

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Bilirakis for Congress

ADDRESS (number and street)

PO Box 606

Check if different than previously reported. (ACC)

Tarpon Springs

FL

34688-0606

2. FEC IDENTIFICATION NUMBER ▼

C C00408534

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

FL

12

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

M M / D D / Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y  
01 / 01 / 2014

through

M M / D D / Y Y Y Y  
03 / 31 / 2014

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 Erika Grace

Signature of Treasurer Erika Grace

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
04 / 14 / 2014

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

Office Use Only

FEC FORM 3  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

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))....	176157.42	664293.15
(b) Total Contribution Refunds (from Line 20(d)) .....	0	100
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	176157.42	664193.15
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	107856.78	322664.24
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	2169.64
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	107856.78	320494.6
8. Cash on Hand at Close of Reporting Period (from Line 27).....	314059.82	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Bilirakis for Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	33968.32	260889.32
(ii) Unitemized.....	21889.1	41053.83
(iii) TOTAL of contributions from individuals ▶	55857.42	301943.15
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	120300	362350
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	176157.42	664293.15
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0	0
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0	2169.64
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	164.51	1590.62
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	176321.93	668053.41

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	107856.78	322664.24
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0	100
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	100
21. OTHER DISBURSEMENTS .....	50100	100950
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	157956.78	423714.24

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	295694.67
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	176321.93
25. SUBTOTAL (add Line 23 and Line 24).....	472016.6
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	157956.78
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	314059.82

**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 5 OF 109
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Patrick Acevedo**

Mailing Address 3311 SE 18th Court

City State Zip Code  
Ocala FL 34471-6767

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

Name of Employer Occupation  
Florida Cancer Specialists Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 18 / 2014**

**Transaction ID : A-CF32595**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Jorge Ayub**

Mailing Address 5617 Westshore Drive

City State Zip Code  
New Port Richey FL 34652-3034

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

Name of Employer Occupation  
Florida Cancer Specialists MD

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 20 / 2014**

**Transaction ID : A-CF32594**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Dieter William W Bergner**

Mailing Address 4950 Turtle Creek Trail

City State Zip Code  
Oldsmar FL 34677-1969

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

Name of Employer Occupation  
n/a retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 25 / 2014**

**Transaction ID : A-CF32895**

Amount of Each Receipt this Period  
**500**

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

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

**2000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 109
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 8449 Ridgebrook Circle

City Odessa State FL Zip Code 33556-3135

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

Name of Employer n/a Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 25 / 2014**

**Transaction ID : A-CF32889**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**David O. Cantu**

Mailing Address 1791 Mccauley Road

City Clearwater State FL Zip Code 33765-1542

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

Name of Employer People Johnson Cantu & Schmidt, LLC Occupation attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 11 / 2014**

**Transaction ID : A-CF33166**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Mamta Choksi**

Mailing Address 1614 Lake Polo Drive

City Odessa State FL Zip Code 33556-1786

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

Name of Employer Florida Cancer Specialists Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **779.48**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 18 / 2014**

**Transaction ID : A-IF32604**

Amount of Each Receipt this Period  
**779.48**  
 Inkind: Food, beverage, event supplies

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

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

**1879.48**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 109			
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15				

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

**A.** Full Name (Last, First, Middle Initial)  
**Tarak Choksi**

Mailing Address 1614 Lake Polo Drive

City Odessa State FL Zip Code 33556-1786

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

Name of Employer Sunmed Primary Care Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 20 / 2014**

**Transaction ID : A-CF32593**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Barbara B. Crandall**

Mailing Address 460 Paula Drive S  
Apt. 103

City Dunedin State FL Zip Code 34698-2038

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

Name of Employer n/a Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1200**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 28 / 2014**

**Transaction ID : A-CF33294**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Panagiota Critikos**

Mailing Address 731 Tessier Drive

City Tarpon Spgs State FL Zip Code 34689-2171

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

Name of Employer n/a Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 24 / 2014**

**Transaction ID : A-CF32851**

Amount of Each Receipt this Period  
**250**

**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: (check only one)	PAGE 8 OF 109
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**James Derderian**

Mailing Address 4720 32nd Street N

City State Zip Code  
Arlington VA 22207-4202

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

Name of Employer Occupation  
Stanton Park Group Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : A-CF33370**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Michael Diaz**

Mailing Address 1912 Iowa Avenue NE

City State Zip Code  
Saint Petersburg FL 33703-3426

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

Name of Employer Occupation  
Florida Cancer Specialists Medical Oncologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 20 / 2014**

**Transaction ID : A-CF32596**

Amount of Each Receipt this Period  
**2000**

**C.** Full Name (Last, First, Middle Initial)  
**Edward C. Droste**

Mailing Address 107 Hampton Road  
Suite 120

City State Zip Code  
Clearwater FL 33759-4958

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

Name of Employer Occupation  
Provident Management Corp. Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 12 / 2014**

**Transaction ID : A-CF33199**

Amount of Each Receipt this Period  
**500**

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

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

**3000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 109
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Miguel A. Fana**

Mailing Address 7281 Bryce Point N

City Pinellas Park State FL Zip Code 33782-4338

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

Name of Employer Fana Medical Group, P.A. Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 03 / 2014

**Transaction ID : A-CF33013**

Amount of Each Receipt this Period  
**1500**

**B.** Full Name (Last, First, Middle Initial)  
**Behrends B Foster**

Mailing Address 1722 N Nelson Street

City Arlington State VA Zip Code 22207-3643

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

Name of Employer Blue Stone Strategies Occupation Government Affairs Rep

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : A-CF33278**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 5401 Hangar Court

City Tampa State FL Zip Code 33634-5341

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

Name of Employer Thompson & Co. Occupation president

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF33366**

Amount of Each Receipt this Period  
**500**

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

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

**2500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 109
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>Brian Gaston</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 919 Bernard Street		<b>Transaction ID : A-CF33243</b>
City Alexandria	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500
Name of Employer The Glover Park Group	Occupation Managing Director	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500	

Full Name (Last, First, Middle Initial) <b>Joan M Gervatoski</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 951 Cypress Cove Way		<b>Transaction ID : A-CF33245</b>
City Tarpon Springs	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 215
Name of Employer N/A	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 215	

Full Name (Last, First, Middle Initial) <b>Armando Gutierrez</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 22 / 2014
Mailing Address 604 Majorca Avenue		<b>Transaction ID : A-IF33407</b>
City Coral Gables	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 298.84
Name of Employer Gutierrez Properties, LLC	Occupation Self	Inkind: Food and beverage
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2298.84	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1013.84
<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 11 OF 109  
(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)  
**Armando Gutierrez**

Mailing Address 604 Majorca Avenue

City State Zip Code  
Coral Gables FL 33134-3753

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

Name of Employer Occupation  
Gutierrez Properties, LLC Self

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2298.84**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 25 / 2014**

**Transaction ID : A-CF32912**

Amount of Each Receipt this Period  
**2000**

**B.** Full Name (Last, First, Middle Initial)  
**Constance Hagen**

Mailing Address 113 Lakeside Colony Drive

City State Zip Code  
Tarpon Springs FL 34689-2809

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 16 / 2014**

**Transaction ID : A-CF32674**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Henry W Hanff**

Mailing Address 4909 Glenn Drive

City State Zip Code  
New Port Richey FL 34652-4414

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

Name of Employer Occupation  
Self Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 21 / 2014**

**Transaction ID : A-CF32817**

Amount of Each Receipt this Period  
**250**

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

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

**2750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 109
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Alexandros J. Haralambides**

Mailing Address 901 N Venetian Drive

City Miami Beach State FL Zip Code 33139-1014

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

Name of Employer self-employed Occupation attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 24 / 2014**

**Transaction ID : A-CF32865**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Lee O. Henley**

Mailing Address 10420 Pinto Drive

City Hudson State FL Zip Code 34669-2565

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

Name of Employer n/a Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **425**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 10 / 2014**

**Transaction ID : A-CF32643**

Amount of Each Receipt this Period  
**200**

**C.** Full Name (Last, First, Middle Initial)  
**Lee O. Henley**

Mailing Address 10420 Pinto Drive

City Hudson State FL Zip Code 34669-2565

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

Name of Employer n/a Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **425**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 25 / 2014**

**Transaction ID : A-CF32886**

Amount of Each Receipt this Period  
**25**

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

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

**1225.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 109
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Lee O. Henley**

Mailing Address 10420 Pinto Drive

City State Zip Code  
Hudson FL 34669-2565

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

Name of Employer Occupation  
n/a retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**425**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 28 / 2014**

**Transaction ID : A-CF33292**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**Stuart B. Himmelstein**

Mailing Address 111 N. Palm Way

City State Zip Code  
Lake Worth FL 33460

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

Name of Employer Occupation  
self-employed physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 03 / 2014**

**Transaction ID : A-CF33015**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mary Kalogeris**

Mailing Address 3478 Forest Road

City State Zip Code  
Bethel Park PA 15102-1420

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

Name of Employer Occupation  
n/a retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 10 / 2014**

**Transaction ID : A-CF32644**

Amount of Each Receipt this Period  
**1000**

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

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

**1350.00**

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 14 OF 109

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

**A.** Full Name (Last, First, Middle Initial)  
**Thomas W Krueger**

Mailing Address 16582 Hutchison Road

City Odessa State FL Zip Code 33556-2302

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

Name of Employer Rentalex Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : A-CF33357**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**Kapistalam S. Kumar**

Mailing Address 1307 Playmoor Drive

City Palm Harbor State FL Zip Code 34683-1474

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

Name of Employer Florida Cancer Specialist Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 17 / 2014**

