

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2016 MAR 31 AM 8:24  
Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. **12FE4M5**

NATIONAL WATERMELON ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) **190 FITZGERALD ROAD**  
**SUITE 3**  
**LAKE LAND FL 33813**

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** **C005612**

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

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)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

(c) 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 \_\_\_\_\_

(d) 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 01 01 2016 through 03 31 2016

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 MONICA M. McCook

Signature of Treasurer Monica McCook Date 03 31 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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20160331 10:20:00 AM



**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

NATIONAL WATERMELON ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 01/01/2016 To: 03/31/2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	000,000,000.00	000,000,000.00
(ii) Unitemized.....	000,000,000.00	000,000,000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	000,000,000.00	000,000,000.00
(b) Political Party Committees.....	000,000,000.00	000,000,000.00
(c) Other Political Committees (such as PACs).....	000,000,000.00	000,000,000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	000,000,000.00	000,000,000.00
12. Transfers From Affiliated/Other Party Committees.....	000,000,000.00	000,000,000.00
13. All Loans Received.....	000,000,000.00	000,000,000.00
14. Loan Repayments Received.....	000,000,000.00	000,000,000.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	000,000,000.00	000,000,000.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	000,000,000.00	000,000,000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	000,000,000.00	000,000,000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	000,000,000.00	000,000,000.00
(b) Levin Funds (from Schedule H5).....	000,000,000.00	000,000,000.00
(c) Total Transfers (add 18(a) and 18(b))..	000,000,000.00	000,000,000.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	000,000,000.00	000,000,000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	000,000,000.00	000,000,000.00

NON-FEDERAL AND LEVIN FUNDS

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	000,000,000.00	000,000,000.00
(ii) Non-Federal Share.....	000,000,000.00	000,000,000.00
(b) Other Federal Operating Expenditures .....	000,000,000.00	000,000,000.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	000,000,000.00	000,000,000.00
22. Transfers to Affiliated/Other Party Committees.....	000,000,000.00	000,000,000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	000,000,000.00	000,000,000.00
24. Independent Expenditures (use Schedule E) .....	000,000,000.00	000,000,000.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	000,000,000.00	000,000,000.00
26. Loan Repayments Made.....	000,000,000.00	000,000,000.00
27. Loans Made.....	000,000,000.00	000,000,000.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	000,000,000.00	000,000,000.00
(b) Political Party Committees .....	000,000,000.00	000,000,000.00
(c) Other Political Committees (such as PACs).....	000,000,000.00	000,000,000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	000,000,000.00	000,000,000.00
29. Other Disbursements .....	000,000,000.00	000,000,000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	000,000,000.00	000,000,000.00
(ii) "Levin" Share.....	000,000,000.00	000,000,000.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	000,000,000.00	000,000,000.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	000,000,000.00	000,000,000.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	000,000,000.00	000,000,000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	000,000,000.00	000,000,000.00

NON-FEDERAL SHARE



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3/31/2016

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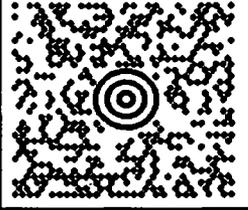
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MONICA M. MCCOOK  
863-619-7575  
NATIONAL WATERMELON ASSOCIATION  
190 FITZGERALD ROAD  
LAKELAND FL 33813

**SHIP TO:**  
ARMAN TARZI  
202.694.1176  
FEDERAL ELECTION COMMISSION  
999 E. STREET NW  
WASHINGTON DC 20463-0001

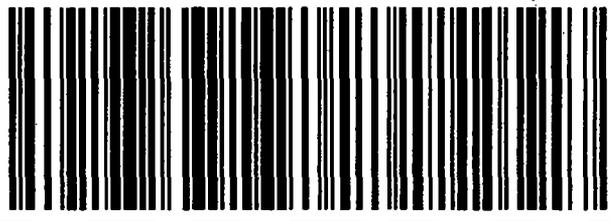
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MD 201 9-83

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Reference# 1: Report of Receipts and Disbursement

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <b>UPS</b>	Shipping Date <b>03-31-2016</b>
	Next Business Day Delivery <input checked="" type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER

DATE PREPARED

(3/2015)

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RECEIVED  
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2016 MAR 25 AM 11:48

March 22, 2016

Laura Beaufort  
Senior Campaign Finance Analyst  
Reports Analysis Division  
Federal Election Commission  
Washington, DC 20463

Laura:

Thank you for your time on March 3<sup>rd</sup>.

This letter is being sent to you as a response to the "Request for Additional Information" letter dated February 26, 2016 as posted on the Federal Election Commission website.

Please note that an amended Year-End Report (10/1/2015 – 12/31/2015) was electronically submitted to the Federal Election Commission. A hard copy of this filing is included for your records with this letter.

In addition, a copy of the contribution refund check mailed to Avis Phillips has been included with this package. The bookkeeping record of the refund will appear in the Q1, 2016 electronic filing.

Please contact me at 'erika@bilirakisforcongress.com' or at the number below, if you require any further information at this time.

Sincerely,

Erika Grace  
Bilirakis for Congress  
727-410-4077  
[Erika@BilirakisForCongress.com](mailto:Erika@BilirakisForCongress.com)

PO BOX 606 • TARPON SPRINGS, FL 34688 TEL: 727.216.6495 BilirakisForCongress.com

Paid for by Bilirakis for Congress

Contributions are not deductible for Federal income tax purposes.

20160322 10:48:48 AM

BILIRAKIS FOR CONGRESS  
P O BOX 606  
TARPON SPRINGS, FL 34688-0606

WELLS FARGO BANK, N.A.  
www.wellsfargo.com  
63-751/631

2827

March 15, 2016

PAY TO THE  
ORDER OF

Avis Phillips

\$ 600.40

Six hundred 940/100

DOLLARS

MEMO

*Ed Grace*

AUTHORIZED SIGNATURE

BILIRAKIS FOR CONGRESS

2827

Contribution Refund

BILIRAKIS FOR CONGRESS

2827

NON-NEGOTIABLE INSTRUMENT

Reserve Endorsement Included

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED FEC MAIL CENTER 3/23

2016 MAR 23 11:48

2016

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Bilirakis for Congress

ADDRESS (number and street)

PO Box 606 Tarpon Springs FL 34688-0606

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER

C C00408534

3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT

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

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 John Koulianos

Signature of Treasurer John Koulianos

Date MM/DD/YYYY 03/18/2016

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 10 columns: Office Use Only, 7/1, 5/11, 5/25, etc.

**SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 117

Write or Type Committee Name  
**Bilirakis 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)) ....	<input type="text" value="167375.25"/>	<input type="text" value="654778.56"/>
(b) Total Contribution Refunds (from Line 20(d)) .....	<input type="text" value="135.00"/>	<input type="text" value="135.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	<input type="text" value="167240.25"/>	<input type="text" value="654643.56"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	<input type="text" value="98070.61"/>	<input type="text" value="448209.83"/>
(b) Total Offsets to Operating Expenditures (from Line 14) .....	<input type="text" value="240.00"/>	<input type="text" value="758.31"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	<input type="text" value="97830.61"/>	<input type="text" value="447451.52"/>
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	<input type="text" value="632951.73"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

**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)

PAGE 3 / 117

Write or Type Committee Name

**Bilirakis for Congress**

Report Covering the Period: From: 

M	M
10	

 / 

D	D
01	

 / 

Y	Y	Y	Y
2015			

 To: 

M	M
12	

 / 

D	D
31	

 / 

Y	Y	Y	Y
2015			

**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).....

76555.75

231228.80

(ii) Unitemized.....

15819.50

36449.76

(iii) TOTAL of contributions from individuals ▶

92375.25

267678.56

(b) Political Party Committees.....

0.00

0.00

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

75000.00

387100.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

167375.25

654778.56

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.).....

240.00

758.31

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

0.00

46.80

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

167615.25

655583.67

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	98070.61	448209.83
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 .....	135.00	135.00
(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)).....	135.00	135.00
21. OTHER DISBURSEMENTS .....	0.00	40000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	98205.61	488344.83

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	563542.09
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	167615.25
25. SUBTOTAL (add Line 23 and Line 24).....	731157.34
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	98205.61
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	632951.73



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

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

FOR LINE NUMBER: PAGE 6 OF 117  
(check only one)

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

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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial)  
**A. Andrew Sfougatakis**

Mailing Address **7706 13th Ave**

City State Zip Code  
**Brooklyn NY 11228-2414**

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

Name of Employer Occupation  
Self Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
**10 / 19 / 2015**  
Transaction ID : **A9871CCAC6BB54A0CB40**

Amount of Each Receipt this Period  
**250.00**  
 Memo Item

Full Name (Last, First, Middle Initial)  
**B. Ronald J Wuchko**

Mailing Address **10720 Ruffino Court**

City State Zip Code  
**Trinity FL 34655-7062**

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

Name of Employer Occupation  
Information Requested executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
**11 / 05 / 2015**  
Transaction ID : **A42909F0BA87C4453918**

Amount of Each Receipt this Period  
**500.00**  
 Memo Item

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

Mailing Address **PO Box 1629**

City State Zip Code  
**Titusville FL 32781-1629**

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

Name of Employer Occupation  
Trident Group, Inc. Director of Maritime Operations

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
**12 / 31 / 2015**  
Transaction ID : **A277FAAB1A1BD4133877**

Amount of Each Receipt this Period  
**1000.00**  
 Memo Item

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

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

**1750.00**

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

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

FOR LINE NUMBER: PAGE 7 OF 117  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Bilirakis for Congress**

**A. Leven Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6350 W Maclaurin Dr  
 City Tampa State FL Zip Code 33647-1164  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pasco-Hernando State College Occupation Information Requested  
 Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date 250.00

Date of Receipt 10 / 20 / 2015  
 Transaction ID : AA44ACC82B6194136ACB  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Gary Moskovitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4932 Saint Croix Drive  
 City Tampa State FL Zip Code 33629-4831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Spine & Orthopedic Center Occupation Surgeon  
 Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date 1200.00

Date of Receipt 11 / 23 / 2015  
 Transaction ID : A94D079DA62014D8E9B2  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. Kimberly M. Brust**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5951 Rio Dr  
 City New Port Richey State FL Zip Code 34652-2922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation insurance  
 Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date 300.00

Date of Receipt 10 / 08 / 2015  
 Transaction ID : A8EAC5EDB1E1841DB8E9  
 Amount of Each Receipt this Period 300.00  
 Memo Item

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

750.00

NO INFORMATION TO BE REPORTED

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

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

FOR LINE NUMBER: PAGE 8 OF 117  
(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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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)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dominick Scannavino**

Mailing Address **6040 Riviera Lane**

City **New Port Richey** State **FL** Zip Code **34655-5629**

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

Name of Employer **Management and Associates** Occupation **Business Owner**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
**10 / 05 / 2015**

Transaction ID : **ABC83BD5056EE4EAEAD4**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Gus A. Stavros**

Mailing Address **1 Beach Drive SE  
Apt. 2503**

City **St Petersburg** State **FL** Zip Code **33701-3958**

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

Name of Employer **n/a** Occupation **retired**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
**10 / 31 / 2015**

Transaction ID : **AA685564FEB634DE3A6D**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Ed Lechner**

Mailing Address **2626 Gulf To Bay Boulevard**

City **Clearwater** State **FL** Zip Code **33759-3901**

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

Name of Employer **LRJ Enterprises Inc** Occupation **Businessman**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
**10 / 01 / 2015**

Transaction ID : **A827FE946403B4B0FB85**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

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

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

**1750.00**



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

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

FOR LINE NUMBER: PAGE 10 OF 117  
(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

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)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Nicholas A. Karacostas**

Mailing Address **29-10 212th Street**

City **Bayside** State **NY** Zip Code **11360-2531**

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

Name of Employer **Arch Capital Group, Ltd.** Occupation **attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
**10 / 19 / 2015**

Transaction ID : **A011D89B5C9FB402F813**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Jack M Ross**

Mailing Address **5823 Bowen Daniel Dr**  
**Unit 1101**

City **Tampa** State **FL** Zip Code **33616-1471**

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

Name of Employer **Jewish Community Center** Occupation **executive director**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
**11 / 23 / 2015**

Transaction ID : **A758EA90994D546AD9CC**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Eva G Gruman**

Mailing Address **3301 Bayshore Boulevard**  
**Unit 1707**

City **Tampa** State **FL** Zip Code **33629-8845**

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

Name of Employer **n/a** Occupation **Housewife**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
**11 / 23 / 2015**

Transaction ID : **A1320D3A5BFE94212922**

Amount of Each Receipt this Period  
**300.00**

Memo Item

**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: (check only one)		PAGE 11 OF 117	
	<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)  
**Bilirakis for Congress**

**A. Eleni Dovellos**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1328 Muirfield Dr  
City Schererville State IN Zip Code 46375-2962  
FEC ID number of contributing federal political committee. **C**  
Name of Employer n/a Occupation Homemaker  
Receipt For: 2016  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date 2700.00

Date of Receipt 12 / 22 / 2015  
Transaction ID : A1017534F2549417D837  
Amount of Each Receipt this Period 2700.00  
 Memo Item

**B. Avis Phillips**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4G Ranch  
22501 Florida 52  
City Land O Lakes State FL Zip Code 34637  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Phillips & Jordan Occupation Executive  
Receipt For: 2016  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date 3300.40

Date of Receipt 10 / 19 / 2015  
Transaction ID : A1D681C8EC9D94C9B858  
Amount of Each Receipt this Period 600.40  
 Memo Item  
In-kind: Food and beverage

**C. James MacDougald**  
Full Name (Last, First, Middle Initial)  
Mailing Address 400 Beach Drive NE  
Unit 2806  
City Saint Petersburg State FL Zip Code 33701-3075  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation retired  
Receipt For: 2016  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date 500.00

Date of Receipt 11 / 16 / 2015  
Transaction ID : A706C65FFB4224BF0825  
Amount of Each Receipt this Period 500.00  
 Memo Item

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

3800.40

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

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

FOR LINE NUMBER: PAGE 12 OF 117

(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)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Theodore Pedas**

Mailing Address **4018 Brandywine Street NW**

City **Washington** State **DC** Zip Code **20016-1844**

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

Name of Employer **n/a** Occupation **retired**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 MM / DD / YYYY  
**11 / 16 / 2015**

Transaction ID : **AB31321DA21C24497A3B**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Theodore Pavlounis**

Mailing Address **166 Pinewood Ave**

City **Staten Island** State **NY** Zip Code **10306-1820**

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

Name of Employer **Self** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 MM / DD / YYYY  
**10 / 19 / 2015**

Transaction ID : **A9B61261C428D4E648F1**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Laureen E Galeoto**

Mailing Address **6212 Bayshore Blvd  
Apt F**

City **Tampa** State **FL** Zip Code **33611-5013**

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

Name of Employer **Self** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 MM / DD / YYYY  
**11 / 23 / 2015**

Transaction ID : **AE663742F53E94997B4A**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**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: PAGE 13 OF 117  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Matthew Mirones**

