

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 60 OF 112	
<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)
CRAIG MILLER FOR US SENATE INC

A. Gary L Oerther Full Name (Last, First, Middle Initial) Mailing Address 5824 S Atlantic Ave City New Smyrna Beach State FL Zip Code 32169 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation McDonalds Franchisor Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date , , 1000.00		Date of Receipt M M / D D / Y Y Y Y 09 16 2011 Transaction ID : SA11AI.4406 Amount of Each Receipt this Period , , 1000.00
B. M. Jack Offebach Full Name (Last, First, Middle Initial) Mailing Address 537 N Neville St Apt 4D City Pittsburgh State PA Zip Code 15213 FEC ID number of contributing federal political committee. C Name of Employer Ruth's Chris Steak House Occupation Restaurateur Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date , , 500.00		Date of Receipt M M / D D / Y Y Y Y 09 21 2011 Transaction ID : SA11AI.4408 Amount of Each Receipt this Period , , 500.00
C. Jeffery Parks Full Name (Last, First, Middle Initial) Mailing Address 400 Lakebridge Plaza Dr City Ormond Beach State FL Zip Code 32174 FEC ID number of contributing federal political committee. C Name of Employer Parks Dermatology LLC Occupation Owner Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date , , 1000.00		Date of Receipt M M / D D / Y Y Y Y 08 12 2011 Transaction ID : SA11AI.4537 Amount of Each Receipt this Period , , 1000.00
SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....		, , 2500.00 , ,

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