**Transaction ID : A-CF32588**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Vikas Malhotra**

Mailing Address 5351 Championship Cup Lane

City Brooksville State FL Zip Code 34609-0366

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

Name of Employer Florida Cancer Specialists Occupation Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 22 / 2014**

**Transaction ID : A-CF32600**

Amount of Each Receipt this Period  
**500**

**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: (check only one)	PAGE 15 OF 109
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Richard D. Martin**

Mailing Address 2531 Estancia Boulevard

City State Zip Code  
Clearwater FL 33761-2640

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

Name of Employer Occupation  
State Farm Insurance insurance agent

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
M M / D D / Y Y Y Y  
**02 / 28 / 2014**

**Transaction ID : A-CF32962**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Arthur J Matzkowitz**

Mailing Address 20 Deerpath Drive

City State Zip Code  
Oldsmar FL 34677-2053

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

Name of Employer Occupation  
Florida Cancer Specialists MD

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 22 / 2014**

**Transaction ID : A-CF32603**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Terry R. Meadows**

Mailing Address 2856 Kensington Trace

City State Zip Code  
Tarpon Spgs FL 34688-8419

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

Name of Employer Occupation  
EmCare physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**450**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : A-CF33372**

Amount of Each Receipt this Period  
**250**

**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 16 OF 109  
(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)  
**Charles W. Nicholson**

Mailing Address 948 Riverside Ridge Road

City Tarpon Spgs State FL Zip Code 34688-8800

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

Name of Employer n/a Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 24 / 2014**

**Transaction ID : A-CF32858**

Amount of Each Receipt this Period  
**50**

**B.** Full Name (Last, First, Middle Initial)  
**Charles W. Nicholson**

Mailing Address 948 Riverside Ridge Road

City Tarpon Spgs State FL Zip Code 34688-8800

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

Name of Employer n/a Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 29 / 2014**

**Transaction ID : A-CF33306**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Nickolas Z Nistazos**

Mailing Address 9919 Golf Course Road

City Ocean City State MD Zip Code 21842-9515

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

Name of Employer Dunkin Donuts Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : A-CF33386**

Amount of Each Receipt this Period  
**500**

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

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

**650.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 109
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Nickolas Z Nistazos**

Mailing Address 9919 Golf Course Road

City State Zip Code  
Ocean City MD 21842-9515

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

Name of Employer Occupation  
Dunkin Donuts Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : A-CF33387**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Khamir Patel**

Mailing Address 10545 Bermuda Isle Drive

City State Zip Code  
Tampa FL 33647-2719

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

Name of Employer Occupation  
KHP Developers Contractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 20 / 2014**

**Transaction ID : A-CF32591**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Sanjay Patel**

Mailing Address 15217 Azra Drive

City State Zip Code  
Odessa FL 33556-1853

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

Name of Employer Occupation  
Walgreens Pharmacists

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 22 / 2014**

**Transaction ID : A-CF32602**

Amount of Each Receipt this Period  
**250**

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 109
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Thomas A. Pepin**

Mailing Address 4121 N 50th Street

City Tampa State FL Zip Code 33610-8002

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

Name of Employer Pepin Distributing Company Occupation president

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 07 / 2014**

**Transaction ID : A-CF33109**

Amount of Each Receipt this Period  
**2600**

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

Mailing Address 1639 NW 11th Road

City Gainesville State FL Zip Code 32605-5319

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

Name of Employer University of Florida Occupation Dean of Pharmacy

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1100**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 19 / 2014**

**Transaction ID : A-CF32765**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Paul Sanberg**

Mailing Address 11751 Pilot Country Drive

City Spring Hill State FL Zip Code 34610-7912

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

Name of Employer University of South Florida Occupation Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 08 / 2014**

**Transaction ID : A-CF32659**

Amount of Each Receipt this Period  
**500**

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

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

**3200.00**

**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 19 OF 109
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Elliott W. Stern**

Mailing Address 6850 County Road 95

City State Zip Code  
Palm Harbor FL 34684-4401

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 16 / 2014

**Transaction ID : A-CF32667**

Amount of Each Receipt this Period  
500

**B.** Full Name (Last, First, Middle Initial)  
**Robert L. Tedoldi**

Mailing Address 1438 Woodstream Drive

City State Zip Code  
Oldsmar FL 34677-4832

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

Name of Employer Occupation  
n/a retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 17 / 2014

**Transaction ID : A-CF33218**

Amount of Each Receipt this Period  
250

**C.** Full Name (Last, First, Middle Initial)  
**John Thomas**

Mailing Address PO Box 6025

City State Zip Code  
Clearwater FL 33758-6025

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

Name of Employer Occupation  
Pinch-a-Penny, Inc. Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 29 / 2014

**Transaction ID : A-CF32619**

Amount of Each Receipt this Period  
1600

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

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

2350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 109
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address PO Box 6025

City State Zip Code  
Clearwater FL 33758-6025

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

Name of Employer Occupation  
Pinch-a-Penny, Inc. Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 29 / 2014**

**Transaction ID : A-CF32620**

Amount of Each Receipt this Period  
**2600**

**B.** Full Name (Last, First, Middle Initial)  
**Cynthia M. Webster**

Mailing Address 2289 Pinnacle Circle N

City State Zip Code  
Palm Harbor FL 34684-1769

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

Name of Employer Occupation  
Jack Rice Insurance President/CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 05 / 2014**

**Transaction ID : A-CF33094**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Link Welborn**

Mailing Address 4308 Hudson Lane

City State Zip Code  
Tampa FL 33618-5343

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

Name of Employer Occupation  
Tampa Bay Veterinary Medical Veterinarian

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 01 / 2014**

**Transaction ID : A-CF33095**

Amount of Each Receipt this Period  
**500**

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

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

**3600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 109
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**David Wenk**

Mailing Address 2815 W Morrison Avenue

City Tampa State FL Zip Code 33629-5334

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

Name of Employer Florida Cancer Specialists Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750**

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 20 / 2014

**Transaction ID : A-CF32592**

Amount of Each Receipt this Period  
**750**

**B.** Full Name (Last, First, Middle Initial)  
**Laurelee G. Westine**

Mailing Address 3380 Tarpon Woods Boulevard

City Palm Harbor State FL Zip Code 34685-2123

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

Name of Employer self-employed Occupation attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 13 / 2014

**Transaction ID : A-CF33196**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Wayne Wetzel**

Mailing Address 27554 US Highway 19 N  
Unit 82

City Clearwater State FL Zip Code 33761-4928

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

Name of Employer self-employed Occupation mobile home dealer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : A-CF33266**

Amount of Each Receipt this Period  
**100**

**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: (check only one)	PAGE 22 OF 109
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Hunton & Williams (partners)**

Mailing Address 951 E Byrd Street

City Richmond State VA Zip Code 23219-4040

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

Name of Employer Hunton & Williams Occupation Partners (allocation on file)

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 14 / 2014

**Transaction ID : A-CF32657**

Amount of Each Receipt this Period  
 1000

Contribution from Partnership. Partners exceeding reporting threshold itemized as memos.

**B.** Full Name (Last, First, Middle Initial)  
**James H. Woodroffe III**

Mailing Address 2805 Samara Drive

City Tampa State FL Zip Code 33618-4024

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

Name of Employer self-employed Occupation attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 16 / 2014

**Transaction ID : A-CF32670**

Amount of Each Receipt this Period  
 500

**C.** Full Name (Last, First, Middle Initial)  
**Gail L Wright**

Mailing Address 10832 Alico Pass

City New Port Richey State FL Zip Code 34655-4378

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

Name of Employer Florida Cancer Specialists Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 22 / 2014

**Transaction ID : A-CF32601**

Amount of Each Receipt this Period  
 500

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 109
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Sing-Yan Stephen Yeung**

Mailing Address 4104 Aurora Street

City State Zip Code  
Coral Gables FL 33146-1416

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

Name of Employer Occupation  
Self Entrepreneur

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 26 / 2014

**Transaction ID : A-CF32922**

Amount of Each Receipt this Period  
250

**B.** Full Name (Last, First, Middle Initial)  
**Jennifer Young**

Mailing Address 4042 Seminary Road

City State Zip Code  
Alexandria VA 22304-1646

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

Name of Employer Occupation  
Tarplin, Downs & Young LLC Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 25 / 2014

**Transaction ID : A-CF32913**

Amount of Each Receipt this Period  
250

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

Mailing Address 509 Jackson Street N

City State Zip Code  
St Petersburg FL 33705-1477

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

Name of Employer Occupation  
self-employed physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 04 / 2014

**Transaction ID : A-CF33032**

Amount of Each Receipt this Period  
250

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

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

750.00

33968.32

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 109
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 25 Massachusetts Avenue NW  
Suite 700

City Washington State DC Zip Code 20001-7401

FEC ID number of contributing federal political committee. **C C00403881**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2014

**Transaction ID : A-CF33014**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**Advanced Medical Technology Assn PAC**

Mailing Address 701 Pennsylvania Avenue NW  
Suite 800

City Washington State DC Zip Code 20004-2654

FEC ID number of contributing federal political committee. **C C00340356**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2014

**Transaction ID : A-CF33161**

Amount of Each Receipt this Period  
1000

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

Mailing Address 20 F Street NW  
Suite 350

City Washington State DC Zip Code 20001-6706

FEC ID number of contributing federal political committee. **C C00181826**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF33392**

Amount of Each Receipt this Period  
3500

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 109
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 352 Knotter Drive