Mailing Address **78 Windermere Road**

City **Staten Island** State **NY** Zip Code **10305-2724**

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

Name of Employer **New York State** Occupation **assemblyman**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 /  /   
**10 / 19 / 2015**

Transaction ID : **A931CFE5A4FB145D3AEF**

Amount of Each Receipt this Period  
 **1000.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Ana M Carbonell**

Mailing Address **501 Brickell Key Drive  
Suite 602**

City **Miami** State **FL** Zip Code **33131-2608**

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

Name of Employer **The Factor Inc** Occupation **President**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 /  /   
**12 / 20 / 2015**

Transaction ID : **AD94E6938A3084664918**

Amount of Each Receipt this Period  
 **1000.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Tiffany Moore**

Mailing Address **417 Quackenbos Street NW**

City **Washington** State **DC** Zip Code **20011-1307**

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

Name of Employer **Self** Occupation **consultant**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 /  /   
**12 / 02 / 2015**

Transaction ID : **AE3137C9F9F4646D3876**

Amount of Each Receipt this Period  
 **250.00**

Memo Item

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

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

**2250.00**

**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 117  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John G. Manos**

Mailing Address **242 Bunting Lane**

City **Bloomington** State **IL** Zip Code **60108-1420**

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

Name of Employer **Bank Financial** Occupation **finance**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 /  /   
**12 / 22 / 2015**

Transaction ID : **ADB749DE9EEE544F78F1**

Amount of Each Receipt this Period  
 **1000.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Christopher M. Koulouvaris**

Mailing Address **4516 Seagull Dr  
Unit 816**

City **New Port Richey** State **FL** Zip Code **34652-2125**

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

Name of Employer **Self** Occupation **Business**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 /  /   
**10 / 31 / 2015**

Transaction ID : **A0C108C52AE1945D68D0**

Amount of Each Receipt this Period  
 **250.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mark Aesch**

Mailing Address **11107 Indian Oaks Dr**

City **Tampa** State **FL** Zip Code **33625-4921**

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

Name of Employer **TransPro Consulting** Occupation **CEO**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 /  /   
**10 / 20 / 2015**

Transaction ID : **A99C1E7079DF6423694C**

Amount of Each Receipt this Period  
 **500.00**

Memo Item

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

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

**1750.00**

**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 117  
(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)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**George A. Nicholas**

Mailing Address **12322 Cassowary Lane**

City **Spring Hill** State **FL** Zip Code **34610-8015**

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

Name of Employer **Anmar Builders, Inc.** Occupation **builder**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
MM / DD / YYYY  
**10 / 20 / 2015**

Transaction ID : **AB1BA8EA939C34B05919**

Amount of Each Receipt this Period  
**300.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Lincoln Diaz-Balart**

Mailing Address **999 Ponce-de Leon Blvd  
Suite 520**

City **Coral Gables** State **FL** Zip Code **33134-3037**

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

Name of Employer **Self** Occupation **attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
MM / DD / YYYY  
**12 / 20 / 2015**

Transaction ID : **ACF7FF1930B0B473081E**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Cliff Levy**

Mailing Address **4938 Saint Croix Drive**

City **Tampa** State **FL** Zip Code **33629-4831**

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

Name of Employer **Self** Occupation **real estate developer**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
MM / DD / YYYY  
**12 / 04 / 2015**

Transaction ID : **A91EA4F0BE90A4918AEF**

Amount of Each Receipt this Period  
**250.00**

Memo Item

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

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

**1550.00**

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

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

FOR LINE NUMBER: PAGE 16 OF 117  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kathy Hunt**

Mailing Address **12838 Lake Jovita Blvd**

City **Dade City** State **FL** Zip Code **33525-8265**

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

Name of Employer **n/a** Occupation **Retired**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 /  /   
**10 / 14 / 2015**

Transaction ID : **A7E1CE7B64E404D91812**

Amount of Each Receipt this Period  
 **500.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**A K Papasimakis**

Mailing Address **305 Castle Rock Drive**

City **Monticello** State **IL** Zip Code **61856-8131**

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

Name of Employer **ADM** Occupation **Engineer**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 /  /   
**10 / 19 / 2015**

Transaction ID : **A02A091AA4E2B4884AFB**

Amount of Each Receipt this Period  
 **250.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Tim H. Holladay**

Mailing Address **7127 US Highway 19**

City **New Port Richey** State **FL** Zip Code **34652-1638**

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

Name of Employer **State Farm Insurance** Occupation **Insurance Agent**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 /  /   
**10 / 09 / 2015**

Transaction ID : **A8668CB759607493CB21**

Amount of Each Receipt this Period  
 **200.00**

Memo Item

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

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

**950.00**

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

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

FOR LINE NUMBER: PAGE 17 OF 117  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Eleni Nicozisis**

Mailing Address 120 Spoonbill Road

City Lantana State FL Zip Code 33462-4755

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

Name of Employer n/a Occupation retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt  
 11 / 23 / 2015

Transaction ID : **A488A588F1F0F4E3283B**

Amount of Each Receipt this Period  
**175.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**William T Phillips**

Mailing Address 4G Ranch  
22501 Florida 52

City Land O Lakes State FL Zip Code 34637

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

Name of Employer Phillips & Jordan Occupation Chairman

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **3300.40**

Date of Receipt  
 10 / 19 / 2015

Transaction ID : **AB3A4348869A44A409E9**

Amount of Each Receipt this Period  
**600.40**

Memo Item  
In-kind:

**C.** Full Name (Last, First, Middle Initial)  
**Tinamarie Farrell**

Mailing Address PO Box 776

City Port Richey State FL Zip Code 34673-0776

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

Name of Employer Team Farrell, Inc. Occupation Executive

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt  
 10 / 31 / 2015

Transaction ID : **AD19102D87AA247AA900**

Amount of Each Receipt this Period  
**800.00**

Memo Item

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

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

**1575.40**

**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 117  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial)  
**James V. Steinicki**

Mailing Address **3473 Tidewater Dr**

City State Zip Code  
**Weeki Wachee FL 34607-1045**

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

Name of Employer Occupation  
**self-employed physician**

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date **500.00**

Date of Receipt  
**11 / 05 / 2015**  
 Transaction ID : **AAF029FC8532E4488A07**

Amount of Each Receipt this Period  
**500.00**  
 Memo Item

Full Name (Last, First, Middle Initial)  
**Warren Nelson**

Mailing Address **2817 Longleaf Lane**

City State Zip Code  
**Palm Harbor FL 34684-3516**

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

Name of Employer Occupation  
**JEM & Southeastern Pizza Restaurants President & CFO**

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date **500.00**

Date of Receipt  
**10 / 08 / 2015**  
 Transaction ID : **A715997F5C738484BB68**

Amount of Each Receipt this Period  
**500.00**  
 Memo Item

Full Name (Last, First, Middle Initial)  
**Truman Campbell**

Mailing Address **28745 Saint Joe Road**

City State Zip Code  
**Dade City FL 33525-7322**

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

Name of Employer Occupation  
**Mid-Way Farm and Ranch Suppl self**

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date **500.00**

Date of Receipt  
**10 / 20 / 2015**  
 Transaction ID : **A77213A44AA0F46F6A88**

Amount of Each Receipt this Period  
**500.00**  
 Memo Item

**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 19 OF 117  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dennis J. Alfonso**

Mailing Address **14245 Hale Road**

City **Dade City** State **FL** Zip Code **33523-7520**

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

Name of Employer **McClain Alfonso & Meeker, PA** Occupation **Attorney**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 /  /   
**10 / 20 / 2015**

Transaction ID : **A65C18456C72E436BA61**

Amount of Each Receipt this Period  
 **500.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**William Weatherford**

Mailing Address **5626 Killian Path**

City **Wesley Chapel** State **FL** Zip Code **33543-4493**

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

Name of Employer **Self** Occupation **Business Consultant**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 /  /   
**10 / 20 / 2015**

Transaction ID : **A19A5900800CB48BDAE8**

Amount of Each Receipt this Period  
 **500.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Dimitrios Kourkouvis**

Mailing Address **911 Kings Lane**

City **Glenview** State **IL** Zip Code **60025-1919**

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

Name of Employer **Athens Construction Co.** Occupation **General Contractor**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 /  /   
**12 / 22 / 2015**

Transaction ID : **AE88D3BEC6C10465BBAF**

Amount of Each Receipt this Period  
 **500.00**

Memo Item

**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: PAGE 20 OF 117  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert S Hoye**

Mailing Address **4330 S Manhattan Avenue**

City **Tampa** State **FL** Zip Code **33611-1304**

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

Name of Employer **Hoye's Pharmacy** Occupation **Pharmacist**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1250.00**

Date of Receipt  
 M M M /  D D D /  Y Y Y Y Y Y  
**10 / 19 / 2015**

Transaction ID : **A08AE84BE6E234973B51**

Amount of Each Receipt this Period  
 Memo Item  
**500.00**

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

Mailing Address **1238 E Kennedy Blvd  
Unit 402S**

City **Tampa** State **FL** Zip Code **33602-3566**

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

Name of Employer **Hendry Corp/Gulf Marine** Occupation **Vice President**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M M /  D D D /  Y Y Y Y Y Y  
**11 / 23 / 2015**

Transaction ID : **A4A73E9DE4BB34B26A53**

Amount of Each Receipt this Period  
 Memo Item  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Scott Weaver**

Mailing Address **1290 Gulf Blvd.  
Unit 2003**

City **Clearwater** State **FL** Zip Code **33767-2742**

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

Name of Employer **The Weaver Law Firm** Occupation **Lawyer**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M M /  D D D /  Y Y Y Y Y Y  
**10 / 03 / 2015**

Transaction ID : **AB6706D11D7194400B60**

Amount of Each Receipt this Period  
 Memo Item  
**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: PAGE 21 OF 117  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     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)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lisa O. Etheridge**

Mailing Address **2847 Cobblestone Drive**

City **Palm Harbor** State **FL** Zip Code **34684-1655**

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

Name of Employer **n/a** Occupation **homemaker**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**3300.10**

Date of Receipt  
 /  /   
**11 / 13 / 2015**

Transaction ID : **AC6C6A9B197CF494D93B**

Amount of Each Receipt this Period  
  
**1399.90**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Carl R Hollister**

Mailing Address **6440 Hunters Green Dr**

City **Mason** State **OH** Zip Code **45040-8043**

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

Name of Employer **L.M. Kohn & Company** Occupation **Executive**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 /  /   
**10 / 19 / 2015**

Transaction ID : **A574BE2078525461B884**

Amount of Each Receipt this Period  
  
**250.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Theodore J Schrader**

Mailing Address **PO BOX 2292**

City **San Antonio** State **FL** Zip Code **33576**

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

Name of Employer **Pasco County** Occupation **Commissioner**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 /  /   
**10 / 20 / 2015**

Transaction ID : **A54C088D921D24D8CB8B**

Amount of Each Receipt this Period  
  
**500.00**

Memo Item

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

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

**2149.90**

**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 117	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael C. Dovellos**

Mailing Address **949 Killamey Drive**

City **Dyer** State **IN** Zip Code **46311-1292**

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

Name of Employer **Royal Brush Manufacturing, Inc.** Occupation **Director, Business Development**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 22 / 2015**

Transaction ID : **A37D9011AEBD1418DBA8**

Amount of Each Receipt this Period  
**1900.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Donald W. Olson**

Mailing Address **831 Island Way**

City **Clearwater** State **FL** Zip Code **33767-1826**

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

Name of Employer **n/a** Occupation **retired**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2015**

Transaction ID : **AF855913C4D8241F7916**

Amount of Each Receipt this Period  
**100.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Harry G Yanakis**

Mailing Address **1574 209th St.**

City **Bayside** State **NY** Zip Code **11360-1132**

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

Name of Employer **Self** Occupation **Construction**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 19 / 2015**

Transaction ID : **ACF31CF8B56374D60889**

Amount of Each Receipt this Period  
**250.00**

Memo Item

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

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

**2250.00**

NON-CONFIDENTIAL - INFO - 1-800-438-0100







**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 26 OF 117	
	<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)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Anthony V Masella Jr.**

Mailing Address **3848 Briarbrook Place**

City **Land O Lakes** State **FL** Zip Code **34639-4866**

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

Name of Employer **Self** Occupation **Photographer**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1495.00**

Date of Receipt  

MM	DD	YYYY
12	31	2015

Transaction ID : **ACDF8FCA82BC94FE4BDA**

Amount of Each Receipt this Period  

1495.00
---------

Memo Item  
 In-kind: Website advertising

**B.** Full Name (Last, First, Middle Initial)  
**J. Patrick Michaels Jr.**

Mailing Address **5117 S Nichol Street**

City **Tampa** State **FL** Zip Code **33611-4132**

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

Name of Employer **CEA** Occupation **Investment broker**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  

MM	DD	YYYY
10	20	2015

Transaction ID : **AB3BA9090278E40AD828**

Amount of Each Receipt this Period  

2000.00
---------

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**William L. Bitner III**

Mailing Address **4902 Turtle Creek Trail**

City **Oldsmar** State **FL** Zip Code **34677-1969**

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

Name of Employer **n/a** Occupation **retired**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  

MM	DD	YYYY
11	16	2015

Transaction ID : **A233CEFF2FA474609A35**

Amount of Each Receipt this Period  

500.00
--------

Memo Item

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

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

3995.00

2015-01-01 10:00:00 AM



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

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

FOR LINE NUMBER: PAGE 28 OF 117  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Zacharias J Kalarickal**

Mailing Address **2400 Amberside Rd**

City **Wesley Chapel** State **FL** Zip Code **33544-8716**

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

Name of Employer **Wesley Chapel Dentistry** Occupation **Dentist**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
**10 / 12 / 2015**

Transaction ID : **AB7EC68AB6FEA4E34882**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Abraham s. Marcadis**

Mailing Address **2615 W Swann Avenue**

City **Tampa** State **FL** Zip Code **33609-4061**

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

Name of Employer **Marcadis Plastic Surgery** Occupation **physician**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
**11 / 25 / 2015**

Transaction ID : **A4DA10931AF3E4501BC0**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Earl E Decima**

Mailing Address **7837 Fashion Loop**

City **New Port Richey** State **FL** Zip Code **34654-6222**

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

Name of Employer **n/a** Occupation **retired**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1250.00**

Date of Receipt  
**10 / 20 / 2015**

Transaction ID : **A71FA68324C934E4DB6C**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**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: PAGE 29 OF 117  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Andrew Cohen**

Mailing Address 1313 Gray St.

