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
SHAWN J SELIGER

Mailing Address PO BOX 107074

City State Zip Code  
FORT MYERS FL 33919

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

Name of Employer Occupation  
SELF ATTORNEY

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.4290

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
CHERYL STEPHENSON

Mailing Address 796 BIRDIE VIEW PT

City State Zip Code  
SANIBEL FL 33957-4625

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

Name of Employer Occupation  
N/A HOUSEWIFE

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.4228

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

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

3250.00

**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: PAGE 29 / 37

(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
KREEGEL FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
JACK F STEPHENSON

Mailing Address 24420 SANDHILL BLVD

City State Zip Code  
PUNTA GORDA FL 33983

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

Name of Employer Occupation  
SELF OWNER REALIABLE HOMES

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.4236

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
TED STOUT

Mailing Address 660 CHARLOTTE ST  
STE 5

City State Zip Code  
PUNTA GORDA FL 33950

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

Name of Employer Occupation  
SELF BROKER REAL ESTATE

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.4308

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
DAVID SUDDERTH

Mailing Address 3210 CLEVELAND AVE  
STE 100

City State Zip Code  
FORT MYERS FL 33901

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

Name of Employer Occupation  
DR KAGAN GROUP NEUROLOGIST

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.4346

Amount of Each Receipt this Period

500.00

CONTRIBUTION

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

3500.00

**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: PAGE 30 / 37  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
KREEGEL FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
GRAY BOWEN SWOR

Mailing Address 265 CEDAR PARK CIR

City State Zip Code  
SARASOTA FL 34242-1215

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

Name of Employer Occupation  
21ST CENTURY ONCOLOGY MEDICAL DOCTOR

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2011

Transaction ID: SA11AI.4344

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
LESLIE TAR

Mailing Address 22226 WESTCHESTER BLVD

City State Zip Code  
PORT CHARLOTTE FL 33952

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

Name of Employer Occupation  
SELF MEDICAL DOCTOR RHEUMATOLOGIST

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 26 / 2011

Transaction ID: SA11AI.4155

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
ROBERT WEBER

Mailing Address 16943 TIMBERLAKES DR

City State Zip Code  
FORT MYERS FL 33908

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

Name of Employer Occupation  
SELF OWNER/ IRON&METAL, INC

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2011

Transaction ID: SA11AI.4354

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

**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: PAGE 32 / 37  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
KREEGEL FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
PAIGE VANIER KREEGEL

Mailing Address 2081 SANDY PINES DRIVE

City State Zip Code  
PUNTA GORDA FL 33482

FEC ID number of contributing federal political committee. **C** H2FL00284

Name of Employer SELF 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  
 0 5 / 0 9 / 2 0 1 1

Transaction ID: SA13A.4364

Amount of Each Receipt this Period  
 500.00

LOAN FROM CANDIDATE

**B.**

Full Name (Last, First, Middle Initial)  
PAIGE VANIER KREEGEL

Mailing Address 2081 SANDY PINES DRIVE

City State Zip Code  
PUNTA GORDA FL 33482

FEC ID number of contributing federal political committee. **C** H2FL00284

Name of Employer SELF Occupation MEDICAL DOCTOR

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 900.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 1 4 / 2 0 1 1

Transaction ID: SA13A.4367

Amount of Each Receipt this Period  
 400.00

LOAN FROM CANDIDATE

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	900.00

**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)

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

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NAME OF COMMITTEE (In Full)  
KREEGEL FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) BUFFALO GRAFFIX	Transaction ID: SB17.4372 Date of Disbursement 05 / 13 / 2011
	Mailing Address 18320 Paulson Dr Unit A	Amount of Each Disbursement this Period 493.15
	City PORT CHARLOTTE State FL Zip Code 33954	
	Purpose of Disbursement BANNER Candidate Name KREEGEL FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	003 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) BUFFALO GRAFFIX	Transaction ID: SB17.4376 Date of Disbursement 05 / 16 / 2011
	Mailing Address 18320 Paulson Dr Unit A	Amount of Each Disbursement this Period 166.95
	City PORT CHARLOTTE State FL Zip Code 33954	
	Purpose of Disbursement INVITATIONS/ENVELOPES Candidate Name KREEGEL FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	003 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) BUFFALO GRAFFIX	Transaction ID: SB17.4377 Date of Disbursement 05 / 17 / 2011
	Mailing Address 18320 Paulson Dr Unit A	Amount of Each Disbursement this Period 129.88
	City PORT CHARLOTTE State FL Zip Code 33954	
	Purpose of Disbursement STATIONARY Candidate Name KREEGEL FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	003 Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>789.98</b>
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
KREEGEL FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
BUFFALO GRAFFIX

Transaction ID: SB17.4390  
Date of Disbursement

Mailing Address 18320 Paulson Dr Unit A

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	1

City State Zip Code  
PORT CHARLOTTE FL 33954

Amount of Each Disbursement this Period

870.98
--------

Purpose of Disbursement  
STATIONARY

003
-----

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
BUFFALO GRAFFIX

Transaction ID: SB17.4392  
Date of Disbursement

Mailing Address 18320 Paulson Dr Unit A

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	1

City State Zip Code  
PORT CHARLOTTE FL 33954

Amount of Each Disbursement this Period

235.40
--------

Purpose of Disbursement  
BANNER

003
-----

Category/  
Type

Candidate Name  
KREEGEL FOR CONGRESS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 16

C.

Full Name (Last, First, Middle Initial)  
PAIGE VANIER KREEGEL

Transaction ID: SB17.4380  
Date of Disbursement

Mailing Address 2081 SANDY PINES DRIVE

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	1

City State Zip Code  
PUNTA GORDA FL 33482

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
LOAN REPAYMENT TO CANDIDATE

009
-----

Category/  
Type

Candidate Name  
KREEGEL FOR CONGRESS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 16

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**2106.38**

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

**2896.36**

**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 / 37

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

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NAME OF COMMITTEE (In Full)  
KREEGEL FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
TED STOUT

Transaction ID: SB20A.4370  
Date of Disbursement

Mailing Address 660 CHARLOTTE ST  
STE 5

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	1

City PUNTA GORDA State FL Zip Code 33950

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
REFUND BUSINESS CHECK

010
Category/ Type

Candidate Name  
PAIGE VANIER KREEGEL

Office Sought:  House  
 Senate  
 President  
State: FL District: 16

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

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

500.00
--------

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

500.00
--------

**SCHEDULE C (FEC Form 3)**

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

FOR LINE NUMBER:  
(check only one)  13a  
 13b

**LOANS**

NAME OF COMMITTEE (In Full)  
KREEGEL FOR CONGRESS

Transaction ID: SC/10.4364

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
PAIGE VANIER KREEGEL - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 2081 SANDY PINES DRIVE

City PUNTA GORDA State FL ZIP Code 33482

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

**TERMS**

Date Incurred    Date Due  Interest Rate  % (apr) Secured:  Yes  No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="500.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/>

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

**SCHEDULE C (FEC Form 3)**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 37 / 37
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

**LOANS**

NAME OF COMMITTEE (In Full)  
KREEGEL FOR CONGRESS

**Transaction ID: SC/10.4367**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) PAIGE VANIER KREEGEL - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2081 SANDY PINES DRIVE	
City PUNTA GORDA State FL ZIP Code 33482	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
400.00	0.00	400.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 05 D D 14 Y Y Y Y 2011	12/31/2012	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>400.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>900.00</b>

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