City Cheshire State CT Zip Code 06410-1138

FEC ID number of contributing federal political committee. **C** C00471169

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 22 / 2014

**Transaction ID : A-CF32835**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**Amer. Osteopathic Information Assn. PAC**

Mailing Address 1090 Vermont Avenue NW  
Suite 510

City Washington State DC Zip Code 20005-4949

FEC ID number of contributing federal political committee. **C** C00113803

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF33393**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
**American Academy of Pediatric Dentistry PA**

Mailing Address 211 E Chicago Avenue  
Suite 1700

City Chicago State IL Zip Code 60611-2637

FEC ID number of contributing federal political committee. **C** C00365965

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 04 / 2014

**Transaction ID : A-CF33033**

Amount of Each Receipt this Period  
 2000

**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: (check only one)	PAGE 26 OF 109
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**American Pharmacists Association**

Mailing Address 2215 Constitution Avenue NW

City Washington State DC Zip Code 20037-2907

FEC ID number of contributing federal political committee. **C** C00193854

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 18 / 2014

**Transaction ID : A-CF32703**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**American Psychological Association Practice Organization (APAPO-PAC)**

Mailing Address PO Box 65353

City Washington State DC Zip Code 20035-5353

FEC ID number of contributing federal political committee. **C** C00522094

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF33484**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
**American Society of Association Executives PAC**

Mailing Address 1575 I Street NW

City Washington State DC Zip Code 20005-1105

FEC ID number of contributing federal political committee. **C** C00041566

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : A-CF33237**

Amount of Each Receipt this Period  
 1000

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 27 OF 109  
(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)  
**American Society of Travel Agents PAC**

Mailing Address 1101 King Street  
Suite 200

City Alexandria State VA Zip Code 22314-2963

FEC ID number of contributing federal political committee. **C** C00114108

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : A-CF3233**

Amount of Each Receipt this Period  
2500

**B.** Full Name (Last, First, Middle Initial)  
**AmerisourceBergen Corporation PAC (ABC PAC)**

Mailing Address 1300 Morris Drive  
Suite 100

City Chesterbrook State PA Zip Code 19087-5559

FEC ID number of contributing federal political committee. **C** C00400929

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : A-CF32652**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**AmerisourceBergen Corporation PAC (ABC PAC)**

Mailing Address 1300 Morris Drive  
Suite 100

City Chesterbrook State PA Zip Code 19087-5559

FEC ID number of contributing federal political committee. **C** C00400929

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 11 / 2014

**Transaction ID : A-CF33153**

Amount of Each Receipt this Period  
2500

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 109
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 1 Cityplace Drive

City Saint Louis State MO Zip Code 63141-7014

FEC ID number of contributing federal political committee. **C** C00167668

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 05 / 2014

**Transaction ID : A-CF33097**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**Armando Gutierrez For Congress**

Mailing Address 2640A Mitcham Drive

City Tallahassee State FL Zip Code 32308-5400

FEC ID number of contributing federal political committee. **C** C00468983

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3500

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 24 / 2014

**Transaction ID : A-CF32866**

Amount of Each Receipt this Period  
 1200

**C.** Full Name (Last, First, Middle Initial)  
**Armando Gutierrez For Congress**

Mailing Address 2640A Mitcham Drive

City Tallahassee State FL Zip Code 32308-5400

FEC ID number of contributing federal political committee. **C** C00468983

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3500

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 24 / 2014

**Transaction ID : A-CF32867**

Amount of Each Receipt this Period  
 1500

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

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

3700.00

**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 29 OF 109
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A. Full Name (Last, First, Middle Initial)**  
**Asian American Hotel Owner Association PAC**

Mailing Address 228 S Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314-5404

FEC ID number of contributing federal political committee. **C** C00336743

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2014

**Transaction ID : A-CF33244**

Amount of Each Receipt this Period  
500

**B. Full Name (Last, First, Middle Initial)**  
**Association of Private Sector Colleges and Universities**

Mailing Address 1101 Connecticut Avenue NW  
Suite 900

City Washington State DC Zip Code 20036-4346

FEC ID number of contributing federal political committee. **C** C00213066

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 11 / 2014

**Transaction ID : A-CF33159**

Amount of Each Receipt this Period  
1000

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

Mailing Address 8280 Willow Oaks Corporate Drive  
Suite 500

City Fairfax State VA Zip Code 22031-4514

FEC ID number of contributing federal political committee. **C** C00384602

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : A-CF33428**

Amount of Each Receipt this Period  
1000

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 109
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 208 S Akard Street  
Suite 2701

City Dallas State TX Zip Code 75202-4206

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2014

**Transaction ID : A-CF33304**

Amount of Each Receipt this Period  
1000

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

Mailing Address 208 S Akard Street  
Suite 2701

City Dallas State TX Zip Code 75202-4206

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2014

**Transaction ID : A-CF33305**

Amount of Each Receipt this Period  
1000

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

Mailing Address 133 Boston Post Road

City Weston State MA Zip Code 02493-2525

FEC ID number of contributing federal political committee. **C** C00390351

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2014

**Transaction ID : A-CF33241**

Amount of Each Receipt this Period  
1000

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 109
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Biomarin Pharmaceutical Inc PAC**

Mailing Address 2350 Kerner Boulevard  
Suite 250

City San Rafael State CA Zip Code 94901-5596

FEC ID number of contributing federal political committee. **C** C00543371

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 22 / 2014

**Transaction ID : A-CF32836**

Amount of Each Receipt this Period  
 1000

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

Mailing Address 1 Boston Scientific Place

City Natick State MA Zip Code 01760-1536

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF33381**

Amount of Each Receipt this Period  
 2000

**C.** Full Name (Last, First, Middle Initial)  
**Caremark RX Inc Employee's PAC**

Mailing Address 1300 I Street NW  
Suite 525 W

City Washington State DC Zip Code 20005-3336

FEC ID number of contributing federal political committee. **C** C00384818

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF33384**

Amount of Each Receipt this Period  
 2500

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 109
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A. Cigna PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Pennsylvania Ave NW  
 South Building Suite 835  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C C00085316**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **1500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : A-CF33427**  
 Amount of Each Receipt this Period  
 1500

**B. 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: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : A-CF33483**  
 Amount of Each Receipt this Period  
 1000

**C. Comcast Corporation PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1701 John F Kennedy Boulevard  
 City Philadelphia State PA Zip Code 19103-2838  
 FEC ID number of contributing federal political committee. **C C00248716**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **5000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : A-CF33390**  
 Amount of Each Receipt this Period  
 1000

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 109
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A. Full Name (Last, First, Middle Initial)**  
**Community Oncology Alliance PAC**

Mailing Address 1101 Pennsylvania Avenue NW  
Suite 700

City Washington State DC Zip Code 20004-2520

FEC ID number of contributing federal political committee. **C C00383976**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : A-CF32650**

Amount of Each Receipt this Period  
1000

**B. Full Name (Last, First, Middle Initial)**  
**Cox Enterprises PAC**

Mailing Address 975 F Street NW  
Suite 300

City Washington State DC Zip Code 20004-1459

FEC ID number of contributing federal political committee. **C C00477653**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : A-CF32647**

Amount of Each Receipt this Period  
2000

**C. Full Name (Last, First, Middle Initial)**  
**Cruise Lines International PAC (CLIA-PAC)**

Mailing Address 2111 Wilson Boulevard  
Suite 800

City Arlington State VA Zip Code 22201-3090

FEC ID number of contributing federal political committee. **C C00432393**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF33391**

Amount of Each Receipt this Period  
1000

**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: (check only one)	PAGE 34 OF 109
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**6000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 06 / 2014**

**Transaction ID : A-CF32639**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Dealers Election Action Committee**

Mailing Address 412 1st Street SE

City Washington State DC Zip Code 20003-1804

FEC ID number of contributing federal political committee. **C C00040998**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 21 / 2014**

**Transaction ID : A-CF32812**

Amount of Each Receipt this Period  
**1500**

**C.** Full Name (Last, First, Middle Initial)  
**Duke Energy Corporation PAC**

Mailing Address 550 S Tryon Street

City Charlotte State NC Zip Code 28202-4200

FEC ID number of contributing federal political committee. **C C00083535**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 28 / 2014**

**Transaction ID : A-CF32963**

Amount of Each Receipt this Period  
**2500**

**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: (check only one)	PAGE 35 OF 109
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A. Education Management Corp Employee PAC (EDMC EDU-PAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 210 6th Avenue  
Floor 33  
City Pittsburgh State PA Zip Code 15222-2602

FEC ID number of contributing federal political committee. **C** C00466169

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2014

**Transaction ID : A-CF33238**

Amount of Each Receipt this Period  
1000

**B. Electrical Contractors PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 3 Bethesda Metro Center  
City Bethesda State MD Zip Code 20814-5330

FEC ID number of contributing federal political committee. **C** C00113811

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 7500

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : A-CF33426**

Amount of Each Receipt this Period  
2500

**C. Experian North America, Inc PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 475 Anton Boulevard  
City Costa Mesa State CA Zip Code 92626-7037

FEC ID number of contributing federal political committee. **C** C00379768

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 11 / 2014

**Transaction ID : A-CF33158**

Amount of Each Receipt this Period  
1000

**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: (check only one)	PAGE 36 OF 109
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Express Scripts, Inc. PAC**

Mailing Address 1 Express Way

City Saint Louis State MO Zip Code 63121-1824

FEC ID number of contributing federal political committee. **C** C00365072

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4500

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF33383**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**ExxonMobil PAC**