City Tampa State FL Zip Code 33606-1253

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

Name of Employer ABC Capital Corp Occupation CEO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 11 / 23 / 2015

Transaction ID : AC2C621C6A1584C42A21

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Lisa O. Etheridge**

Mailing Address 2847 Cobblestone Drive

City Palm Harbor State FL Zip Code 34684-1655

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

Name of Employer n/a Occupation homemaker

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3300.10

Date of Receipt  
 11 / 13 / 2015

Transaction ID : A6687977EDD1E4DF8A3C

Amount of Each Receipt this Period  
600.10

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**George M. Dovellos**

Mailing Address 1328 Muirfield Drive

City Schererville State IN Zip Code 46375-2962

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

Name of Employer Royal Brush Manufacturing, Inc. Occupation president

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 12 / 22 / 2015

Transaction ID : A07DDB558E07440118C9

Amount of Each Receipt this Period  
2700.00

Memo Item

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

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

3550.10

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

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

FOR LINE NUMBER: PAGE 30 OF 117  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Andrew W. Assad**

Mailing Address **4926 W Bay Way Place**

City **Tampa** State **FL** Zip Code **33629-4834**

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

Name of Employer **Synergy Pharmacy Services** Occupation **Director of Pharmacy Operations**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
**11 / 23 / 2015**

Transaction ID : **A7F34D3E2C2534384939**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Ronald G Hayter**

Mailing Address **2146 Camden Way**

City **Clearwater** State **FL** Zip Code **33759-1023**

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

Name of Employer **Florida Knee and Orthopedic** Occupation **MD**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
**10 / 31 / 2015**

Transaction ID : **A81B0DECBF1A348A8B96**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Frank McCarthy**

Mailing Address **1826 Speck Drive**

City **Holiday** State **FL** Zip Code **34691-5312**

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

Name of Employer **n/a** Occupation **retired**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
**11 / 16 / 2015**

Transaction ID : **AA2BE5477EAB64EDEA60**

Amount of Each Receipt this Period  
**250.00**

Memo Item

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

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

**1750.00**

ENCLOSURE

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

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

FOR LINE NUMBER: PAGE 31 OF 117  
(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)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lisa O. Etheridge**

Mailing Address **2847 Cobblestone Drive**

City **Palm Harbor** State **FL** Zip Code **34684-1655**

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

Name of Employer **n/a** Occupation **homemaker**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3300.10**

Date of Receipt  
**11 / 13 / 2015**

Transaction ID : **A805124A2ABA84BF4A7B**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Angela J Guastella**

Mailing Address **750 N Rush St  
Apt 2004**

City **Chicago** State **IL** Zip Code **60611-2582**

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

Name of Employer **best effort** Occupation **best effort**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
**12 / 26 / 2015**

Transaction ID : **AD3EA826BD9354BC9A9A**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Scott A. Jaffe**

Mailing Address **1112 S Moody Avenue**

City **Tampa** State **FL** Zip Code **33629-4725**

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

Name of Employer **Jaffe Tilchin Wealth Mngmt** Occupation **Director of Investment Management**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
**11 / 23 / 2015**

Transaction ID : **ABE987466972349FBBD4**

Amount of Each Receipt this Period  
**250.00**

Memo Item

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

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

**1000.00**

11-01-2015 10:40:00 AM

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

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

FOR LINE NUMBER: PAGE 32 OF 117  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mia Connolly**

Mailing Address **4467 Kettering Drive**

City **Long Grove** State **IL** Zip Code **60047-5204**

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

Name of Employer **n/a** Occupation **Housewife**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 30 / 2015**

Transaction ID : **A27A3E986A70F4073B02**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mark W Rodgers**

Mailing Address **5403 Talon Court**

City **Clarksville** State **MD** Zip Code **21029-1142**

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

Name of Employer **Valente & Associates** Occupation **Counsel**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1653.35**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**12 / 01 / 2015**

Transaction ID : **A6B48B105BB3B4F8197D**

Amount of Each Receipt this Period  
**684.95**

Memo Item  
In-kind: Food and beverage

**C.** Full Name (Last, First, Middle Initial)  
**Robert Hicks**

Mailing Address **18829 Water Lily Lane**

City **Hudson** State **FL** Zip Code **34667-5794**

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

Name of Employer **Not provided** Occupation **Not provided**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**10 / 31 / 2015**

Transaction ID : **AE8978B73B1164A809F9**

Amount of Each Receipt this Period  
**100.00**

Memo Item

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

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

**1284.95**

**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 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kathryn Starkey**

Mailing Address 10928 Alico Pass

City New Prt Rchy State FL Zip Code 34655-4378

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

Name of Employer Pasco County Occupation Commissioner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt **10 / 20 / 2015**

Transaction ID : **AB57B482E5A704C5D858**

Amount of Each Receipt this Period **500.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Ioannis Konstantinou**

Mailing Address 1250 Cedarcrest Lane

City Bannockburn State IL Zip Code 60015-1839

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

Name of Employer Self Occupation Self

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt **12 / 16 / 2015**

Transaction ID : **A3BB0193F6A684E33AC2**

Amount of Each Receipt this Period **250.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Nick Halikis**

Mailing Address 525 Paseo de la Playa

City Redondo Beach State CA Zip Code 90277-6541

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

Name of Employer Torrance Orthopaedic & Sports Medicine Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1100.00**

Date of Receipt **11 / 16 / 2015**

Transaction ID : **A0A211649F9424E2A910**

Amount of Each Receipt this Period **100.00**

Memo Item

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

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

**850.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 OF 117
	(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)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert J. Entel**

Mailing Address **521 Mandalay Avenue**  
**Apt. 902**

City **Clearwater** State **FL** Zip Code **33767-1795**

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

Name of Employer **Radiology Associates of Clearwater** Occupation **physician**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
**10 / 20 / 2015**

Transaction ID : **A8D95B8B27A964F96972**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Dominick Scannavino**

Mailing Address **6040 Riviera Lane**

City **New Port Richey** State **FL** Zip Code **34655-5629**

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

Name of Employer **Management and Associates** Occupation **Business Owner**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
**10 / 31 / 2015**

Transaction ID : **ABB47D1889D7E4D29A9B**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Jeffrey E. Cobble**

Mailing Address **1173 35th Avenue NE**

City **St Petersburg** State **FL** Zip Code **33704-1613**

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

Name of Employer **Harvard Jolly, Inc.** Occupation **architect**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
**10 / 20 / 2015**

Transaction ID : **AC301CA4053B042118B9**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**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 35 OF 117
	(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)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Stephen L Johnson**

Mailing Address **365 6th Avenue N**

City **Tierra Verde** State **FL** Zip Code **33715-1846**

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

Name of Employer **Architect** Occupation **Harvard Jolly Architecture**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 /  /   
**10 / 20 / 2015**

Transaction ID : **A523B242DACF3421B93E**

Amount of Each Receipt this Period  
 **250.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Avis Phillips**

Mailing Address **4G Ranch**  
**22501 Florida 52**

City **Land O Lakes** State **FL** Zip Code **34637**

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

Name of Employer **Phillips & Jordan** Occupation **Executive**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3300.40**

Date of Receipt  
 /  /   
**10 / 19 / 2015**

Transaction ID : **A5A4FB41C0D64450FA00**

Amount of Each Receipt this Period  
 **2700.00**

Memo Item  
 In-kind: **Food and beverage**

**C.** Full Name (Last, First, Middle Initial)  
**William T Phillips**

Mailing Address **4G Ranch**  
**22501 Florida 52**

City **Land O Lakes** State **FL** Zip Code **34637**

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

Name of Employer **Phillips & Jordan** Occupation **Chairman**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3300.40**

Date of Receipt  
 /  /   
**10 / 19 / 2015**

Transaction ID : **A8AABD4A4B04F4C39927**

Amount of Each Receipt this Period  
 **2700.00**

Memo Item  
 In-kind:

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

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

**5650.00**

**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 36 OF 117	
	<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)  
**Bilirakis for Congress**

**A. Maureen G Palso**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7041 Timber Ridge Way  
 City Land O Lakes State FL Zip Code 34637-7453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Dentist  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1000.00

Date of Receipt  
 MM / DD / YYYY  
 11 / 23 / 2015  
 Transaction ID : A298EAD76F00743B6AD8  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Alicia Pina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15500 New Barn Rd Suite 104  
 City Miami Lakes State FL Zip Code 33014-2177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Royal Group Investments, Inc Occupation Real Estate Investment & Development  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2000.00

Date of Receipt  
 MM / DD / YYYY  
 12 / 20 / 2015  
 Transaction ID : AAA0A9362DC2B4592A7A  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item

**C. Leonard Dunn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3201 Leprechaun Lane  
 City Palm Harbor State FL Zip Code 34683-2325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baycare Alliant Hospital Occupation CMO  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 300.00

Date of Receipt  
 MM / DD / YYYY  
 10 / 20 / 2015  
 Transaction ID : A181B919E6968422FB20  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

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

3300.00

20160101 10:10:00 AM

**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)

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

PAGE 37 OF 117

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NAME OF COMMITTEE (In Full)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael C. Dovellos**

Mailing Address **949 Killamey Drive**

City **Dyer** State **IN** Zip Code **46311-1292**

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

Name of Employer **Royal Brush Manufacturing, Inc.** Occupation **Director, Business Development**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4600.00**

Date of Receipt **12 / 22 / 2015**

Transaction ID : **A34914DBBFB0B4EEE9FB**

Amount of Each Receipt this Period **2700.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Maria N Miaoulis**

Mailing Address **846 Riverside Drive**

City **Tarpon Springs** State **FL** Zip Code **34689-2145**

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

Name of Employer **Bilirakis Law Group** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt **10 / 27 / 2015**

Transaction ID : **A7A8EE3A37FE84B0CB74**

Amount of Each Receipt this Period **200.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Gaston Cantens**

Mailing Address **1 North Clematis Street  
Suite 200**

City **West Palm Beach** State **FL** Zip Code **33401-5551**

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

Name of Employer **Florida Crystals** Occupation **Executive**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt **12 / 22 / 2015**

Transaction ID : **AD97128FF8F454004B8E**

Amount of Each Receipt this Period **2000.00**

Memo Item

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

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

**4900.00**

20150101 01:00:00

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

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

FOR LINE NUMBER: PAGE 38 OF 117

(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)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Debbie M. Taub**

Mailing Address **921 Anchorage Road**

City **Tampa** State **FL** Zip Code **33602-5755**

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

Name of Employer **n/a** Occupation **real estate development**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 23 / 2015**

Transaction ID : **A6B840B2C3A954D4EAAE**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Kurt S Browning**

Mailing Address **PO Box 1236**

City **San Antonio** State **FL** Zip Code **33576-1236**

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

Name of Employer **Pasco County Schools** Occupation **Superintendent of Schools**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 19 / 2015**

Transaction ID : **A924FD1F45720487BBFA**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Louis Nicozisis**

Mailing Address **120 Spoonbill Road**

City **Lantana** State **FL** Zip Code **33462-4755**

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

Name of Employer **n/a** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 23 / 2015**

Transaction ID : **A6A8F5BEF0AC14100BB7**

Amount of Each Receipt this Period  
**175.00**

Memo Item

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

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

**925.00**



**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 40 OF 117
	<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)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Douglas E. Burkett**

Mailing Address **8449 Ridgebrook Circle**

City <b>Odessa</b>	State <b>FL</b>	Zip Code <b>33556-3135</b>
-----------------------	--------------------	-------------------------------

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

Name of Employer <b>n/a</b>	Occupation <b>retired</b>
--------------------------------	------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  

MM	DD	YYYY
11	07	2015

Transaction ID : **A9814D2218CA14A4F8A7**

Amount of Each Receipt this Period  

200.00
--------

 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Susan M Mataragas**

Mailing Address **10711 S Christa Ct**

City <b>Palos Hills</b>	State <b>IL</b>	Zip Code <b>60465-3238</b>
----------------------------	--------------------	-------------------------------

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

Name of Employer <b>best effort</b>	Occupation <b>best effort</b>
--	----------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  

MM	DD	YYYY
12	26	2015

Transaction ID : **AC661C3963ADC4F0ABA1**

Amount of Each Receipt this Period  

1000.00
---------

 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**William B. Harvard Jr.**

Mailing Address **838 Monterey Boulevard NE**

City <b>St Petersburg</b>	State <b>FL</b>	Zip Code <b>33704-2306</b>
------------------------------	--------------------	-------------------------------

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

Name of Employer <b>Harvard Jolly</b>	Occupation <b>architect</b>
--	--------------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  

MM	DD	YYYY
10	20	2015

Transaction ID : **A3C9CCCE984DC48F586D**

Amount of Each Receipt this Period  

1000.00
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 Memo Item

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

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

2200.00
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20150101 04:01:00 PM 0000000000

**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 41 OF 117	
	<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)  
**Bilirakis for Congress**

**A. Drew Weatherford**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3616 W Vasconia St

City Tampa State FL Zip Code 33629-8739

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

Name of Employer Weatherford Partners Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2015

Transaction ID : ADA7D1065FF414E0392C

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Seth Forman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16225 Villarreal De Avila

City Tampa State FL Zip Code 33613-1083

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

Name of Employer Self Occupation physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 21 / 2015

Transaction ID : ABA0CD31E3048409396B

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Olin G Lippincott**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4939 St. Croix Dr

City Tampa State FL Zip Code 33629-4830

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

Name of Employer Atlantic American Partners Occupation Principal

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 750.00

Date of Receipt  
MM / DD / YYYY  
11 / 23 / 2015

Transaction ID : AC833AB01109F4D1D8B5

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

1250.00

2010-01-01 01:00:00

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

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

FOR LINE NUMBER: PAGE 42 OF 117  
 (check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Loukas Kozonis**

Mailing Address **1715 Sunset Ln**

City **Bannockburn** State **IL** Zip Code **60015-1855**

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

Name of Employer best effort Occupation **CPA**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 26 / 2015**

Transaction ID : **A4552D2EAD2004C47AEC**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Tracy Taylor**

Mailing Address **205 West Glendale Avenue**

City **Alexandria** State **VA** Zip Code **22301-2452**

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

Name of Employer Occupation **principal**  
**Williams & Jensen**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 30 / 2015**

Transaction ID : **A687B9A8837FF4F58922**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Bette L Mason**

Mailing Address **4227 Stratford Drive**

City **New Port Richey** State **FL** Zip Code **34652-5229**

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

Name of Employer Occupation **Retired**  
**n/a**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2015**

Transaction ID : **AACFC55F9AECA4A6681C**

Amount of Each Receipt this Period  
**100.00**

Memo Item

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

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

**1100.00**



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

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

FOR LINE NUMBER: PAGE 44 OF 117  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Neal Huneycutt**

Mailing Address **5304 Clouds Peak Drive**

City **Lutz** State **FL** Zip Code **33558-4961**

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

Name of Employer **Raymond James** Occupation **investment banker**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
**10 / 16 / 2015**

Transaction ID : **A41B4889DECA74314BD3**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Gilbert McWilliams**

Mailing Address **1404 Halapa Way**

City **Trinity** State **FL** Zip Code **34655-7233**

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

Name of Employer **McWilliams & Son, Inc** Occupation **HVAC**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
**10 / 06 / 2015**

Transaction ID : **A32EFAE785CE4C53B6C**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Ralph Marcadis**

Mailing Address **4913 Saint Croix Drive**

City **Tampa** State **FL** Zip Code **33629-4830**

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

Name of Employer **Marcadis Singer, PA** Occupation **attorney**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
**11 / 23 / 2015**