Mailing Address 5959 Las Colinas Boulevard

City Irving State TX Zip Code 75039-4202

FEC ID number of contributing federal political committee. **C** C00095406

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF33389**

Amount of Each Receipt this Period  
 2000

**C.** Full Name (Last, First, Middle Initial)  
**Franchising Political Action Committee**

Mailing Address 1501 K Street NW  
Suite 350

City Washington State DC Zip Code 20005-1412

FEC ID number of contributing federal political committee. **C** C00084491

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : A-CF33235**

Amount of Each Receipt this Period  
 1000

**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: (check only one)	PAGE 37 OF 109
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**General Electric Company PAC**

Mailing Address 1299 Pennsylvania Avenue NW  
# 900W

City Washington State DC Zip Code 20004-2400

FEC ID number of contributing federal political committee. **C** C00492223

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF33348**

Amount of Each Receipt this Period  
2000

**B.** Full Name (Last, First, Middle Initial)  
**General Electric Company PAC**

Mailing Address 1299 Pennsylvania Avenue NW  
# 900W

City Washington State DC Zip Code 20004-2400

FEC ID number of contributing federal political committee. **C** C00492223

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF33349**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**General Electric Company PAC**

Mailing Address 1299 Pennsylvania Avenue NW  
# 900W

City Washington State DC Zip Code 20004-2400

FEC ID number of contributing federal political committee. **C** C00492223

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF33350**

Amount of Each Receipt this Period  
1000

**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: (check only one)	PAGE 38 OF 109
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A. Generic Pharmaceutical Association PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 777 6th Street NW  
 Suite 510  
 City Washington State DC Zip Code 20001-4498  
 FEC ID number of contributing federal political committee. **C C00383463**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : A-CF33396**  
 Amount of Each Receipt this Period  
 1000

**B. Global Business Travel Association PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 123 N Pitt Street  
 City Alexandria State VA Zip Code 22314-3128  
 FEC ID number of contributing federal political committee. **C C00251751**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 5000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2014  
**Transaction ID : A-CF32618**  
 Amount of Each Receipt this Period  
 5000

**C. GrifolsPAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 79 TW Alexander Drive  
 4101 Research Commons  
 City Research Triangle Park State NC Zip Code 27709  
 FEC ID number of contributing federal political committee. **C C00464958**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2014  
**Transaction ID : A-CF33160**  
 Amount of Each Receipt this Period  
 1000

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

7000.00

**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 39 OF 109
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Hilton Worldwide PC**

Mailing Address 7930 Jones Branch Drive  
Suite 1100

City McLean State VA Zip Code 22102-3313

FEC ID number of contributing federal political committee. **C** C00213074

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF33425**

Amount of Each Receipt this Period  
2500

**B.** Full Name (Last, First, Middle Initial)  
**Honeywell International PAC**

Mailing Address 101 Constitution Avenue NW

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 18 / 2014

**Transaction ID : A-CF32702**

Amount of Each Receipt this Period  
1000

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

Mailing Address 1201 New York Avenue NW  
Suite 600

City Washington State DC Zip Code 20005-3917

FEC ID number of contributing federal political committee. **C** C00001198

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : A-CF33234**

Amount of Each Receipt this Period  
2500

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

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

6000.00

**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 109
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 1155 F Street NW  
Suite 1025

City Washington State DC Zip Code 20004-1342

FEC ID number of contributing federal political committee. **C** C00125641

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : A-CF32649**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**LowPAC Lowe's Companies, Inc.**

Mailing Address 1000 Lowes Boulevard

City Mooresville State NC Zip Code 28117-8520

FEC ID number of contributing federal political committee. **C** C00251751

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 29 / 2014

**Transaction ID : A-CF32617**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
**Marathon Petroleum Corporation PAC**

Mailing Address 539 S Main Street

City Findlay State OH Zip Code 45840-3229

FEC ID number of contributing federal political committee. **C** C00496307

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 7500

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 11 / 2014

**Transaction ID : A-CF33154**

Amount of Each Receipt this Period  
 2500

**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: (check only one)	PAGE 41 OF 109
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A. Marriott International, Inc.**

Full Name (Last, First, Middle Initial)  
Mailing Address 10400 Fernwood Road

City State Zip Code  
Bethesda MD 20817-1102

FEC ID number of contributing federal political committee. **C C00284810**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : A-CF33230**

Amount of Each Receipt this Period  
5000

**B. Michigan Sugar Company Growers PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 2600 S Euclid Avenue

City State Zip Code  
Bay City MI 48706-3414

FEC ID number of contributing federal political committee. **C C00189126**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 11 / 2014

**Transaction ID : A-CF33157**

Amount of Each Receipt this Period  
1500

**C. National Association of Realtors PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 430 N Michigan Avenue

City State Zip Code  
Chicago IL 60611-4011

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 21 / 2014

**Transaction ID : A-CF32811**

Amount of Each Receipt this Period  
3000

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

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

9500.00

**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 42 OF 109
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**National Association of Realtors PAC**

Mailing Address 430 N Michigan Avenue

City Chicago State IL Zip Code 60611-4011

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 22 / 2014

**Transaction ID : A-CF32837**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**National Beer Wholesalers PAC**

Mailing Address 1101 King Street  
Suite 600

City Alexandria State VA Zip Code 22314-2965

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 24 / 2014

**Transaction ID : A-CF32864**

Amount of Each Receipt this Period  
 2500

**C.** Full Name (Last, First, Middle Initial)  
**National Cable and Telecom. Association PAC**

Mailing Address 25 Massachusetts Avenue NW  
Suite 100

City Washington State DC Zip Code 20001-1434

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 8000

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 11 / 2014

**Transaction ID : A-CF33156**

Amount of Each Receipt this Period  
 2000

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

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

5500.00

**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 43 OF 109
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A. National Multi Housing Council PAC**

Full Name (Last, First, Middle Initial)  
National Multi Housing Council PAC

Mailing Address 1850 M Street NW  
Suite 540

City Washington State DC Zip Code 20036-5816

FEC ID number of contributing federal political committee. **C C00130773**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF33351**

Amount of Each Receipt this Period  
 1000

**B. Nextera Energy PAC**

Full Name (Last, First, Middle Initial)  
Nextera Energy PAC

Mailing Address 700 Universe Boulevard

City Juno Beach State FL Zip Code 33408-2657

FEC ID number of contributing federal political committee. **C C00064774**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF33395**

Amount of Each Receipt this Period  
 500

**C. Northeast Utilities Employees' PAC**

Full Name (Last, First, Middle Initial)  
Northeast Utilities Employees' PAC

Mailing Address 901 F Street NW  
Suite 602

City Washington State DC Zip Code 20004-1475

FEC ID number of contributing federal political committee. **C C00102160**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : A-CF33242**

Amount of Each Receipt this Period  
 500

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 109	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

**A. Office of the Commissioner of Major League Baseball PAC**

Full Name (Last, First, Middle Initial)  
Office of the Commissioner of Major League Baseball PAC

Mailing Address 1050 Connecticut Avenue NW  
Suite 1100

City Washington State DC Zip Code 20036-5318

FEC ID number of contributing federal political committee. **C** C00368142

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 11 / 2014

**Transaction ID : A-CF33155**

Amount of Each Receipt this Period  
1000

**B. Pharmaceutical Care Management Assn PAC**

Full Name (Last, First, Middle Initial)  
Pharmaceutical Care Management Assn PAC

Mailing Address 601 Pennsylvania Avenue NW  
Suite 740

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C** C00388819

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2600

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : A-CF33388**

Amount of Each Receipt this Period  
2600

**C. Polsinelli PAC**

Full Name (Last, First, Middle Initial)  
Polsinelli PAC

Mailing Address 700 W 47th Street  
Suite 1000

City Kansas City State MO Zip Code 64112-1805

FEC ID number of contributing federal political committee. **C** C00445981

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 11 / 2014

**Transaction ID : A-CF32651**

Amount of Each Receipt this Period  
1000

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

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

4600.00

**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 45 OF 109
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** 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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : A-CF32653**

Amount of Each Receipt this Period  
1000

**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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 03 / 2014

**Transaction ID : A-CF33016**

Amount of Each Receipt this Period  
1000

**C.** 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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : A-CF33303**

Amount of Each Receipt this Period  
1000

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 109		
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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)  
**S.C. Johnson & Son, Inc PAC**

Mailing Address 1667 K Street NW  
Suite 650

City Washington State DC Zip Code 20006-1652

FEC ID number of contributing federal political committee. **C** C00342246

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 11 / 2014

**Transaction ID : A-CF32648**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**Sabre Holdings Corp PAC**

Mailing Address 1250 Connecticut Avenue NW  
Suite 825

City Washington State DC Zip Code 20036-2617

FEC ID number of contributing federal political committee. **C** C00325811

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2014

**Transaction ID : A-CF33240**

Amount of Each Receipt this Period  
1000

**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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 29 / 2014

**Transaction ID : A-CF32616**

Amount of Each Receipt this Period  
1000

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 109
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A. Southern Minnesota Beet Sugar Cooperative PAC**

Full Name (Last, First, Middle Initial)  
Southern Minnesota Beet Sugar Cooperative PAC

Mailing Address PO Box 500

City Renville State MN Zip Code 56284-0500

FEC ID number of contributing federal political committee. **C C00166348**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF33394**

Amount of Each Receipt this Period  
 1000

**B. The U.S. Oncology Network PAC**

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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2014

**Transaction ID : A-CF32636**

Amount of Each Receipt this Period  
 1000

**C. U.S. Travel Association PAC**

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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : A-CF33482**

Amount of Each Receipt this Period  
 2500

**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: (check only one)	PAGE 48 OF 109
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**United Technologies Employee PAC**