Transaction ID : **AE5F9EB71C0A6438BA8A**

Amount of Each Receipt this Period  
**750.00**

Memo Item

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

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

**1500.00**

**76555.75**

20151123 10:10:00 AM



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 46 OF 117	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>Time Warner Cable PAC</b>		Date of Receipt MM / DD / YYYY 11 / 30 / 2015
Mailing Address 901 F St NW		Transaction ID : AD7B98914D6E04FF288F
City Washington	State Zip Code DC 20004-1477	
FEC ID number of contributing federal political committee. <b>C</b> C00431551		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00	

Full Name (Last, First, Middle Initial) <b>Microsoft Corporation PAC</b>		Date of Receipt MM / DD / YYYY 12 / 18 / 2015
Mailing Address 16011 NE 36th Way		Transaction ID : A187050DF4B3B463A8AA
City Redmond	State Zip Code WA 98052-6301	
FEC ID number of contributing federal political committee. <b>C</b> C00227546		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Memo Item
Receipt For: 2016 <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>Maintaining All Republicans in Office PAC</b>		Date of Receipt MM / DD / YYYY 12 / 20 / 2015
Mailing Address 8770 SW 72nd St Ste 420		Transaction ID : A34F27CC582B64896988
City Miami	State Zip Code FL 33173-3512	
FEC ID number of contributing federal political committee. <b>C</b> C00565630		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4500.00
<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 47 OF 117  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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)  
**Bilirakis for Congress**

**A. Comcast Corporation & NBCUniversal PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1701 John F Kennedy Blvd  
 City Philadelphia State PA Zip Code 19103-2833  
 FEC ID number of contributing federal political committee. **C00248716**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 3500.00

Date of Receipt 12 / 31 / 2015  
 Transaction ID : AA3AA4B8AC9574C29AFA  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**B. BluePAC- Blue Cross and Blue Shield Association PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1310 G Street NW Front 12  
 City Washington State DC Zip Code 20005-3007  
 FEC ID number of contributing federal political committee. **C00194746**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 500.00

Date of Receipt 11 / 30 / 2015  
 Transaction ID : A77EED3649C10407CB80  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. U.S. Travel Association PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1100 New York Avenue NW Suite 450W  
 City Washington State DC Zip Code 20005-3934  
 FEC ID number of contributing federal political committee. **C00457754**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 5000.00

Date of Receipt 11 / 11 / 2015  
 Transaction ID : AC6A1902FAECC4AB0A0C  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

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

4500.00

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

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

FOR LINE NUMBER: PAGE 48 OF 117  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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)  
**Bilirakis for Congress**

**A. National Association of Realtors PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 430 N Michigan Avenue  
City Chicago State IL Zip Code 60611-4011  
FEC ID number of contributing federal political committee. **C00030718**  
Name of Employer Occupation  
Receipt For: 2016  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date **2000.00**

Date of Receipt **10 / 08 / 2015**  
Transaction ID : **A58CFC03824784103BC2**  
Amount of Each Receipt this Period **1000.00**  
 Memo Item

**B. Global Business Travel Association PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 123 N Pitt St  
City Alexandria State VA Zip Code 22314-3128  
FEC ID number of contributing federal political committee. **C00373910**  
Name of Employer Occupation  
Receipt For: 2016  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date **3500.00**

Date of Receipt **12 / 31 / 2015**  
Transaction ID : **A9744C2BDE0D74DD7B57**  
Amount of Each Receipt this Period **1000.00**  
 Memo Item

**C. Nielsen PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 40 Danbury Road  
City Wilton State CT Zip Code 06897-4441  
FEC ID number of contributing federal political committee. **C00521328**  
Name of Employer Occupation  
Receipt For: 2016  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date **1500.00**

Date of Receipt **11 / 11 / 2015**  
Transaction ID : **A50405ACDDD2746C1922**  
Amount of Each Receipt this Period **1000.00**  
 Memo Item

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

**3000.00**

20151208 10:40:40



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

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

FOR LINE NUMBER: PAGE 50 OF 117  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**RPA Pac (Renal Physicians Association) PAC**

Mailing Address 1700 Rockville Pike  
Suite 220

City State Zip Code  
Rockville MD 20852-1631

FEC ID number of contributing federal political committee. **C** C00409391

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2015

Transaction ID : A0D523965871B47519DA

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**AT&T, Inc. Federal PAC**

Mailing Address 208 S Akard Street  
Suite 2701

City State Zip Code  
Dallas TX 75202-4206

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
MM / DD / YYYY  
10 / 31 / 2015

Transaction ID : A58390751FEE44B7BB95

Amount of Each Receipt this Period  
2000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Political Action Committee of the AAOS (American Academy of Orthopaedic Surgeons)**

Mailing Address 317 Massachusetts Avenue NE

City State Zip Code  
Washington DC 20002-5769

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
MM / DD / YYYY  
11 / 09 / 2015

Transaction ID : A085E7001A7FF4CDFB25

Amount of Each Receipt this Period  
1500.00

Memo Item

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 51 OF 117  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Delta PAC**

Mailing Address 1515 W 22nd St  
Ste 450

City State Zip Code  
Oak Brook IL 60523-8408

FEC ID number of contributing federal political committee. **C** C00213819

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 MM /  DD /  YYYY  
 11 / 30 / 2015

Transaction ID : A0263305BD3634FF598A

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**ASCA PAC (Ambulatory Surgery Center Association)**

Mailing Address 1012 Cameron Street

City State Zip Code  
Alexandria VA 22314-2427

FEC ID number of contributing federal political committee. **C** C00424788

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 MM /  DD /  YYYY  
 12 / 31 / 2015

Transaction ID : AA946BAE1CC204161B7A

Amount of Each Receipt this Period  
1500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Society of Independent Gasoline Marketers of America PAC (SIGMA PAC)**

Mailing Address 3930 Pender Drive  
Suite 340

City State Zip Code  
Fairfax VA 22030-0986

FEC ID number of contributing federal political committee. **C** C00120030

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 MM /  DD /  YYYY  
 11 / 23 / 2015

Transaction ID : A98300A4EA73648919B7

Amount of Each Receipt this Period  
2000.00

Memo Item

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

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

4500.00



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

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

FOR LINE NUMBER: PAGE 53 OF 117

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Automotive Recyclers Association PAC**

Mailing Address 9113 Church Street

City Manassas State VA Zip Code 20110-5456

FEC ID number of contributing federal political committee. **C** C00401125

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1250.00

Date of Receipt  
MM / DD / YYYY  
11 / 11 / 2015

Transaction ID : A9EEDCB911FCE4D8CBB0

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**U.S. Travel Association PAC**

Mailing Address 1100 New York Avenue NW  
Suite 450W

City Washington State DC Zip Code 20005-3934

FEC ID number of contributing federal political committee. **C** C00457754

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 7500.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2015

Transaction ID : A7DF1156025994BDFBC4

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**SeaWorld Parks & Entertainment, Inc. PAC**

Mailing Address 9205 Park Center Loop  
Suite 400

City Orlando State FL Zip Code 32819-8651

FEC ID number of contributing federal political committee. **C** C00501163

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
MM / DD / YYYY  
10 / 12 / 2015

Transaction ID : A5DD0493913A14B5FAB2

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 54 OF 117  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Bilirakis for Congress**

**A. College of American Pathologists PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1350 I Street NW  
 Suite 590  
 City Washington State DC Zip Code 20005-3305  
 FEC ID number of contributing federal political committee. **C** C00274944  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 11 / 2015  
 Transaction ID : A07983C1370AB442E8E0  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Action Committee for Rural Electrification**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4301 Wilson Boulevard  
 City Arlington State VA Zip Code 22203-1867  
 FEC ID number of contributing federal political committee. **C** C00002972  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2015  
 Transaction ID : A3E984F392DD44FD3B88  
 Amount of Each Receipt this Period  
 1500.00  
 Memo Item

**C. Ileana Ros-Lehtinen's Leadership PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 90-1233  
 City Homestead State FL Zip Code 33090  
 FEC ID number of contributing federal political committee. **C** C00402982  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 20 / 2015  
 Transaction ID : AE0B41159FBAC4586B98  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

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

5000.00







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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 58 OF 117		
	(check only one)	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Anthem PAC**

Mailing Address **120 Monument Cir**

City **Indianapolis** State **IN** Zip Code **46204-4906**

FEC ID number of contributing federal political committee. **C00197228**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4000.00**

Date of Receipt  
**11 / 30 / 2015**

Transaction ID : **A04F61D9E71834F3DB86**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**3.** Full Name (Last, First, Middle Initial)  
**National Mobility Equipment Dealers Association (NMEDA) PAC**

Mailing Address **3327 W Bearss Ave**

City **Tampa** State **FL** Zip Code **33618-2100**

FEC ID number of contributing federal political committee. **C00542555**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
**12 / 31 / 2015**

Transaction ID : **AB5479B62E3794F4BB5A**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Verizon Communications Good Govt. Club**

Mailing Address **1300 I Street NW**  
**Lower 4**

City **Washington** State **DC** Zip Code **20005-3314**

FEC ID number of contributing federal political committee. **C00186288**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4000.00**

Date of Receipt  
**12 / 31 / 2015**

Transaction ID : **AA57692210C3F4C3AAD3**

Amount of Each Receipt this Period  
**500.00**

Memo Item

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

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

**2500.00**

2015-07-01 01:01:00

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

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

FOR LINE NUMBER: PAGE 59 OF 117

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**What A Country! PAC**

Mailing Address **824 S Milledge Ave**  
**Ste 101**

City **Athens** State **GA** Zip Code **30605-1332**

FEC ID number of contributing federal political committee. **C C00571646**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
**12 / 20 / 2015**

Transaction ID : **AEF9D9B2800984AE39B4**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**American Society of Anesthesiologists PAC**

Mailing Address **1061 American Lane**

City **Schaumburg** State **IL** Zip Code **60173-4973**

FEC ID number of contributing federal political committee. **C C00255752**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt  
**10 / 08 / 2015**

Transaction ID : **A11458C236DF9427DA61**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Gridiron PAC**

Mailing Address **345 Park Avenue**

City **New York** State **NY** Zip Code **10154-0004**

FEC ID number of contributing federal political committee. **C C00451153**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  
**12 / 31 / 2015**

Transaction ID : **A9703E1C10F2144BF97E**

Amount of Each Receipt this Period  
**1500.00**

Memo Item

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

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

**3500.00**

20150101 10:01 AM 00010000

**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 117
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CULAC PAC of Credit Union Natl. Assn.**

Mailing Address **601 Pennsylvania Avenue NW**  
**# 600**

City **Washington** State **DC** Zip Code **20004-2601**

FEC ID number of contributing federal political committee. **C C00007880**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3000.00**

Date of Receipt  
**11 / 23 / 2015**

Transaction ID : **AFD5F813FDCA9477194D**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**The U.S. Oncology Network PAC**

Mailing Address **10101 Woodloch Forest Drive**

City **The Woodlands** State **TX** Zip Code **77380-1975**

FEC ID number of contributing federal political committee. **C C00339655**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
**11 / 30 / 2015**

Transaction ID : **A55245CD9A1CE44538ED**

Amount of Each Receipt this Period  
**2500.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Boston Scientific Corp PAC**

Mailing Address **300 Boston Scientific Way**

City **Marlborough** State **MA** Zip Code **01752-1291**

FEC ID number of contributing federal political committee. **C C00357863**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
**12 / 18 / 2015**

Transaction ID : **AAAAC1909922046CFB2E**

Amount of Each Receipt this Period  
**500.00**

Memo Item

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

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

**4000.00**

NON-PROFIT ORGANIZATION

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

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

FOR LINE NUMBER: PAGE 61 OF 117  
 11a  11b  11c  11d  
 12  13a  13b  14  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)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Amgen PAC**

Mailing Address 1 Amgen Center Drive

City State Zip Code  
Thousand Oaks CA 91320-1730

FEC ID number of contributing federal political committee. **C** C00251876

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
MM / DD / YYYY  
11 / 11 / 2015

Transaction ID : **AFFE5BA3713BB47B6850**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Raytheon Political Action Committee**

Mailing Address 1100 Wilson Boulevard  
# 1500

City State Zip Code  
Arlington VA 22209-2249

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2015

Transaction ID : **A96BA7BDDC8E347AEADB**

Amount of Each Receipt this Period  
2000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**HCA, Inc. Good Government Fund**

Mailing Address PO Box 550

City State Zip Code  
Nashville TN 37202-0550

FEC ID number of contributing federal political committee. **C** C00067231

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2015

Transaction ID : **A39F0D19249A4D60929**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

4000.00

1-800-438-6800



**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 117	
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Raymond Gadd</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2015	
Mailing Address 6504 Wisteria Loop		Amount of Each Disbursement this Period 775.00	
City Land O Lakes	State FL	Zip Code 34638-3118	Category/ Type
Purpose of Disbursement In-kind: Restroom trailer rental		<input type="checkbox"/> Memo Item	
Candidate Name			Transaction ID : B726A9212EA92462597E
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Avis Phillips</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2015	
Mailing Address 4G Ranch 22501 Florida 52		Amount of Each Disbursement this Period 600.40	
City Land O Lakes	State FL	Zip Code 34637	Category/ Type
Purpose of Disbursement In-kind: Food and beverage		<input type="checkbox"/> Memo Item	
Candidate Name			Transaction ID : B1D681C8EC9D94C9B858
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. William T Phillips</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2015	
Mailing Address 4G Ranch 22501 Florida 52		Amount of Each Disbursement this Period 600.40	
City Land O Lakes	State FL	Zip Code 34637	Category/ Type
Purpose of Disbursement In-kind:		<input type="checkbox"/> Memo Item	
Candidate Name			Transaction ID : BB3A4348869A44A409E9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1975.80
<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 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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Anthony V Masella Jr.</b>		Date of Disbursement MM / DD / YYYY 12 / 31 / 2015
Mailing Address 3848 Briarbrook Place		Amount of Each Disbursement this Period 1495.00 <input type="checkbox"/> Memo Item Transaction ID : BCDF8FCA82BC94FE4BDA
City Land O Lakes	State FL	
Zip Code 34639-4866	Purpose of Disbursement In-kind: Website advertising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Sam Sianis</b>		Date of Disbursement MM / DD / YYYY 12 / 13 / 2015
Mailing Address 1535 W Madison St		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item Transaction ID : BC2FDA1A383C94D198D5
City Chicago	State IL	
Zip Code 60607-1811	Purpose of Disbursement In-kind: Food and beverage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Mark W Rodgers</b>		Date of Disbursement MM / DD / YYYY 12 / 01 / 2015
Mailing Address 5403 Talon Court		Amount of Each Disbursement this Period 684.95 <input type="checkbox"/> Memo Item Transaction ID : B6B48B105BB3B4F8197D
City Clarksville	State MD	
Zip Code 21029-1142	Purpose of Disbursement In-kind: Food and beverage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2679.95
<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 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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Avis Phillips</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2015
Mailing Address 4G Ranch 22501 Florida 52		Amount of Each Disbursement this Period 2700.00 <input type="checkbox"/> Memo Item Transaction ID : B5A4FB41C0D64450FA00
City Land O Lakes State FL Zip Code 34637	Category/Type	
Purpose of Disbursement In-kind: Food and beverage	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. William T Phillips</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2015
Mailing Address 4G Ranch 22501 Florida 52		Amount of Each Disbursement this Period 2700.00 <input type="checkbox"/> Memo Item Transaction ID : B8AABD4A4B04F4C39927
City Land O Lakes State FL Zip Code 34637	Category/Type	
Purpose of Disbursement In-kind:	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Jimmy Kokotas</b>		Date of Disbursement MM / DD / YYYY 10 / 09 / 2015
Mailing Address 2341 East 71st Street		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item Transaction ID : BD6E80990BEF34B01816
City Brooklyn State NY Zip Code 11234-6511	Category/Type	
Purpose of Disbursement In-kind: Food and beverage	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

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

5900.00

**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 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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Amex Merchant Services, SE Remittance 24-02-18</b>		Date of Disbursement MM / DD / YYYY 10 / 01 / 2015
Mailing Address PO Box 53765		Amount of Each Disbursement this Period 7.95 <input type="checkbox"/> Memo Item
City Phoenix	State AZ	
Zip Code 85072-3765		Transaction ID : B70BF66258A094DD1926
Purpose of Disbursement Online credit card processing fees	Category/ Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Sunrise Consulting Group</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015
Mailing Address 5957 Riviera Lane		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Memo Item
City New Port Richey	State FL	
Zip Code 34655-5679		Transaction ID : BDE6507B2C18D470783D
Purpose of Disbursement Consulting	Category/ Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Aristotle International, Inc.</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2015
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 2400.00 <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20003-1164		Transaction ID : BD280B8B21F4F4D57802
Purpose of Disbursement Software fee	Category/ Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

3907.95

**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 117			
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial)  
**A. Red Pledge**

Mailing Address **4400 N Point Parkway  
Suite 190**

City **Alpharetta** State **GA** Zip Code **30022-2481**

Purpose of Disbursement  
**Online credit card processing fees**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
**10 / 02 / 2015**

Amount of Each Disbursement this Period  
**414.18**

Memo Item

Transaction ID : **BAADA5338770644D6BD5**

Full Name (Last, First, Middle Initial)  
**B. ER Grace Consulting LLC**

Mailing Address **PO Box 897**

City **Safety Harbor** State **FL** Zip Code **34695-0897**

Purpose of Disbursement  
**Financial admin services**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
**10 / 05 / 2015**

Amount of Each Disbursement this Period  
**2000.00**

Memo Item

Transaction ID : **BAB968A70E8144285BCE**

Full Name (Last, First, Middle Initial)  
**C. ER Grace Consulting LLC**

Mailing Address **PO Box 897**

City **Safety Harbor** State **FL** Zip Code **34695-0897**

Purpose of Disbursement  
**Fundraising services**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
**10 / 05 / 2015**

Amount of Each Disbursement this Period  
**1730.10**

Memo Item

Transaction ID : **B8F463B0D6BA846C9B6E**

**SUBTOTAL** of Disbursements This Page (optional)..... **4144.28**

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

20151005 10:10:00 AM

**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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. ER Grace Consulting LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2015	
Mailing Address <b>PO Box 897</b>		Amount of Each Disbursement this Period 152.38	
City <b>Safety Harbor</b>	State <b>FL</b>	Zip Code <b>34695-0897</b>	Category/ Type <b>002</b>
Purpose of Disbursement <b>Mileage</b>			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Transaction ID : <b>BDFD9643EA4EC493691D</b>		

Full Name (Last, First, Middle Initial) <b>B. Amex Merchant Services, SE Remittance 24-02-18</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2015	
Mailing Address <b>PO Box 53765</b>		Amount of Each Disbursement this Period 14.60	
City <b>Phoenix</b>	State <b>AZ</b>	Zip Code <b>85072-3765</b>	Category/ Type <b>003</b>
Purpose of Disbursement <b>Online credit card processing fees</b>			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Transaction ID : <b>BF01CD5DE042341BDB85</b>		

Full Name (Last, First, Middle Initial) <b>C. Koulianos &amp; Associates, P.A.</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2015	
Mailing Address <b>41 N Ring Avenue</b>		Amount of Each Disbursement this Period 500.00	
City <b>Tarpon Spgs</b>	State <b>FL</b>	Zip Code <b>34689-4303</b>	Category/ Type <b>001</b>
Purpose of Disbursement <b>Accounting services</b>			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Transaction ID : <b>B2A87512E58824BE58A5</b>		

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

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

666.98

**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 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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sunrise of Pasco County, Inc.</b>		Date of Disbursement MM / DD / YYYY 10 / 06 / 2015
Mailing Address <b>PO Box 928</b>		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Memo Item
City <b>Dade City</b>	State <b>FL</b>	
Zip Code <b>33526-0928</b>	Purpose of Disbursement <b>Event attendance</b>	Transaction ID : <b>B21F5F74DF4FE4A6BAB5</b>
Candidate Name	Category/ Type <b>007</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Andrick &amp; Associates</b>		Date of Disbursement MM / DD / YYYY 10 / 09 / 2015
Mailing Address <b>4400 Independence Court</b>		Amount of Each Disbursement this Period 1021.83 <input type="checkbox"/> Memo Item
City <b>Sarasota</b>	State <b>FL</b>	
Zip Code <b>34234-4727</b>	Purpose of Disbursement <b>Invitation printing and distribution</b>	Transaction ID : <b>BF5AD601C431F4ED496F</b>
Candidate Name	Category/ Type <b>003</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Gula Graham Group</b>		Date of Disbursement MM / DD / YYYY 10 / 09 / 2015
Mailing Address <b>499 S Capitol Street SW Suite 420</b>		Amount of Each Disbursement this Period 4997.24 <input type="checkbox"/> Memo Item
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20003-4027</b>	Purpose of Disbursement <b>Food, beverage and event prep</b>	Transaction ID : <b>BF742FC6C76546729FB</b>
Candidate Name	Category/ Type <b>007</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6119.07
<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Chase Cardmember Service</b>		Date of Disbursement MM / DD / YYYY 10 / 10 / 2015
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 1750.00 <input type="checkbox"/> Memo Item
City Wilmington	State DE	
Zip Code 19886-5153	Purpose of Disbursement See memo entry	Transaction ID : B913E332DC3034FB2893
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United States Treasury</b>		Date of Disbursement MM / DD / YYYY 10 / 14 / 2015
Mailing Address Internal Revenue Service P.O. Box 804521		Amount of Each Disbursement this Period 1012.50 <input type="checkbox"/> Memo Item
City Cincinnati	State OH	
Zip Code 45280-4521	Purpose of Disbursement Payroll taxes	Transaction ID : B9CEB71123EA4483880C
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Koulianos &amp; Associates, P.A.</b>		Date of Disbursement MM / DD / YYYY 10 / 14 / 2015
Mailing Address 41 N Ring Avenue		Amount of Each Disbursement this Period 110.00 <input type="checkbox"/> Memo Item
City Tarpon Spgs	State FL	
Zip Code 34689-4303	Purpose of Disbursement Payroll tax prep	Transaction ID : B461B07FA1A1943AB8A5
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

2872.50

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: PAGE 71 OF 117  
(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)  
**Bilirakis for Congress**

**A. The Gula Graham Group**

Full Name (Last, First, Middle Initial)  
Mailing Address 499 S Capitol Street SW  
Suite 420

City Washington State DC Zip Code 20003-4027

Purpose of Disbursement Fundraising Commission

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement 10 / 21 / 2015

Amount of Each Disbursement this Period 10010.00

Memo Item

Transaction ID : BD97F015653CD4313BCF

**B. Trademark Mark Sales, Inc.**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1073

City San Antonio State FL Zip Code 33576-1073

Purpose of Disbursement Volunteer shirts

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement 10 / 23 / 2015

Amount of Each Disbursement this Period 856.00

Memo Item

Transaction ID : BAC417D78AFC2491C9EA

**c. Capitol Hill Club**

Full Name (Last, First, Middle Initial)  
Mailing Address 300 1st Street SE

City Washington State DC Zip Code 20003-1801

Purpose of Disbursement Food and beverage

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement 10 / 23 / 2015

Amount of Each Disbursement this Period 1018.25

Memo Item

Transaction ID : B7D9F79E2DBA143378A8

**SUBTOTAL** of Disbursements This Page (optional)..... 11884.25

**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)

<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Deryk A Berger</b>		Date of Disbursement MM / DD / YYYY 10 / 29 / 2015
Mailing Address PO Box 606		Amount of Each Disbursement this Period 1277.25 <input type="checkbox"/> Memo Item Transaction ID : BE98E3409424A4226B61
City Tarpon Springs	State FL	
Zip Code 34688-0606	Purpose of Disbursement Salary	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Lee Cohen</b>		Date of Disbursement MM / DD / YYYY 10 / 29 / 2015
Mailing Address 59 Livingston Street Apt. 6A		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Memo Item Transaction ID : BBE2A7DE258F14A16AA3
City Brooklyn	State NY	
Zip Code 11201-4873	Purpose of Disbursement Fundraising services	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Deryk A Berger</b>		Date of Disbursement MM / DD / YYYY 10 / 29 / 2015
Mailing Address PO Box 606		Amount of Each Disbursement this Period 621.69 <input type="checkbox"/> Memo Item Transaction ID : B3B567FB459B34F97B99
City Tarpon Springs	State FL	
Zip Code 34688-0606	Purpose of Disbursement Mileage	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

2148.94



**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)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial)  
**A. Andrick & Associates**

Mailing Address **4400 Independence Court**

City **Sarasota** State **FL** Zip Code **34234-4727**

Purpose of Disbursement  
 Mailer printing and distribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
 MM / DD / YYYY  
**11 / 03 / 2015**

Amount of Each Disbursement this Period  
 3351.00

Memo Item

Transaction ID : **B7A4627CCA7D54B92B24**

Full Name (Last, First, Middle Initial)  
**B. Sunrise Consulting Group**

Mailing Address **5957 Riviera Lane**

City **New Port Richey** State **FL** Zip Code **34655-5679**

Purpose of Disbursement  
 Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
 MM / DD / YYYY  
**11 / 03 / 2015**

Amount of Each Disbursement this Period  
 1500.00

Memo Item

Transaction ID : **B6D00077BAD2B4411949**

Full Name (Last, First, Middle Initial)  
**C. Red Pledge**

Mailing Address **4400 N Point Parkway  
Suite 190**

City **Alpharetta** State **GA** Zip Code **30022-2481**

Purpose of Disbursement  
 Online credit card processing fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
 MM / DD / YYYY  
**11 / 03 / 2015**

Amount of Each Disbursement this Period  
 367.00

Memo Item

Transaction ID : **B16DA7EF7BA154A399FE**

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

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

5218.00

20150310 10:01:01 AM

**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 117			
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Koulianos &amp; Associates, P.A.</b>		Date of Disbursement MM / DD / YYYY 11 / 03 / 2015
Mailing Address 41 N Ring Avenue		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item
City Tarpon Spgs	State FL	
Zip Code 34689-4303	Purpose of Disbursement Accounting services	Transaction ID : B9DBD95BC74114896A8D
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ER Grace Consulting LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 04 / 2015
Mailing Address PO Box 897		Amount of Each Disbursement this Period 3285.00 <input type="checkbox"/> Memo Item
City Safety Harbor	State FL	
Zip Code 34695-0897	Purpose of Disbursement Fundraising services	Transaction ID : B82FD144ECEE74DBEB0F
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. ER Grace Consulting LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 04 / 2015
Mailing Address PO Box 897		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item
City Safety Harbor	State FL	
Zip Code 34695-0897	Purpose of Disbursement Financial admin services	Transaction ID : BB233CBA2079E4662BDE
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5785.00
<b>TOTAL</b> This Period (last page this line number only).....	

20150410 10:40:10 AM

**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 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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. ER Grace Consulting LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 04 / 2015	
Mailing Address PO Box 897		Amount of Each Disbursement this Period 434.30	
City Safety Harbor	State FL	Zip Code 34695-0897	Category/ Type 002
Purpose of Disbursement Mileage			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : BD32BD40C476A4132B3C	
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Amex Merchant Services, SE Remittance 24-02-18</b>		Date of Disbursement MM / DD / YYYY 11 / 05 / 2015	
Mailing Address PO Box 53765		Amount of Each Disbursement this Period 311.83	
City Phoenix	State AZ	Zip Code 85072-3765	Category/ Type 003
Purpose of Disbursement Online credit card processing fees			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B06A1D7DDAB664613B37	
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. Trinity Odessa Chamber of Commerce</b>		Date of Disbursement MM / DD / YYYY 11 / 05 / 2015	
Mailing Address 2552 Merchant Avenue # 8203		Amount of Each Disbursement this Period 150.00	
City Odessa	State FL	Zip Code 33556-3468	Category/ Type 001
Purpose of Disbursement Annual membership			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B576483F7D9D949F7AE6	
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	896.13
<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: PAGE 77 OF 117  
(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)  
**Bilirakis for Congress**

**A. Veterans Alternative Center**

Full Name (Last, First, Middle Initial)  
Mailing Address 1750 Arcadia Rd

City Holiday State FL Zip Code 34690-6052

Purpose of Disbursement Table sponsorship

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 11 / 11 / 2015

Amount of Each Disbursement this Period: 190.00

Memo Item

Transaction ID : BC9C528DD583B4FBAB3B

Category/Type: 004

**B. Trinity Odessa Chamber of Commerce**

Full Name (Last, First, Middle Initial)  
Mailing Address 2552 Merchant Avenue # 8203

City Odessa State FL Zip Code 33556-3468

Purpose of Disbursement Event ticket

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 11 / 16 / 2015

Amount of Each Disbursement this Period: 20.00

Memo Item

Transaction ID : BFAC43948B7EB4B4E8D6

Category/Type: 007

**C. Capitol Hill Club**

Full Name (Last, First, Middle Initial)  
Mailing Address 300 1st Street SE

City Washington State DC Zip Code 20003-1801

Purpose of Disbursement Food and beverage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 11 / 17 / 2015

Amount of Each Disbursement this Period: 689.98

Memo Item

Transaction ID : B0668A8E67BB840EFA19

Category/Type: 007

**SUBTOTAL** of Disbursements This Page (optional)..... 899.98

**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 78 OF 117			
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Deryk A Berger</b>		Date of Disbursement MM / DD / YYYY 11 / 27 / 2015
Mailing Address PO Box 606		Amount of Each Disbursement this Period 1277.25
City Tarpon Springs	State FL	
Purpose of Disbursement Salary	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____	Transaction ID : B1D1C7808A27C4514B1C	

Full Name (Last, First, Middle Initial) <b>B. Lee Cohen</b>		Date of Disbursement MM / DD / YYYY 11 / 27 / 2015
Mailing Address 59 Livingston Street Apt. 6A		Amount of Each Disbursement this Period 250.00
City Brooklyn	State NY	
Purpose of Disbursement Fundraising services	Candidate Name	Category/ Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____	Transaction ID : B21180D8D4BC1496CBE4	