Mailing Address 1101 Pennsylvania Avenue NW

City Washington State DC Zip Code 20004-2504

FEC ID number of contributing federal political committee. **C C00035683**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 27 / 2014**

**Transaction ID : A-CF33236**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**USAA Employee PAC**

Mailing Address 9800 Fredericksburg Road # 501

City San Antonio State TX Zip Code 78288-0001

FEC ID number of contributing federal political committee. **C C00164145**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **10000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : A-CF33385**

Amount of Each Receipt this Period  
**5000**

**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. **C C00186288**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 27 / 2014**

**Transaction ID : A-CF33232**

Amount of Each Receipt this Period  
**2000**

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

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

**8000.00**

**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 49 OF 109
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A. Vertex Pharmaceuticals Inc PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1201 Maryland Avenue SW  
 Suite 850  
 City Washington State DC Zip Code 20024-2259  
 FEC ID number of contributing federal political committee. **C C00468660**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 4250

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2014  
**Transaction ID : A-CF33231**  
 Amount of Each Receipt this Period  
 2000

**B. Walgreen Co PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 Wilmot Road  
 Stop 1444  
 City Deerfield State IL Zip Code 60015-5121  
 FEC ID number of contributing federal political committee. **C C00160770**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2014  
**Transaction ID : A-CF33239**  
 Amount of Each Receipt this Period  
 1000

**C. Wellpoint, Inc. WellPAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 Monument Circle  
 City Indianapolis State IN Zip Code 46204-4906  
 FEC ID number of contributing federal political committee. **C C00197228**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 2500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : A-CF33382**  
 Amount of Each Receipt this Period  
 1500

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

4500.00  
 120300.00

# 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 109  
(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)  
**United States Treasury**

Mailing Address Internal Revenue Serv

City State Zip Code  
Ogden UT 84201-0001

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**752.44**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : A-MF33406**

Amount of Each Receipt this Period  
**164.51**

Refund - overpayment

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

**164.51**

**164.51**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 109	
	<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. 1TapApp.com</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 1170 Gulf Boulevard Apt. 1601		Amount of Each Disbursement this Period 1337.5 <b>Transaction ID : B-E-33060</b>
City Clearwater	State FL Zip Code 33767-2785	
Purpose of Disbursement Advertising: Smart Phone App	Category/Type 004	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amex Merchant Services, SE Remittance 24-02-18</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014
Mailing Address PO Box 53765		Amount of Each Disbursement this Period 7.95 <b>Transaction ID : B-E-33408</b>
City Phoenix	State AZ Zip Code 85072-3765	
Purpose of Disbursement Fundraising: Online processing fees	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Amex Merchant Services, SE Remittance 24-02-18</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address PO Box 53765		Amount of Each Disbursement this Period 251 <b>Transaction ID : B-E-33421</b>
City Phoenix	State AZ Zip Code 85072-3765	
Purpose of Disbursement Fundraising: Online processing fees	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1596.45
<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 52 OF 109			
	<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 M M / D D / Y Y Y Y <b>02 / 10 / 2014</b>
Mailing Address <b>PO Box 53765</b>		Amount of Each Disbursement this Period <b>7.95</b>
City <b>Phoenix</b> State <b>AZ</b> Zip Code <b>85072-3765</b>	Category/Type <b>003</b>	
Purpose of Disbursement Fundraising: Online processing fees		<b>Transaction ID : B-E-33419</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amex Merchant Services, SE Remittance 24-02-18</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 12 / 2014</b>
Mailing Address <b>PO Box 53765</b>		Amount of Each Disbursement this Period <b>138.03</b>
City <b>Phoenix</b> State <b>AZ</b> Zip Code <b>85072-3765</b>	Category/Type <b>003</b>	
Purpose of Disbursement Fundraising: Online processing fees		<b>Transaction ID : B-E-33418</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Amex Merchant Services, SE Remittance 24-02-18</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 10 / 2014</b>
Mailing Address <b>PO Box 53765</b>		Amount of Each Disbursement this Period <b>7.95</b>
City <b>Phoenix</b> State <b>AZ</b> Zip Code <b>85072-3765</b>	Category/Type <b>003</b>	
Purpose of Disbursement Fundraising: Online processing fees		<b>Transaction ID : B-E-33414</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>153.93</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 53 OF 109	
	<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 M M / D D / Y Y Y Y <b>03 / 12 / 2014</b>
Mailing Address <b>PO Box 53765</b>		Amount of Each Disbursement this Period <b>24.03</b>
City <b>Phoenix</b> State <b>AZ</b> Zip Code <b>85072-3765</b>	Category/Type <b>003</b>	
Purpose of Disbursement <b>Fundraising: Online processing fees</b>		<b>Transaction ID : B-E-33413</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <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 M M / D D / Y Y Y Y <b>01 / 04 / 2014</b>
Mailing Address <b>4400 Independence Court</b>		Amount of Each Disbursement this Period <b>3027.59</b>
City <b>Sarasota</b> State <b>FL</b> Zip Code <b>34234-4727</b>	Category/Type <b>001</b>	
Purpose of Disbursement <b>Direct mail services</b>		<b>Transaction ID : B-E-32569</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <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 M M / D D / Y Y Y Y <b>01 / 02 / 2014</b>
Mailing Address <b>205 Pennsylvania Avenue SE</b>		Amount of Each Disbursement this Period <b>2400</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20003-1164</b>	Category/Type <b>001</b>	
Purpose of Disbursement <b>Campaign software</b>		<b>Transaction ID : B-E-32559</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5451.62</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 54 OF 109			
	<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. Aristotle International, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 125 <b>Transaction ID : B-E-33262</b>
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Software fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 221.31 <b>Transaction ID : B-E-32615</b>
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Campaign Event: Food and beverage 007 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 984.88 <b>Transaction ID : B-E-32759</b>
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Campaign Event: Food and beverage 007 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1331.19
<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 55 OF 109			
	<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. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 228.58 <b>Transaction ID : B-E-33223</b>
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Campaign Event: Food and beverage Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Chase Cardmember Service</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 3609.18 <b>Transaction ID : B-E-32586</b>
City Wilmington State DE Zip Code 19886-5153	Purpose of Disbursement see memo entries Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Original vendors exceeding reporting threshold itemized as memo transactions.

Full Name (Last, First, Middle Initial) <b>c. Public Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 38800 Us Highway 19 N		Amount of Each Disbursement this Period 273.29 <b>Transaction ID : B-S-1473</b>
City Tarpon Spgs State FL Zip Code 34689-3961	Purpose of Disbursement Storage unit Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(01/22/14)

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3837.76
<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 56 OF 109	
	<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. USAirways</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 7 Park Avenue		Amount of Each Disbursement this Period 390.9
City Pittsburgh	State PA	
Zip Code 15223-1728	Purpose of Disbursement Airfare	Transaction ID : B-S-1451
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Chase Cardmember Service(01/22/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sprint</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address PO Box 4191		Amount of Each Disbursement this Period 563.45
City Carol Stream	State IL	
Zip Code 60197-4191	Purpose of Disbursement Cell phones	Transaction ID : B-S-1454
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Chase Cardmember Service(01/22/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 285.78
City Dallas	State TX	
Zip Code 75266-0108	Purpose of Disbursement Cell phones	Transaction ID : B-S-1469
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Chase Cardmember Service(01/22/14)
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 57 OF 109	
	<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. Exxon Mobil</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2014
Mailing Address 339 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 69.46
City Washington	State DC	
Zip Code 20003-1148	Purpose of Disbursement Gas	<b>Transaction ID : B-S-1478</b>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(01/22/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CreateSend.com Sutherland NSW</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2014
Mailing Address 4400 N Point Parkway Suite 190		Amount of Each Disbursement this Period 99
City Alpharetta	State GA	
Zip Code 30022-2481	Purpose of Disbursement Email distribution	<b>Transaction ID : B-S-1450</b>
Candidate Name	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(01/22/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Stoneridge Group, LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2014
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 maintenance	<b>Transaction ID : B-S-1453</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(01/22/14)
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 58 OF 109	
	<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 M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 26277 Us Highway 19 N		Amount of Each Disbursement this Period 0.00 Transaction ID : B-S-1470
City Clearwater State FL Zip Code 33761-3587	Purpose of Disbursement Office supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(01/22/14)

Full Name (Last, First, Middle Initial) <b>B. Starconferencing.com</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address PO Box 404351		Amount of Each Disbursement this Period 20.85 Transaction ID : B-S-1457
City Atlanta State GA Zip Code 30384-4351	Purpose of Disbursement Conference call line Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(01/22/14)

Full Name (Last, First, Middle Initial) <b>c. U.S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 850 E Lime Street		Amount of Each Disbursement this Period 88 Transaction ID : B-S-1455
City Tarpon Springs State FL Zip Code 34689-9998	Purpose of Disbursement Postage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(01/22/14)