Full Name (Last, First, Middle Initial) <b>C. Carol E Ellison</b>		Date of Disbursement MM / DD / YYYY 11 / 27 / 2015
Mailing Address 3270 McMath Drive		Amount of Each Disbursement this Period 250.00
City Palm Harbor	State FL	
Purpose of Disbursement Admin assistance	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____	Transaction ID : BF845CF43549B4F7598F	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1777.25
<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Amex Merchant Services, SE Remittance 24-02-18</b>		Date of Disbursement MM / DD / YYYY 12 / 01 / 2015
Mailing Address <b>PO Box 53765</b>		Amount of Each Disbursement this Period 7.95 <input type="checkbox"/> Memo Item
City <b>Phoenix</b>	State <b>AZ</b>	
Zip Code <b>85072-3765</b>		Transaction ID : <b>B0F08CD2E001F4B6887B</b>
Purpose of Disbursement <b>Online credit card processing fees</b>		
Candidate Name		Category/ Type <b>003</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Sunrise Consulting Group</b>		Date of Disbursement MM / DD / YYYY 12 / 01 / 2015
Mailing Address <b>5957 Riviera Lane</b>		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Memo Item
City <b>New Port Richey</b>	State <b>FL</b>	
Zip Code <b>34655-5679</b>		Transaction ID : <b>B652D7F9E4EC64884846</b>
Purpose of Disbursement <b>Consulting</b>		
Candidate Name		Category/ Type <b>001</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Red Pledge</b>		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address <b>4400 N Point Parkway Suite 190</b>		Amount of Each Disbursement this Period 70.35 <input type="checkbox"/> Memo Item
City <b>Alpharetta</b>	State <b>GA</b>	
Zip Code <b>30022-2481</b>		Transaction ID : <b>BFE4195EFA9AE4A30BBDD</b>
Purpose of Disbursement <b>Online credit card processing fees</b>		
Candidate Name		Category/ Type <b>003</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

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

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

1578.30

20150101 01:01:01 ON 0000000000

**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 80 OF 117			
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. ER Grace Consulting LLC</b>		Date of Disbursement 12 / 02 / 2015
Mailing Address PO Box 897		Amount of Each Disbursement this Period 2180.85 <input type="checkbox"/> Memo Item
City Safety Harbor	State FL	
Zip Code 34695-0897	Purpose of Disbursement Fundraising services	Transaction ID : B815FA3FD4F484553AD3
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ER Grace Consulting LLC</b>		Date of Disbursement 12 / 02 / 2015
Mailing Address PO Box 897		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item
City Safety Harbor	State FL	
Zip Code 34695-0897	Purpose of Disbursement Financial admin services	Transaction ID : BD7D795A584E747149DA
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Koulianos &amp; Associates, P.A.</b>		Date of Disbursement 12 / 02 / 2015
Mailing Address 41 N Ring Avenue		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item
City Tarpon Spgs	State FL	
Zip Code 34689-4303	Purpose of Disbursement Accounting services	Transaction ID : B70415B05CE8B4952A21
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4680.85
<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)	PAGE 81 OF 117			
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Postmaster</b>		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address <b>850 E Lime Street</b>		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Memo Item
City <b>Tarpon Springs</b>	State <b>FL</b>	
Zip Code <b>34689-4702</b>		Transaction ID : <b>B17D3A4494F9343C085A</b>
Purpose of Disbursement <b>BRM Permit</b>	Category/ Type <b>001</b>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ER Grace Consulting LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address <b>PO Box 897</b>		Amount of Each Disbursement this Period 243.23 <input type="checkbox"/> Memo Item
City <b>Safety Harbor</b>	State <b>FL</b>	
Zip Code <b>34695-0897</b>		Transaction ID : <b>B0AFD2003EEBD407584A</b>
Purpose of Disbursement <b>Mileage</b>	Category/ Type <b>002</b>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Gula Graham Group</b>		Date of Disbursement MM / DD / YYYY 12 / 04 / 2015
Mailing Address <b>499 S Capitol Street SW Suite 420</b>		Amount of Each Disbursement this Period 168.64 <input type="checkbox"/> Memo Item
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20003-4027</b>		Transaction ID : <b>BC390C013D6544147A5C</b>
Purpose of Disbursement <b>FedEx and Email/fax</b>	Category/ Type <b>007</b>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	511.87
<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: PAGE 82 OF 117  
(check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial)  
**A. Amex Merchant Services, SE Remittance 24-02-18**

Mailing Address **PO Box 53765**

City **Phoenix** State **AZ** Zip Code **85072-3765**

Purpose of Disbursement  
**Online credit card processing fees**

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  

M M	D D	Y Y Y Y
12	07	2015

Amount of Each Disbursement this Period  

8.26
------

 Memo Item

Transaction ID : **BBE89C0FB6E7E41608D9**

Full Name (Last, First, Middle Initial)  
**B. The Gula Graham Group**

Mailing Address **499 S Capitol Street SW  
Suite 420**

City **Washington** State **DC** Zip Code **20003-4027**

Purpose of Disbursement  
**Event and shipping expenses**

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  

M M	D D	Y Y Y Y
12	15	2015

Amount of Each Disbursement this Period  

7688.54
---------

 Memo Item

Transaction ID : **BEE00A7F7626740B1AE9**

Full Name (Last, First, Middle Initial)  
**c. Veterans Alternative Center**

Mailing Address **1750 Arcadia Rd**

City **Holiday** State **FL** Zip Code **34690-6052**

Purpose of Disbursement  
**Check # 2671 REPLACE**

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  

M M	D D	Y Y Y Y
12	15	2015

Amount of Each Disbursement this Period  

190.00
--------

 Memo Item

Transaction ID : **B097C7E8F773742089F3**

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

7886.80
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**TOTAL** This Period (last page this line number only).....  

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**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)  
**Bilirakis for Congress**

**A. Lee Cohen**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 12 / 29 / 2015

Mailing Address 59 Livingston Street  
Apt. 6A

City Brooklyn State NY Zip Code 11201-4873

Purpose of Disbursement Fundraising services  
Amount of Each Disbursement this Period: 250.00

Candidate Name  
Category/Type: 003

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Transaction ID : BD74C587EBD654E7EB40

**B. Deryk A Berger**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 12 / 29 / 2015

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688-0606

Purpose of Disbursement Salary  
Amount of Each Disbursement this Period: 1277.25

Candidate Name  
Category/Type: 001

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Transaction ID : B83C89D7B48974AAF90E

**C. Carol E Ellison**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 12 / 29 / 2015

Mailing Address 3270 McMath Drive

City Palm Harbor State FL Zip Code 34684-3433

Purpose of Disbursement Admin assistance  
Amount of Each Disbursement this Period: 250.00

Candidate Name  
Category/Type: 001

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Transaction ID : BB99FDE9D0B674E47A0A

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

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

1777.25

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: PAGE 85 OF 117

(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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Deryk A Berger</b>		Date of Disbursement MM / DD / YYYY 12 / 30 / 2015
Mailing Address <b>PO Box 606</b>		Amount of Each Disbursement this Period 425.00 <input type="checkbox"/> Memo Item
City <b>Tarpon Springs</b>	State <b>FL</b>	
Zip Code <b>34688-0606</b>		Transaction ID : <b>BE5380A6612704CB58C3</b>
Purpose of Disbursement <b>Salary</b>	Category/ Type <b>001</b>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Raise The Money (Stoneridge Group)</b>		Date of Disbursement MM / DD / YYYY 12 / 30 / 2015
Mailing Address <b>4400 N Point Parkway Suite 190</b>		Amount of Each Disbursement this Period 78.25 <input type="checkbox"/> Memo Item
City <b>Alpharetta</b>	State <b>GA</b>	
Zip Code <b>30022-2481</b>		Transaction ID : <b>B759FD4D8D2B4420E900</b>
Purpose of Disbursement <b>Online credit card processing fees</b>	Category/ Type <b>003</b>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Chase Cardmember Service</b>		Date of Disbursement MM / DD / YYYY 12 / 08 / 2015
Mailing Address <b>PO Box 15153</b>		Amount of Each Disbursement this Period 3100.00 <input type="checkbox"/> Memo Item
City <b>Wilmington</b>	State <b>DE</b>	
Zip Code <b>19886-5153</b>		Transaction ID : <b>B31B42FB997FA4134901</b>
Purpose of Disbursement <b>See memo entry</b>	Category/ Type <b>001</b>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

3603.25

**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 86 OF 117			
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. U.S. Capitol Historical Society</b>		Date of Disbursement						
Mailing Address <b>200 Maryland Avenue NE</b>		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td>08</td> <td>2015</td> </tr> </table>	M M	D D	Y Y Y Y	12	08	2015
M M	D D	Y Y Y Y						
12	08	2015						
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20002-5724</b>						
Purpose of Disbursement <b>Calendars</b>		Amount of Each Disbursement this Period <b>3100.00</b>						
Candidate Name		<input checked="" type="checkbox"/> Memo Item						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : <b>B24F37F510A6243DC979</b>						
State: District:								

Full Name (Last, First, Middle Initial) <b>B. Chase Cardmember Service</b>		Date of Disbursement						
Mailing Address <b>PO Box 15153</b>		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td>13</td> <td>2015</td> </tr> </table>	M M	D D	Y Y Y Y	11	13	2015
M M	D D	Y Y Y Y						
11	13	2015						
City <b>Wilmington</b>	State <b>DE</b>	Zip Code <b>19886-5153</b>						
Purpose of Disbursement <b>See memo entries</b>		Amount of Each Disbursement this Period <b>2218.66</b>						
Candidate Name		<input type="checkbox"/> Memo Item						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : <b>BC975B4D291D84655B59</b>						
State: District:								

Full Name (Last, First, Middle Initial) <b>c. USAirways</b>		Date of Disbursement						
Mailing Address <b>7 Park Avenue</b>		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td>05</td> <td>2015</td> </tr> </table>	M M	D D	Y Y Y Y	10	05	2015
M M	D D	Y Y Y Y						
10	05	2015						
City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code <b>15223-1728</b>						
Purpose of Disbursement <b>Airfare</b>		Amount of Each Disbursement this Period <b>359.10</b>						
Candidate Name		<input checked="" type="checkbox"/> Memo Item						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : <b>BEC4DBB182C0E46A9AA1</b>						
State: District:								

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2218.66</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)		PAGE 87 OF 117	
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 10 / 07 / 2015
Mailing Address <b>PO Box 20598</b>		Amount of Each Disbursement this Period 308.10 <input checked="" type="checkbox"/> Memo Item Transaction ID : <b>B1B2491E272024B9EA07</b>
City <b>Atlanta</b>	State <b>GA</b>	
Zip Code <b>30320-2598</b>	Purpose of Disbursement <b>Airfare</b>	Category/ Type <b>002</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Fastsigns</b>		Date of Disbursement MM / DD / YYYY 10 / 16 / 2015
Mailing Address <b>2781 Gulf To Bay Boulevard</b>		Amount of Each Disbursement this Period 228.88 <input checked="" type="checkbox"/> Memo Item Transaction ID : <b>BEC6534FF1C4C461987E</b>
City <b>Clearwater</b>	State <b>FL</b>	
Zip Code <b>33759-3904</b>	Purpose of Disbursement <b>Banner</b>	Category/ Type <b>006</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Affordable Golf Carts</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2015
Mailing Address <b>10010 FL-52</b>		Amount of Each Disbursement this Period 246.10 <input checked="" type="checkbox"/> Memo Item Transaction ID : <b>BA565A29DB778496D81E</b>
City <b>Hudson</b>	State <b>FL</b>	
Zip Code <b>34669</b>	Purpose of Disbursement <b>Golf cart rental</b>	Category/ Type <b>007</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

2010-01-01 01:00:00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Friends of the NRA</b>		Date of Disbursement MM / DD / YYYY 10 / 21 / 2015
Mailing Address 11250 Waples Mill Road		Amount of Each Disbursement this Period 220.00
City Fairfax	State VA	
Zip Code 22030-7400		<input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement Table sponsorship		
Candidate Name		Transaction ID : B5D7689E0B1F440B8864
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/ Type 004

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 10 / 29 / 2015
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 356.48
City Dallas	State TX	
Zip Code 75266-0108		<input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement Cell phones		
Candidate Name		Transaction ID : BFABAFB47DB7A4A63BCD
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/ Type 001

Full Name (Last, First, Middle Initial) <b>c. Public Storage</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2015
Mailing Address 38800 Us Highway 19 N		Amount of Each Disbursement this Period 330.00
City Tarpon Spgs	State FL	
Zip Code 34689-3961		<input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement Storage unit		
Candidate Name		Transaction ID : B652BCA8F645E44F6953
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/ Type 001

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

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

0.00

**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 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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Chase Cardmember Service</b>		Date of Disbursement MM / DD / YYYY 12 / 22 / 2015
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 5898.19 <input type="checkbox"/> Memo Item
City Wilmington	State DE	
Zip Code 19886-5153	Purpose of Disbursement See memo entries	Transaction ID : BC0AE7FF5928648BAA31
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement MM / DD / YYYY 11 / 04 / 2015
Mailing Address PO Box 619612		Amount of Each Disbursement this Period 123.10 <input checked="" type="checkbox"/> Memo Item
City Dallas	State TX	
Zip Code 75261-9612	Purpose of Disbursement Airfare	Transaction ID : BAFC78D844E9F44B0965
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement MM / DD / YYYY 11 / 04 / 2015
Mailing Address PO Box 619612		Amount of Each Disbursement this Period 123.10 <input checked="" type="checkbox"/> Memo Item
City Dallas	State TX	
Zip Code 75261-9612	Purpose of Disbursement Airfare	Transaction ID : BD062E43A928441B4B08
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

5898.19

**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 90 OF 117	
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement MM / DD / YYYY 11 / 04 / 2015
Mailing Address PO Box 619612		Amount of Each Disbursement this Period 123.10 <input checked="" type="checkbox"/> Memo Item
City Dallas	State TX	
Zip Code 75261-9612	Purpose of Disbursement Airfare	Transaction ID : B28FBAD05EB994338A42
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. JetBlue Airways</b>		Date of Disbursement MM / DD / YYYY 11 / 04 / 2015
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 618.30 <input checked="" type="checkbox"/> Memo Item
City Salt Lake City	State UT	
Zip Code 84117-0435	Purpose of Disbursement Airfare	Transaction ID : B722E8DA0EADA434ABBB
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Southwest Airlines</b>		Date of Disbursement MM / DD / YYYY 11 / 04 / 2015
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 236.94 <input checked="" type="checkbox"/> Memo Item
City Dallas	State TX	
Zip Code 75235-1647	Purpose of Disbursement Airfare	Transaction ID : B1D9235DDAE954A66868
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

20150404 10:10:00 AM



**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 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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. U.S. Postal Service</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2015
Mailing Address 850 E Lime Street		Amount of Each Disbursement this Period 49.00
City Tarpon Springs	State FL Zip Code 34689-9998	
Purpose of Disbursement Postage	Candidate Name	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : B1CB93D1279BE406F972</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. The Stoneridge Group, LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2015
Mailing Address 4400 N Point Parkway Suite 190		Amount of Each Disbursement this Period 19.95
City Alpharetta	State GA Zip Code 30022-2481	
Purpose of Disbursement Website Administration	Candidate Name	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : B58D387D6FD50426AB79</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. Premiere Global Services</b>		Date of Disbursement MM / DD / YYYY 11 / 08 / 2015
Mailing Address 3280 Peachtree Road NE		Amount of Each Disbursement this Period 20.85
City Atlanta	State GA Zip Code 30305-2430	
Purpose of Disbursement Conf call line	Candidate Name	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : B6E18DD5759454FB3B64</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

20150606 10:10:10

**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 93 OF 117		
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Upper Tampa Bay Chamber of Commerce</b>		Date of Disbursement MM / DD / YYYY 11 / 09 / 2015
Mailing Address 101 State Street W		Amount of Each Disbursement this Period 20.00
City Oldsmar	State FL Zip Code 34677-3601	
Purpose of Disbursement Event ticket	Category/Type 007	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : B9E599F46DD0848CF9CF
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Office Depot #95</b>		Date of Disbursement MM / DD / YYYY 11 / 11 / 2015
Mailing Address 26277 Us Highway 19 N		Amount of Each Disbursement this Period 63.13
City Clearwater	State FL Zip Code 33761-3587	
Purpose of Disbursement Printing	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : BC953FDD233934EF28B6
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. FlameStone American Grill</b>		Date of Disbursement MM / DD / YYYY 11 / 12 / 2015
Mailing Address 4009 Tampa Road		Amount of Each Disbursement this Period 460.15
City Oldsmar	State FL Zip Code 34677-3206	
Purpose of Disbursement Food and beverage	Category/Type 007	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : B9FAFF52711F74603A7E
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement MM / DD / YYYY 11 / 13 / 2015
Mailing Address <b>PO Box 619612</b>		Amount of Each Disbursement this Period 84.10 <input checked="" type="checkbox"/> Memo Item <b>Transaction ID : BFC35B11BAD944CA69F7</b>
City <b>Dallas</b>	State <b>TX</b>	
Zip Code <b>75261-9612</b>		Category/ Type <b>002</b>
Purpose of Disbursement <b>Airfare</b>		
Candidate Name		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Sunshine Summit (Event Brite tickets)</b>		Date of Disbursement MM / DD / YYYY 11 / 13 / 2015
Mailing Address <b>c/o Republican Party of Florida 420 E. Jefferson Street</b>		Amount of Each Disbursement this Period 211.99 <input checked="" type="checkbox"/> Memo Item <b>Transaction ID : B14C8C5DC41414A61955</b>
City <b>Tallahassee</b>	State <b>FL</b>	
Zip Code <b>32301-1818</b>		Category/ Type <b>007</b>
Purpose of Disbursement <b>Event tickets</b>		
Candidate Name		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>c. U.S. Postal Service</b>		Date of Disbursement MM / DD / YYYY 11 / 13 / 2015
Mailing Address <b>850 E Lime Street</b>		Amount of Each Disbursement this Period 5.75 <input checked="" type="checkbox"/> Memo Item <b>Transaction ID : B20F330544DD64C1D8E4</b>
City <b>Tarpon Springs</b>	State <b>FL</b>	
Zip Code <b>34689-9998</b>		Category/ Type <b>001</b>
Purpose of Disbursement <b>Postage</b>		
Candidate Name		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

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

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

0.00

**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 95 OF 117		
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement MM / DD / YYYY 11 / 13 / 2015
Mailing Address PO Box 619612		Amount of Each Disbursement this Period 84.10
City Dallas	State TX	
Zip Code 75261-9612	Purpose of Disbursement Airfare	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B24709F27F5854B71B66
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Office Depot #95</b>		Date of Disbursement MM / DD / YYYY 11 / 16 / 2015
Mailing Address 26277 Us Highway 19 N		Amount of Each Disbursement this Period 31.57
City Clearwater	State FL	
Zip Code 33761-3587	Purpose of Disbursement Printing	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B8163AAB076384E9A959
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Cava Mezze</b>		Date of Disbursement MM / DD / YYYY 11 / 18 / 2015
Mailing Address 527 8th Street SE		Amount of Each Disbursement this Period 86.34
City Washington	State DC	
Zip Code 20003-2835	Purpose of Disbursement Food and beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B5B3A7E68EDEE4D4DBD1
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. U.S. Postal Service</b>		Date of Disbursement MM / DD / YYYY 11 / 23 / 2015
Mailing Address 850 E Lime Street		Amount of Each Disbursement this Period 98.00
City Tarpon Springs	State FL	
Zip Code 34689-9998	Purpose of Disbursement Postage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : BB5EE4BFA7E0F4FD6AB1
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Office Depot #95</b>		Date of Disbursement MM / DD / YYYY 11 / 23 / 2015
Mailing Address 26277 Us Highway 19 N		Amount of Each Disbursement this Period 90.72
City Clearwater	State FL	
Zip Code 33761-3587	Purpose of Disbursement Office supplies	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B1E798F0AC3E64FEBA46
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. Greater Wesley Chapel Chamber of Commerce</b>		Date of Disbursement MM / DD / YYYY 11 / 24 / 2015
Mailing Address 6013 Wesley Grove Boulevard Suite 105		Amount of Each Disbursement this Period 15.00
City Wesley Chapel	State FL	
Zip Code 33544-8415	Purpose of Disbursement Event ticket	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B08F0A37BE93142C3A3A
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 11 / 26 / 2015	
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 475.23	
City Dallas	State TX	Zip Code 75266-0108	Category/ Type <b>001</b>
Purpose of Disbursement Cell phones		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Memo Item <input checked="" type="checkbox"/>
State: District:	Transaction ID : <b>BB32E6F93C67A4242921</b>		

Full Name (Last, First, Middle Initial) <b>B. Facebook</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2015	
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 162.29	
City Menlo Park	State CA	Zip Code 94025-1456	Category/ Type <b>004</b>
Purpose of Disbursement Facebook ads		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Memo Item <input checked="" type="checkbox"/>
State: District:	Transaction ID : <b>B0318A774309847B4BBB</b>		

Full Name (Last, First, Middle Initial) <b>c. Upper Tampa Bay Chamber of Commerce</b>		Date of Disbursement MM / DD / YYYY 12 / 01 / 2015	
Mailing Address 101 State Street W		Amount of Each Disbursement this Period 25.00	
City Oldsmar	State FL	Zip Code 34677-3601	Category/ Type <b>007</b>
Purpose of Disbursement Event ticket		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Memo Item <input checked="" type="checkbox"/>
State: District:	Transaction ID : <b>BDAF3175DB83A47E4B13</b>		

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

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

0.00

**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 98 OF 117	
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial)  
**A. Public Storage**

Mailing Address **38800 Us Highway 19 N**

City **Tarpon Spgs** State **FL** Zip Code **34689-3961**

Purpose of Disbursement **Storage unit** Category/Type **001**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement **12 / 02 / 2015**

Amount of Each Disbursement this Period **330.00**

Memo Item

Transaction ID : **BD0E82D036E3D45508A3**

Full Name (Last, First, Middle Initial)  
**B. U.S. Postal Service**

Mailing Address **850 E Lime Street**

City **Tarpon Springs** State **FL** Zip Code **34689-9998**

Purpose of Disbursement **Postage** Category/Type **001**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement **12 / 02 / 2015**

Amount of Each Disbursement this Period **98.00**

Memo Item

Transaction ID : **BFB1BEFE098584B6788B**

Full Name (Last, First, Middle Initial)  
**c. The Congressional Institute**

Mailing Address **1700 Diagonal Road Suite 730**

City **Alexandria** State **VA** Zip Code **22314-2843**

Purpose of Disbursement **Lodging/Conference** Category/Type **002**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement **12 / 02 / 2015**

Amount of Each Disbursement this Period **853.00**

Memo Item

Transaction ID : **BBAF6F0E8E8A342E79B6**

**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 99 OF 117		
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Chase Cardmember Service</b>		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 54.24
City Wilmington	State DE	
Zip Code 19886-5153		<input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement Interest/fee	Category/ Type 001	
Candidate Name		Transaction ID : BBCF193ECBC684B00993
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address PO Box 619612		Amount of Each Disbursement this Period 193.10
City Dallas	State TX	
Zip Code 75261-9612		<input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement Airfare	Category/ Type 002	
Candidate Name		Transaction ID : BE67873472E7B4BF28B6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address PO Box 619612		Amount of Each Disbursement this Period 193.10
City Dallas	State TX	
Zip Code 75261-9612		<input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement Airfare	Category/ Type 002	
Candidate Name		Transaction ID : B0569A8801999421F90A
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Chase Cardmember Service</b>		Date of Disbursement MM / DD / YYYY 11 / 19 / 2015
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 2923.18 <input type="checkbox"/> Memo Item
City Wilmington	State DE	
Zip Code 19886-5153	Purpose of Disbursement See memo entries	Transaction ID : <b>BD0A963C339C747CF99B</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CreateSend.com Sutherland NSW</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2015
Mailing Address 4400 N Point Parkway Suite 190		Amount of Each Disbursement this Period 99.00 <input checked="" type="checkbox"/> Memo Item
City Alpharetta	State GA	
Zip Code 30022-2481	Purpose of Disbursement Email distribution	Transaction ID : <b>BCBFDAC90A9434F7798E</b>
Candidate Name	Category/ Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Premiere Global Services</b>		Date of Disbursement MM / DD / YYYY 10 / 06 / 2015
Mailing Address 3280 Peachtree Road NE		Amount of Each Disbursement this Period 48.32 <input checked="" type="checkbox"/> Memo Item
City Atlanta	State GA	
Zip Code 30305-2430	Purpose of Disbursement Conf call line	Transaction ID : <b>BBDD0D53B61274629A1B</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

2923.18

**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 101 OF 117		
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Stoneridge Group, LLC</b>		Date of Disbursement 10 / 06 / 2015
Mailing Address 4400 N Point Parkway Suite 190		Amount of Each Disbursement this Period 19.95
City Alpharetta	State GA Zip Code 30022-2481	
Purpose of Disbursement Website Administration	Category/Type 001	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : BE73A62B1A25C49FD81E</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Date of Disbursement 10 / 07 / 2015
Mailing Address PO Box 20598		Amount of Each Disbursement this Period 49.00
City Atlanta	State GA Zip Code 30320-2598	
Purpose of Disbursement Airfare	Category/Type 002	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : BEFED35FBF8D547AA847</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. JetBlue Airways</b>		Date of Disbursement 10 / 10 / 2015
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 50.00
City Salt Lake City	State UT Zip Code 84117-0435	
Purpose of Disbursement Airfare	Category/Type 002	<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : BF6C8943D8466446D9E6</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. House Gift Shop</b>		Date of Disbursement MM / DD / YYYY 10 / 16 / 2015	
Mailing Address 15 Independence Avenue SW		Amount of Each Disbursement this Period 48.00	
City Washington	State DC	Zip Code 20515-0001	Category/ Type <b>001</b>
Purpose of Disbursement Gifts		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Memo Item <input checked="" type="checkbox"/>
State: District:	Transaction ID : <b>B829C469A662E4227B7A</b>		

Full Name (Last, First, Middle Initial) <b>B. Wal-Mart</b>		Date of Disbursement MM / DD / YYYY 10 / 18 / 2015	
Mailing Address 3801 Tampa Road		Amount of Each Disbursement this Period 13.09	
City Oldsmar	State FL	Zip Code 34677-3008	Category/ Type <b>007</b>
Purpose of Disbursement Event supplies		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Memo Item <input checked="" type="checkbox"/>
State: District:	Transaction ID : <b>B43B937ACB6444C3E843</b>		

Full Name (Last, First, Middle Initial) <b>C. Office Depot #2603</b>		Date of Disbursement MM / DD / YYYY 10 / 18 / 2015	
Mailing Address 1714 Bruce B Downs Blvd		Amount of Each Disbursement this Period 27.73	
City Wesley Chapel	State FL	Zip Code 33544-8640	Category/ Type <b>007</b>
Purpose of Disbursement Event signs		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Memo Item <input checked="" type="checkbox"/>
State: District:	Transaction ID : <b>B3C5659E3249F418B88A</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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)	PAGE 103 OF 117			
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Office Depot #2603</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2015
Mailing Address 1714 Bruce B Downs Blvd		Amount of Each Disbursement this Period 18.93
City Wesley Chapel	State FL Zip Code 33544-8640	
Purpose of Disbursement Office supplies	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B1B7FEE0BC3E54C36892
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tambard Inn</b>		Date of Disbursement MM / DD / YYYY 10 / 21 / 2015
Mailing Address 1739 N St NW		Amount of Each Disbursement this Period 215.10
City Washington	State DC Zip Code 20036-2801	
Purpose of Disbursement Food and beverage	Category/Type 007	<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B09675B806CCB42B390A
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement MM / DD / YYYY 10 / 22 / 2015
Mailing Address PO Box 619612		Amount of Each Disbursement this Period 152.20
City Dallas	State TX Zip Code 75261-9612	
Purpose of Disbursement Airfare	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : BAF9C5CE6BE6140B59BC
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement MM / DD / YYYY 10 / 22 / 2015
Mailing Address <b>PO Box 619612</b>		Amount of Each Disbursement this Period 152.20 <input checked="" type="checkbox"/> Memo Item Transaction ID : <b>B229904BED8F14C7C8A9</b>
City <b>Dallas</b>	State <b>TX</b>	
Zip Code <b>75261-9612</b>		Category/ Type <b>002</b>
Purpose of Disbursement <b>Airfare</b>		
Candidate Name		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Office Depot #2603</b>		Date of Disbursement MM / DD / YYYY 10 / 24 / 2015
Mailing Address <b>1714 Bruce B Downs Blvd</b>		Amount of Each Disbursement this Period 25.25 <input checked="" type="checkbox"/> Memo Item Transaction ID : <b>B180B591170CD43E5B10</b>
City <b>Wesley Chapel</b>	State <b>FL</b>	
Zip Code <b>33544-8640</b>		Category/ Type <b>001</b>
Purpose of Disbursement <b>Flyers</b>		
Candidate Name		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Friends of the NRA</b>		Date of Disbursement MM / DD / YYYY 10 / 24 / 2015
Mailing Address <b>11250 Waples Mill Road</b>		Amount of Each Disbursement this Period 220.00 <input checked="" type="checkbox"/> Memo Item Transaction ID : <b>B148D2D0A532A41A98B4</b>
City <b>Fairfax</b>	State <b>VA</b>	
Zip Code <b>22030-7400</b>		Category/ Type <b>004</b>
Purpose of Disbursement <b>Table sponsorship</b>		
Candidate Name		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Southwest Airlines</b>		Date of Disbursement MM / DD / YYYY 10 / 26 / 2015
Mailing Address <b>PO Box 36647</b>		Amount of Each Disbursement this Period 12.50 <input checked="" type="checkbox"/> Memo Item <b>Transaction ID : BCEC8C91B5A184CABA5C</b>
City <b>Dallas</b>	State <b>TX</b>	
Zip Code <b>75235-1647</b>	Purpose of Disbursement <b>Airfare</b>	Category/ Type <b>002</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2016</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) <b>B. Southwest Airlines</b>		Date of Disbursement MM / DD / YYYY 10 / 26 / 2015
Mailing Address <b>PO Box 36647</b>		Amount of Each Disbursement this Period 198.98 <input checked="" type="checkbox"/> Memo Item <b>Transaction ID : B2943CB73ECFC4C439CE</b>
City <b>Dallas</b>	State <b>TX</b>	
Zip Code <b>75235-1647</b>	Purpose of Disbursement <b>Airfare</b>	Category/ Type <b>002</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2016</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) <b>C. Southwest Airlines</b>		Date of Disbursement MM / DD / YYYY 10 / 26 / 2015
Mailing Address <b>PO Box 36647</b>		Amount of Each Disbursement this Period 12.50 <input checked="" type="checkbox"/> Memo Item <b>Transaction ID : B941B83469ABA40188D9</b>
City <b>Dallas</b>	State <b>TX</b>	
Zip Code <b>75235-1647</b>	Purpose of Disbursement <b>Airfare</b>	Category/ Type <b>002</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2016</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