<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 59 OF 109	
	<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 M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 303 Main Street		Amount of Each Disbursement this Period 5.6
City Safety Harbor	State FL Zip Code 34695-3672	
Purpose of Disbursement Postage	Category/Type 001	<b>Transaction ID : B-S-1468</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(01/22/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kindle Subscription Services c/o Amazon.com</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address PO Box 81226		Amount of Each Disbursement this Period 0.99
City Seattle	State WA Zip Code 98108-1300	
Purpose of Disbursement Subscriptions	Category/Type 001	<b>Transaction ID : B-S-1446</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(01/22/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Buccaneer Beads</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 3808 East MLK Blvd. Suite A		Amount of Each Disbursement this Period 156.01
City Tampa	State FL Zip Code 33610	
Purpose of Disbursement Parade beads	Category/Type 006	<b>Transaction ID : B-S-1448</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(01/22/14)
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 60 OF 109	
	<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. Buccaneer Beads</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 3808 East MLK Blvd. Suite A		Amount of Each Disbursement this Period 156.01
City Tampa	State FL Zip Code 33610	
Purpose of Disbursement Parade beads	Category/Type 006	<b>Transaction ID : B-S-1456</b>  <b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(01/22/14)
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Dollar Tree</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 1540 N McMullen Booth Road Suite E		Amount of Each Disbursement this Period 72.76
City Clearwater	State FL Zip Code 33759-2594	
Purpose of Disbursement Event supplies	Category/Type 007	<b>Transaction ID : B-S-1471</b>  <b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(01/22/14)
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Grand Plaza Cafe</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 4040 Little Road		Amount of Each Disbursement this Period 296.59
City New Port Richey	State FL Zip Code 34655-1798	
Purpose of Disbursement Food and beverage	Category/Type 007	<b>Transaction ID : B-S-1479</b>  <b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(01/22/14)
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <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)	PAGE 61 OF 109			
	<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. Grand Plaza Cafe</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 4040 Little Road		Amount of Each Disbursement this Period 37.82
City New Port Richey	State FL	
Zip Code 34655-1798	Purpose of Disbursement Food and beverage	Transaction ID : B-S-1481
Candidate Name	007 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Chase Cardmember Service(01/22/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Affordable Container</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 752 Twin Lakes Road		Amount of Each Disbursement this Period 312.7
City Shohola	State PA	
Zip Code 18458-4300	Purpose of Disbursement Portalet	Transaction ID : B-S-1474
Candidate Name	007 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Chase Cardmember Service(01/22/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Wal-Mart</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 3801 Tampa Road		Amount of Each Disbursement this Period 85.74
City Oldsmar	State FL	
Zip Code 34677-3008	Purpose of Disbursement Parade candy	Transaction ID : B-S-1449
Candidate Name	007 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Chase Cardmember Service(01/22/14)
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 62 OF 109	
	<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. Wal-Mart</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 3801 Tampa Road		Amount of Each Disbursement this Period 102
City Oldsmar	State FL Zip Code 34677-3008	
Purpose of Disbursement Parade candy	Category/Type 001	<b>Transaction ID : B-S-1459</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(01/22/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Chase Cardmember Service</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 3278.65
City Wilmington	State DE Zip Code 19886-5153	
Purpose of Disbursement See memo entries	Category/Type 001	<b>Transaction ID : B-E-32621</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>c. U.S. Capitol Historical Society</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 200 Maryland Avenue NE		Amount of Each Disbursement this Period 2586.65
City Washington	State DC Zip Code 20002-5724	
Purpose of Disbursement Calendars	Category/Type 006	<b>Transaction ID : B-S-1483</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(01/30/14)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3278.65
<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 63 OF 109			
	<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 M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 850 E Lime Street		Amount of Each Disbursement this Period 692
City Tarpon Springs	State FL Zip Code 34689-9998	
Purpose of Disbursement Postage	Category/Type 001	<b>Transaction ID : B-S-1484</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(01/30/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Chase Cardmember Service</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 3421.16
City Wilmington	State DE Zip Code 19886-5153	
Purpose of Disbursement See memo entries	Category/Type 001	<b>Transaction ID : B-E-32655</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Public Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014
Mailing Address 38800 Us Highway 19 N		Amount of Each Disbursement this Period 273.29
City Tarpon Spgs	State FL Zip Code 34689-3961	
Purpose of Disbursement Storage unit	Category/Type 001	<b>Transaction ID : B-S-1520</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(02/17/14)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3421.16
<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 64 OF 109			
	<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. On Demand Printing</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2014
Mailing Address 303 Mears Boulevard		Amount of Each Disbursement this Period 000,000.00 203.3
City Oldsmar State FL Zip Code 34677-3048	Purpose of Disbursement Petition card printing 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B-S-1497  [MEMO ITEM] Subitemization of Chase Cardmember Service(02/17/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Pasco Economic Development</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2014
Mailing Address 16506 Pointe Village Drive Suite 101		Amount of Each Disbursement this Period 000,000.00 60
City Lutz State FL Zip Code 33558-5255	Purpose of Disbursement Event tickets 007 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B-S-1499  [MEMO ITEM] Subitemization of Chase Cardmember Service(02/17/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. USAirways</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2014
Mailing Address 7 Park Avenue		Amount of Each Disbursement this Period 000,000.00 258
City Pittsburgh State PA Zip Code 15223-1728	Purpose of Disbursement Airfare 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : B-S-1515  [MEMO ITEM] Subitemization of Chase Cardmember Service(02/17/14)
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 65 OF 109	
	<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. ABCO Graphics &amp; Printing, Inc.</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2014
Mailing Address 11515 Pyramid Drive		Amount of Each Disbursement this Period 000,000.00 139.1
City Odessa State FL Zip Code 33556-3457	Purpose of Disbursement Stationery printing Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : B-S-1505</b> <b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(02/17/14)

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2014
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 000,000.00 353.66
City Dallas State TX Zip Code 75266-0108	Purpose of Disbursement Cell phones Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : B-S-1514</b> <b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(02/17/14)

Full Name (Last, First, Middle Initial) <b>C. Aristotle International, Inc.</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2014
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 000,000.00 125
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Data upload Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : B-S-1507</b> <b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(02/17/14)

<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 66 OF 109	
	<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 02 / 17 / 2014
Mailing Address 850 E Lime Street		Amount of Each Disbursement this Period 220 <b>Transaction ID : B-S-1516</b>
City Tarpon Springs	State FL	
Zip Code 34689-9998	Purpose of Disbursement Postal permit	[MEMO ITEM] Subitemization of Chase Cardmember Service(02/17/14)
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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 02 / 17 / 2014
Mailing Address 26277 Us Highway 19 N		Amount of Each Disbursement this Period 52.43 <b>Transaction ID : B-S-1487</b>
City Clearwater	State FL	
Zip Code 33761-3587	Purpose of Disbursement Event flyers	[MEMO ITEM] Subitemization of Chase Cardmember Service(02/17/14)
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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 02 / 17 / 2014
Mailing Address 26277 Us Highway 19 N		Amount of Each Disbursement this Period 59.39 <b>Transaction ID : B-S-1502</b>
City Clearwater	State FL	
Zip Code 33761-3587	Purpose of Disbursement Office supplies	[MEMO ITEM] Subitemization of Chase Cardmember Service(02/17/14)
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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)		PAGE 67 OF 109	
	<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. Office Depot #95</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014
Mailing Address 26277 Us Highway 19 N		Amount of Each Disbursement this Period 61.62
City Clearwater	State FL	Zip Code 33761-3587
Purpose of Disbursement Office supplies	Category/Type 001	
Candidate Name	Transaction ID : B-S-1503	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM] Subitemization of Chase Cardmember Service(02/17/14)	

Full Name (Last, First, Middle Initial) <b>B. Office Depot #95</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014
Mailing Address 26277 Us Highway 19 N		Amount of Each Disbursement this Period 167.42
City Clearwater	State FL	Zip Code 33761-3587
Purpose of Disbursement Office supplies	Category/Type 001	
Candidate Name	Transaction ID : B-S-1517	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM] Subitemization of Chase Cardmember Service(02/17/14)	

Full Name (Last, First, Middle Initial) <b>c. Kindle Subscription Services c/o Amazon.com</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014
Mailing Address PO Box 81226		Amount of Each Disbursement this Period 22.99
City Seattle	State WA	Zip Code 98108-1300
Purpose of Disbursement Subscriptions	Category/Type 001	
Candidate Name	Transaction ID : B-S-1485	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM] Subitemization of Chase Cardmember Service(02/17/14)	

<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 68 OF 109			
	<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. Kindle Subscription Services c/o Amazon.com</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2014
Mailing Address PO Box 81226		Amount of Each Disbursement this Period 0.99
City Seattle	State WA	Zip Code 98108-1300
Purpose of Disbursement Subscriptions	Category/ Type 001	
Candidate Name	Transaction ID : B-S-1489	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(02/17/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. U.S. Postal Service</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2014
Mailing Address 303 Main Street		Amount of Each Disbursement this Period 46
City Safety Harbor	State FL	Zip Code 34695-3672
Purpose of Disbursement Postage	Category/ Type 001	
Candidate Name	Transaction ID : B-S-1494	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(02/17/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. U.S. Postal Service</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2014
Mailing Address 303 Main Street		Amount of Each Disbursement this Period 46
City Safety Harbor	State FL	Zip Code 34695-3672
Purpose of Disbursement Postage	Category/ Type 001	
Candidate Name	Transaction ID : B-S-1511	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(02/17/14)
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 69 OF 109	
	<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. Kindle Subscription Services c/o Amazon.com</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2014
Mailing Address PO Box 81226		Amount of Each Disbursement this Period 22.99
City Seattle	State WA	Zip Code 98108-1300
Purpose of Disbursement Subscriptions	Category/ Type 001	
Candidate Name	Transaction ID : B-S-1522	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM] Subitemization of Chase Cardmember Service(02/17/14)	

Full Name (Last, First, Middle Initial) <b>B. U.S. Postal Service</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2014
Mailing Address 303 Main Street		Amount of Each Disbursement this Period 3.32
City Safety Harbor	State FL	Zip Code 34695-3672
Purpose of Disbursement Postage	Category/ Type 001	
Candidate Name	Transaction ID : B-S-1500	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM] Subitemization of Chase Cardmember Service(02/17/14)	