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

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

0.00

**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 106 OF 117
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. ALS Association Florida Chapter</b>		Date of Disbursement MM / DD / YYYY 10 / 26 / 2015
Mailing Address 3242 Parkside Center Circle		Amount of Each Disbursement this Period 100.00
City Tampa	State FL Zip Code 33619-0907	
Purpose of Disbursement Donation	Category/Type 012	<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B54190F5F7BC746FCB17
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Southwest Airlines</b>		Date of Disbursement MM / DD / YYYY 10 / 26 / 2015
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 198.98
City Dallas	State TX Zip Code 75235-1647	
Purpose of Disbursement Airfare	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B0F554188E6C44BECB35
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Capitol Hill Club</b>		Date of Disbursement MM / DD / YYYY 10 / 27 / 2015
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 15.84
City Washington	State DC Zip Code 20003-1801	
Purpose of Disbursement Food and Beverage	Category/Type 007	<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : BD61600A7E5A44AA190B
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

20151026 10:10:10

**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 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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Greater Wesley Chapel Chamber of Commerce</b>		Date of Disbursement MM / DD / YYYY 10 / 28 / 2015
Mailing Address 6013 Wesley Grove Boulevard Suite 105		Amount of Each Disbursement this Period 15.00
City Wesley Chapel State FL Zip Code 33544-8415	Purpose of Disbursement Event ticket Category/Type 007	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item Transaction ID : B284BCA1D8F1D44B384B
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Facebook</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2015
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 95.57
City Menlo Park State CA Zip Code 94025-1456	Purpose of Disbursement Facebook ads Category/Type 004	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item Transaction ID : B66205AF9CB7F4A319FE
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Facebook</b>		Date of Disbursement MM / DD / YYYY 11 / 01 / 2015
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 3.93
City Menlo Park State CA Zip Code 94025-1456	Purpose of Disbursement Facebook ads Category/Type 004	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item Transaction ID : B0BFDBCDDC2C42F28AD
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Chase Cardmember Service</b>		Date of Disbursement MM / DD / YYYY 10 / 26 / 2015
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 3797.93
City Wilmington	State DE	
Zip Code 19886-5153	Purpose of Disbursement	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : B46CD0DD4C6FC41F9A13</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CreateSend.com Sutherland NSW</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2015
Mailing Address 4400 N Point Parkway Suite 190		Amount of Each Disbursement this Period 99.00
City Alpharetta	State GA	
Zip Code 30022-2481	Purpose of Disbursement Email distribution	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 004	<b>Transaction ID : BD013EF13A4944322A3C</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Stoneridge Group, LLC</b>		Date of Disbursement MM / DD / YYYY 09 / 06 / 2015
Mailing Address 4400 N Point Parkway Suite 190		Amount of Each Disbursement this Period 19.95
City Alpharetta	State GA	
Zip Code 30022-2481	Purpose of Disbursement Website Administration	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	<b>Transaction ID : B005E39D97894435D927</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3797.93
<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)	PAGE 109 OF 117
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Premiere Global Services</b>		Date of Disbursement MM / DD / YYYY 09 / 08 / 2015
Mailing Address 3280 Peachtree Road NE		Amount of Each Disbursement this Period 20.85
City Atlanta	State GA Zip Code 30305-2430	
Purpose of Disbursement Conf call line	Category/Type 001	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : <b>BB9CCDAE862F428BA21</b>
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Zephyrhills Chamber of Commerce</b>		Date of Disbursement MM / DD / YYYY 09 / 10 / 2015
Mailing Address 38550 5th Avenue		Amount of Each Disbursement this Period 50.00
City Zephyrhills	State FL Zip Code 33542-4331	
Purpose of Disbursement Event tickets	Category/Type 007	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : <b>BAD248DA57E944051B5A</b>
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ExxonMobil</b>		Date of Disbursement MM / DD / YYYY 09 / 11 / 2015
Mailing Address 5030 Connecticut Avenue NW Jjz Enterprise 4781936		Amount of Each Disbursement this Period 66.94
City Washington	State DC Zip Code 20008-2023	
Purpose of Disbursement Gasoline	Category/Type 002	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : <b>BE91BA40C70164D17AC1</b>
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Greater Wesley Chapel Chamber of Commerce</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 6013 Wesley Grove Boulevard Suite 105		Amount of Each Disbursement this Period 15.00
City Wesley Chapel State FL Zip Code 33544-8415	Category/Type 007	
Purpose of Disbursement Event ticket	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : BE5C83DF220B74CBAB91
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Office Depot #95</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 26277 Us Highway 19 N		Amount of Each Disbursement this Period 96.29
City Clearwater State FL Zip Code 33761-3587	Category/Type 001	
Purpose of Disbursement Printing	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B10FE1D937F4F4160B9D
State: District:		

Full Name (Last, First, Middle Initial) <b>C. U.S. Postal Service</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2015
Mailing Address 850 E Lime Street		Amount of Each Disbursement this Period 49.00
City Tarpon Springs State FL Zip Code 34689-9998	Category/Type 001	
Purpose of Disbursement Postage	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B59177EE01ABE43A8809
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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)		PAGE 111 OF 117	
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Office Depot #95</b>		Date of Disbursement
Mailing Address <b>26277 Us Highway 19 N</b>		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City <b>Clearwater</b>	State <b>FL</b>	Zip Code <b>33761-3587</b>
Purpose of Disbursement <b>Printing</b>	<input type="text" value="001"/>	Amount of Each Disbursement this Period <input type="text" value="63.13"/>
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : BED1EA57F08F34B31AB7</b>
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Office Depot #95</b>		Date of Disbursement
Mailing Address <b>26277 Us Highway 19 N</b>		<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City <b>Clearwater</b>	State <b>FL</b>	Zip Code <b>33761-3587</b>
Purpose of Disbursement <b>Printing</b>	<input type="text" value="001"/>	Amount of Each Disbursement this Period <input type="text" value="69.18"/>
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B79D75A88501F46AFB5B</b>
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. Office Depot #2603</b>		Date of Disbursement
Mailing Address <b>1714 Bruce B Downs Blvd</b>		<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City <b>Wesley Chapel</b>	State <b>FL</b>	Zip Code <b>33544-8640</b>
Purpose of Disbursement <b>Printing</b>	<input type="text" value="001"/>	Amount of Each Disbursement this Period <input type="text" value="232.38"/>
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : BA38B7665B2BD497C804</b>
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

20150101 01:00:00

**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 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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Office Depot #2603</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015	
Mailing Address 1714 Bruce B Downs Blvd		Amount of Each Disbursement this Period 112.55	
City Wesley Chapel	State FL	Zip Code 33544-8640	Category/Type 001 <input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement Printing & Postage			
Candidate Name		Transaction ID : B5F29C8D28EBF42D2870	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State:	District:

Full Name (Last, First, Middle Initial) <b>B. Office Depot #95</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015	
Mailing Address 26277 Us Highway 19 N		Amount of Each Disbursement this Period 142.91	
City Clearwater	State FL	Zip Code 33761-3587	Category/Type 001 <input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement Postage & envelopes			
Candidate Name		Transaction ID : BED2CF8813FC64AB7995	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State:	District:

Full Name (Last, First, Middle Initial) <b>c. Office Depot #95</b>		Date of Disbursement MM / DD / YYYY 09 / 23 / 2015	
Mailing Address 26277 Us Highway 19 N		Amount of Each Disbursement this Period 63.13	
City Clearwater	State FL	Zip Code 33761-3587	Category/Type 001 <input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement Printing services			
Candidate Name		Transaction ID : B35C6F31101174083A99	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State:	District:

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

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

0.00

**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 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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Harris Teeter</b>		Date of Disbursement MM / DD / YYYY 09 / 23 / 2015
Mailing Address 1350 Potomac Avenue SE		Amount of Each Disbursement this Period 49.19
City Washington	State DC	
Zip Code 20003-4426	Purpose of Disbursement Event food and supplies	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B51071ED683E04A88B40
State: District:		

Full Name (Last, First, Middle Initial) <b>B. China Chilcano</b>		Date of Disbursement MM / DD / YYYY 09 / 23 / 2015
Mailing Address 418 7th St NW		Amount of Each Disbursement this Period 311.80
City Washington	State DC	
Zip Code 20004-2217	Purpose of Disbursement Food and beverage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B96C6A9859E034A03AE6
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Greater Wesley Chapel Chamber of Commerce</b>		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 6013 Wesley Grove Boulevard Suite 105		Amount of Each Disbursement this Period 15.00
City Wesley Chapel	State FL	
Zip Code 33544-8415	Purpose of Disbursement Event ticket	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : BCFB09578D7714E80A8A
State: District:		

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

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

0.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:  
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<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Office Depot #2603</b>		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 1714 Bruce B Downs Blvd		Amount of Each Disbursement this Period 53.48
City Wesley Chapel State FL Zip Code 33544-8640	Category/Type 001	
Purpose of Disbursement Labels and envelopes		<input checked="" type="checkbox"/> Memo Item
Candidate Name		Transaction ID : B16168882962B4870B2E
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. House Members Dining Room</b>		Date of Disbursement MM / DD / YYYY 09 / 25 / 2015
Mailing Address US Capitol		Amount of Each Disbursement this Period 60.85
City Washington State DC Zip Code 20515-0001	Category/Type 007	
Purpose of Disbursement Food and beverage		<input checked="" type="checkbox"/> Memo Item
Candidate Name		Transaction ID : B79580CC5DCC04C51884
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Office Depot #95</b>		Date of Disbursement MM / DD / YYYY 09 / 25 / 2015
Mailing Address 26277 Us Highway 19 N		Amount of Each Disbursement this Period 31.57
City Clearwater State FL Zip Code 33761-3587	Category/Type 001	
Purpose of Disbursement Printing		<input checked="" type="checkbox"/> Memo Item
Candidate Name		Transaction ID : B7D4F6908C8BC48E0AD1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

0.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Fairfield Inn by Marriott (Priceline)</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address <b>161 Front Street</b>		Amount of Each Disbursement this Period 583.04 <input checked="" type="checkbox"/> Memo Item Transaction ID : <b>BE40A67A9295F4C529C4</b>
City <b>New York</b>	State <b>NY</b>	
Zip Code <b>10038-4909</b>		Category/ Type <b>002</b>
Purpose of Disbursement <b>Lodging</b>		
Candidate Name		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. JetBlue Airways</b>		Date of Disbursement MM / DD / YYYY 10 / 01 / 2015
Mailing Address <b>PO Box 17435</b>		Amount of Each Disbursement this Period 253.10 <input checked="" type="checkbox"/> Memo Item Transaction ID : <b>BD167FA883C3F47BB84F</b>
City <b>Salt Lake Cty</b>	State <b>UT</b>	
Zip Code <b>84117-0435</b>		Category/ Type <b>002</b>
Purpose of Disbursement <b>Airfare</b>		
Candidate Name		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Exxonmobile 47821814</b>		Date of Disbursement MM / DD / YYYY 10 / 01 / 2015
Mailing Address <b>1201 Pennsylvania Ave SE</b>		Amount of Each Disbursement this Period 44.30 <input checked="" type="checkbox"/> Memo Item Transaction ID : <b>B05E672D337BD46DF84F</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20003-2227</b>		Category/ Type <b>002</b>
Purpose of Disbursement <b>Gas</b>		
Candidate Name		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

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

0.00

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:  
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<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement							
<b>A. Public Storage</b>		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td>02</td> <td>2015</td> </tr> </table>		M M	D D	Y Y Y Y	10	02	2015
M M	D D	Y Y Y Y							
10	02	2015							
Mailing Address 38800 Us Highway 19 N		Amount of Each Disbursement this Period							
City Tarpon Spgs State FL Zip Code 34689-3961		<table border="1"> <tr> <td>330.00</td> </tr> </table>		330.00					
330.00									
Purpose of Disbursement Storage unit		<input checked="" type="checkbox"/> Memo Item							
Candidate Name		Transaction ID : B8D30C882A2FB48388B4							
Office Sought:	Disbursement For: 2016								
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)								
State: District:									

Full Name (Last, First, Middle Initial)		Date of Disbursement							
<b>B. Chase Cardmember Service</b>		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td>09</td> <td>2015</td> </tr> </table>		M M	D D	Y Y Y Y	12	09	2015
M M	D D	Y Y Y Y							
12	09	2015							
Mailing Address PO Box 15153		Amount of Each Disbursement this Period							
City Wilmington State DE Zip Code 19886-5153		<table border="1"> <tr> <td>1233.50</td> </tr> </table>		1233.50					
1233.50									
Purpose of Disbursement See memo entry		<input type="checkbox"/> Memo Item							
Candidate Name		Transaction ID : BD442781E98CB4A3386A							
Office Sought:	Disbursement For: 2016								
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)								
State: District:									

Full Name (Last, First, Middle Initial)		Date of Disbursement							
<b>C. Medium Rare Restaurant</b>		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td>03</td> <td>2015</td> </tr> </table>		M M	D D	Y Y Y Y	12	03	2015
M M	D D	Y Y Y Y							
12	03	2015							
Mailing Address 515 8TH STREET S.E.		Amount of Each Disbursement this Period							
City Washington State DC Zip Code 20003-2835		<table border="1"> <tr> <td>1233.50</td> </tr> </table>		1233.50					
1233.50									
Purpose of Disbursement Food and beverage		<input checked="" type="checkbox"/> Memo Item							
Candidate Name		Transaction ID : BF8E995B1E54941D6833							
Office Sought:	Disbursement For: 2016								
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)								
State: District:									

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

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

1233.50
97176.34