Full Name (Last, First, Middle Initial) <b>c. Starconferencing.com</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2014
Mailing Address PO Box 404351		Amount of Each Disbursement this Period 20.85
City Atlanta	State GA	Zip Code 30384-4351
Purpose of Disbursement Conference call line	Category/ Type 001	
Candidate Name	Transaction ID : B-S-1496	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM] Subitemization of Chase Cardmember Service(02/17/14)	

<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 70 OF 109	
	<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. The Stoneridge Group, LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2014
Mailing Address 4400 N Point Parkway Suite 190		Amount of Each Disbursement this Period 99.95
City Alpharetta State GA Zip Code 30022-2481	Purpose of Disbursement Website maintenance	Transaction ID : B-S-1495
Candidate Name	Category/Type 001	[MEMO ITEM] Subitemization of Chase Cardmember Service(02/17/14)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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 02 / 17 / 2014
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	Transaction ID : B-S-1492
Candidate Name	Category/Type 004	[MEMO ITEM] Subitemization of Chase Cardmember Service(02/17/14)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. House Members Dining Room</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2014
Mailing Address US Capitol		Amount of Each Disbursement this Period 76.75
City Washington State DC Zip Code 20515-0001	Purpose of Disbursement Food and beverage	Transaction ID : B-S-1524
Candidate Name	Category/Type 007	[MEMO ITEM] Subitemization of Chase Cardmember Service(02/17/14)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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)	PAGE 71 OF 109			
	<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. Affordable Container</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2014
Mailing Address 752 Twin Lakes Road		Amount of Each Disbursement this Period 0.00
City Shohola State PA Zip Code 18458-4300	Purpose of Disbursement CREDIT: Portalet	
Candidate Name	Category/Type	Transaction ID : B-S-1525  [MEMO ITEM] Subitemization of Chase Cardmember Service(02/17/14)
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Dollar Tree</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2014
Mailing Address 1540 N McMullen Booth Road Suite E		Amount of Each Disbursement this Period 86.67
City Clearwater State FL Zip Code 33759-2594	Purpose of Disbursement Event decorations	
Candidate Name	Category/Type 007	Transaction ID : B-S-1486  [MEMO ITEM] Subitemization of Chase Cardmember Service(02/17/14)
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Fox Hollow Golf Club</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2014
Mailing Address 10050 Robert Trent Jones Parkway		Amount of Each Disbursement this Period 20
City Trinity State FL Zip Code 34655-4634	Purpose of Disbursement Event deposit	
Candidate Name	Category/Type 007	Transaction ID : B-S-1504  [MEMO ITEM] Subitemization of Chase Cardmember Service(02/17/14)
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Disbursement For: 2014 <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)	PAGE 72 OF 109			
	<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. Fox Hollow Golf Club</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2014
Mailing Address 10050 Robert Trent Jones Parkway		Amount of Each Disbursement this Period 427.02
City Trinity	State FL	
Zip Code 34655-4634		
Purpose of Disbursement Food and beverage		Category/ Type 007
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Fox Hollow Golf Club</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2014
Mailing Address 10050 Robert Trent Jones Parkway		Amount of Each Disbursement this Period 196.97
City Trinity	State FL	
Zip Code 34655-4634		
Purpose of Disbursement Food and beverage		Category/ Type 007
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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 #647</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2014
Mailing Address 40545 Us Highway 19 N		Amount of Each Disbursement this Period 23.59
City Tarpon Springs	State FL	
Zip Code 34689-4833		
Purpose of Disbursement Office supplies		Category/ Type 001
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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)		PAGE 73 OF 109	
	<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. Post Office (Curlew City)</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014
Mailing Address 30043 US Highway 19 N		Amount of Each Disbursement this Period 2.07
City Clearwater State FL Zip Code 33761-1032	Purpose of Disbursement Postage 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B-S-1513</b>  <b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(02/17/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wal-Mart</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014
Mailing Address 3801 Tampa Road		Amount of Each Disbursement this Period 138.63
City Oldsmar State FL Zip Code 34677-3008	Purpose of Disbursement Event supplies 007 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B-S-1488</b>  <b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(02/17/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Chase Cardmember Service</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 2077.75
City Wilmington State DE Zip Code 19886-5153	Purpose of Disbursement see memo entries 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : B-E-32893</b>  Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2077.75
<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 74 OF 109			
	<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. Tiffany's Family Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 35000 Us Highway 19 N		Amount of Each Disbursement this Period 500
City Palm Harbor	State FL	Zip Code 34684-1933
Purpose of Disbursement Food and beverage	Category/ Type 007	
Candidate Name	Transaction ID : B-S-1526	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(02/25/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Logo Outfitters</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 14501 McCormick Drive		Amount of Each Disbursement this Period 1308.08
City Tampa	State FL	Zip Code 33626-3023
Purpose of Disbursement t-shirts	Category/ Type 006	
Candidate Name	Transaction ID : B-S-1528	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(02/25/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 269.67
City Dallas	State TX	Zip Code 75266-0108
Purpose of Disbursement Cell phones	Category/ Type 001	
Candidate Name	Transaction ID : B-S-1527	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(02/25/14)
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 75 OF 109	
	<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 M M / D D / Y Y Y Y <b>03 / 16 / 2014</b>
Mailing Address PO Box 15153		Amount of Each Disbursement this Period <b>3881.97</b>
City Wilmington	State DE	Zip Code 19886-5153
Purpose of Disbursement see memo entries	Category/ Type <b>001</b>	
Candidate Name	Transaction ID : <b>B-E-33207</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>B. On Demand Printing</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 16 / 2014</b>
Mailing Address 303 Mears Boulevard		Amount of Each Disbursement this Period <b>203.3</b>
City Oldsmar	State FL	Zip Code 34677-3048
Purpose of Disbursement Petition card printing	Category/ Type <b>001</b>	
Candidate Name	Transaction ID : <b>B-S-1545</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(03/16/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Public Storage</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 16 / 2014</b>
Mailing Address 38800 Us Highway 19 N		Amount of Each Disbursement this Period <b>273.29</b>
City Tarpon Spgs	State FL	Zip Code 34689-3961
Purpose of Disbursement Storage unit	Category/ Type <b>001</b>	
Candidate Name	Transaction ID : <b>B-S-1569</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(03/16/14)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3881.97</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 76 OF 109			
	<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. USAirways</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 7 Park Avenue		Amount of Each Disbursement this Period 338
City Pittsburgh	State PA	
Zip Code 15223-1728	Purpose of Disbursement Airfare	Transaction ID : B-S-1566
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Chase Cardmember Service(03/16/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Pasco Economic Development</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 16506 Pointe Village Drive Suite 101		Amount of Each Disbursement this Period 90
City Lutz	State FL	
Zip Code 33558-5255	Purpose of Disbursement Event tickets	Transaction ID : B-S-1551
Candidate Name	007 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Chase Cardmember Service(03/16/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address PO Box 619612		Amount of Each Disbursement this Period 317
City Dallas	State TX	
Zip Code 75261-9612	Purpose of Disbursement Airfare	Transaction ID : B-S-1548
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Chase Cardmember Service(03/16/14)
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 77 OF 109			
	<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 M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address PO Box 619612		Amount of Each Disbursement this Period 317
City Dallas	State TX	
Zip Code 75261-9612	Purpose of Disbursement Airfare	<b>Transaction ID : B-S-1547</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(03/16/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ampco Parking</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 5503 W Spruce Street		Amount of Each Disbursement this Period 20
City Tampa	State FL	
Zip Code 33607-5923	Purpose of Disbursement Parking garage fees	<b>Transaction ID : B-S-1559</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(03/16/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. House Members Dining Room</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address US Capitol		Amount of Each Disbursement this Period 52.4
City Washington	State DC	
Zip Code 20515-0001	Purpose of Disbursement Food and beverage	<b>Transaction ID : B-S-1546</b>
Candidate Name	007 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(03/16/14)
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 78 OF 109			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. CreateSend.com Sutherland NSW</b>		Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>16</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		16		2014
M M	/	D D	/	Y Y Y Y								
03		16		2014								
Mailing Address 4400 N Point Parkway Suite 190		Amount of Each Disbursement this Period <table border="1"> <tr> <td>99</td> </tr> </table>	99									
99												
City Alpharetta State GA Zip Code 30022-2481	Purpose of Disbursement Email distributions Category/Type <table border="1"> <tr> <td>004</td> </tr> </table>	004										
004												
Candidate Name	Disbursement For: 2014 <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:										

Transaction ID : B-S-1534  
**[MEMO ITEM]**  
Subitemization of Chase Cardmember Service(03/16/14)

Full Name (Last, First, Middle Initial) <b>B. The Stoneridge Group, LLC</b>		Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>16</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		16		2014
M M	/	D D	/	Y Y Y Y								
03		16		2014								
Mailing Address 4400 N Point Parkway Suite 190		Amount of Each Disbursement this Period <table border="1"> <tr> <td>19.95</td> </tr> </table>	19.95									
19.95												
City Alpharetta State GA Zip Code 30022-2481	Purpose of Disbursement Website administration Category/Type <table border="1"> <tr> <td>001</td> </tr> </table>	001										
001												
Candidate Name	Disbursement For: 2014 <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:										

Transaction ID : B-S-1535  
**[MEMO ITEM]**  
Subitemization of Chase Cardmember Service(03/16/14)

Full Name (Last, First, Middle Initial) <b>c. U.S. Postal Service</b>		Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>16</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		16		2014
M M	/	D D	/	Y Y Y Y								
03		16		2014								
Mailing Address 303 Main Street		Amount of Each Disbursement this Period <table border="1"> <tr> <td>10.5</td> </tr> </table>	10.5									
10.5												
City Safety Harbor State FL Zip Code 34695-3672	Purpose of Disbursement Postage Category/Type <table border="1"> <tr> <td>001</td> </tr> </table>	001										
001												
Candidate Name	Disbursement For: 2014 <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:										

Transaction ID : B-S-1555  
**[MEMO ITEM]**  
Subitemization of Chase Cardmember Service(03/16/14)

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<table border="1"> <tr> <td>0.00</td> </tr> </table>	0.00
0.00		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

**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 79 OF 109	
	<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 M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 303 Main Street		Amount of Each Disbursement this Period 3.29
City Safety Harbor	State FL	
Zip Code 34695-3672	Purpose of Disbursement Postage	<b>Transaction ID : B-S-1563</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(03/16/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. U.S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 303 Main Street		Amount of Each Disbursement this Period 3.5
City Safety Harbor	State FL	
Zip Code 34695-3672	Purpose of Disbursement Postage	<b>Transaction ID : B-S-1564</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(03/16/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. U.S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 303 Main Street		Amount of Each Disbursement this Period 5.6
City Safety Harbor	State FL	
Zip Code 34695-3672	Purpose of Disbursement Postage	<b>Transaction ID : B-S-1565</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(03/16/14)
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 80 OF 109	
	<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. Kindle Subscription Services c/o Amazon.com</b>		Date of Disbursement MM / DD / YYYY 03 / 16 / 2014
Mailing Address PO Box 81226		Amount of Each Disbursement this Period 22.99
City Seattle	State WA	
Zip Code 98108-1300	Purpose of Disbursement Subscriptions	<b>Transaction ID : B-S-1570</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(03/16/14)	

Full Name (Last, First, Middle Initial) <b>B. Kindle Subscription Services c/o Amazon.com</b>		Date of Disbursement MM / DD / YYYY 03 / 16 / 2014
Mailing Address PO Box 81226		Amount of Each Disbursement this Period 0.99
City Seattle	State WA	
Zip Code 98108-1300	Purpose of Disbursement Subscriptions	<b>Transaction ID : B-S-1531</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(03/16/14)	

Full Name (Last, First, Middle Initial) <b>c. Office Depot #95</b>		Date of Disbursement MM / DD / YYYY 03 / 16 / 2014
Mailing Address 26277 Us Highway 19 N		Amount of Each Disbursement this Period 149.43
City Clearwater	State FL	
Zip Code 33761-3587	Purpose of Disbursement Event flyers	<b>Transaction ID : B-S-1538</b>
Candidate Name	007 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(03/16/14)	

<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 81 OF 109	
	<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 M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 26277 Us Highway 19 N		Amount of Each Disbursement this Period 14.96
City Clearwater	State FL Zip Code 33761-3587	
Purpose of Disbursement Office supplies	Category/Type 001	<b>Transaction ID : B-S-1539</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(03/16/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. U.S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 850 E Lime Street		Amount of Each Disbursement this Period 2.32
City Tarpon Springs	State FL Zip Code 34689-9998	
Purpose of Disbursement Postage	Category/Type 001	<b>Transaction ID : B-S-1542</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(03/16/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Office Depot #647</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 40545 Us Highway 19 N		Amount of Each Disbursement this Period 62.88
City Tarpon Springs	State FL Zip Code 34689-4833	
Purpose of Disbursement Stamps and office supplies	Category/Type 001	<b>Transaction ID : B-S-1541</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(03/16/14)
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 82 OF 109			
	<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. Carmine's</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 425 7th Street NW		Amount of Each Disbursement this Period 712.08
City Washington	State DC	
Zip Code 20004-2229	Purpose of Disbursement Food and beverage	<b>Transaction ID : B-S-1533</b>
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(03/16/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ExxonMobil</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 5030 Connecticut Avenue NW Jjz Enterprise 4781936		Amount of Each Disbursement this Period 50.2
City Washington	State DC	
Zip Code 20008-2023	Purpose of Disbursement Gas	<b>Transaction ID : B-S-1543</b>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(03/16/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Dollar Tree</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 1540 N McMullen Booth Road Suite E		Amount of Each Disbursement this Period 8.56
City Clearwater	State FL	
Zip Code 33759-2594	Purpose of Disbursement Office supplies	<b>Transaction ID : B-S-1554</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(03/16/14)
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 83 OF 109			
	<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. Hyatt Regency Coral Gables</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 50 Alhambra Plaza		Amount of Each Disbursement this Period 191.11
City Coral Gables	State FL	
Zip Code 33134-5204	Purpose of Disbursement Lodging	<b>Transaction ID : B-S-1560</b>
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(03/16/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hyatt Regency Coral Gables</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address 50 Alhambra Plaza		Amount of Each Disbursement this Period 163.29
City Coral Gables	State FL	
Zip Code 33134-5204	Purpose of Disbursement Lodging	<b>Transaction ID : B-S-1561</b>
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(03/16/14)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Chase Paymentech</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address PO Box 6600		Amount of Each Disbursement this Period 63.15
City Hagerstown	State MD	
Zip Code 21741-6600	Purpose of Disbursement Fundraising: Online processing fees	<b>Transaction ID : B-E-33409</b>
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	63.15
<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 84 OF 109			
	<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 Paymentech</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address PO Box 6600		Amount of Each Disbursement this Period 17.37
City Hagerstown	State MD	
Zip Code 21741-6600	Purpose of Disbursement Fundraising: Online processing fees	<b>Transaction ID : B-E-33423</b>
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Chase Paymentech</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address PO Box 6600		Amount of Each Disbursement this Period 45.37
City Hagerstown	State MD	
Zip Code 21741-6600	Purpose of Disbursement Fundraising: Online processing fees	<b>Transaction ID : B-E-33416</b>
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Dade City Chamber of Commerce</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 14112 8th Street		Amount of Each Disbursement this Period 100
City Dade City	State FL	
Zip Code 33525-4149	Purpose of Disbursement Membership dues	<b>Transaction ID : B-E-32624</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	162.74
<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 85 OF 109			
	<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. Direct Mail Systems, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 12450 Automobile Boulevard		Amount of Each Disbursement this Period 9400 <b>Transaction ID : B-E-32622</b>
City Clearwater State FL Zip Code 33762-4427	Purpose of Disbursement Direct mail postage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Direct Mail Systems, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 12450 Automobile Boulevard		Amount of Each Disbursement this Period 11485.36 <b>Transaction ID : B-E-32762</b>
City Clearwater State FL Zip Code 33762-4427	Purpose of Disbursement Direct mail services Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Direct Mail Systems, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 12450 Automobile Boulevard		Amount of Each Disbursement this Period 2500 <b>Transaction ID : B-E-33106</b>
City Clearwater State FL Zip Code 33762-4427	Purpose of Disbursement Direct mail services postage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	23385.36
<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 86 OF 109			
	<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 01 / 02 / 2014
Mailing Address PO Box 897		Amount of Each Disbursement this Period 4970 <b>Transaction ID : B-E-32566</b>
City Safety Harbor	State FL	
Zip Code 34695-0897	Purpose of Disbursement Financial and Admin Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <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 01 / 02 / 2014
Mailing Address PO Box 897		Amount of Each Disbursement this Period 242.95 <b>Transaction ID : B-E-32567</b>
City Safety Harbor	State FL	
Zip Code 34695-0897	Purpose of Disbursement Travel: Mileage	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <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 01 / 02 / 2014
Mailing Address PO Box 897		Amount of Each Disbursement this Period 2000 <b>Transaction ID : B-E-32568</b>
City Safety Harbor	State FL	
Zip Code 34695-0897	Purpose of Disbursement Financial and Admin Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7212.95
<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)	PAGE 87 OF 109			
	<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 02 / 03 / 2014
Mailing Address PO Box 897			Amount of Each Disbursement this Period 2000 <b>Transaction ID : B-E-32628</b>
City Safety Harbor	State FL	Zip Code 34695-0897	
Purpose of Disbursement Financial and Admin Consulting		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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 02 / 03 / 2014
Mailing Address PO Box 897			Amount of Each Disbursement this Period 1125 <b>Transaction ID : B-E-32629</b>
City Safety Harbor	State FL	Zip Code 34695-0897	
Purpose of Disbursement Fundraising: Fundraising Commission		Category/ Type 003	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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 02 / 03 / 2014
Mailing Address PO Box 897			Amount of Each Disbursement this Period 155.94 <b>Transaction ID : B-E-32630</b>
City Safety Harbor	State FL	Zip Code 34695-0897	
Purpose of Disbursement Travel: Mileage		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3280.94
<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 88 OF 109	
	<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 M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address PO Box 897		Amount of Each Disbursement this Period 2000 <b>Transaction ID : B-E-33081</b>
City Safety Harbor	State FL	
Zip Code 34695-0897	Purpose of Disbursement Financial and Admin Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<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 M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address PO Box 897		Amount of Each Disbursement this Period 335.61 <b>Transaction ID : B-E-33082</b>
City Safety Harbor	State FL	
Zip Code 34695-0897	Purpose of Disbursement Travel: Mileage	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<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 M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address PO Box 897		Amount of Each Disbursement this Period 2329.85 <b>Transaction ID : B-E-33083</b>
City Safety Harbor	State FL	
Zip Code 34695-0897	Purpose of Disbursement Fundraising: Fundraising Commission	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4665.46
<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 89 OF 109			
	<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. Forefront Resources</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>24</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	01		24		2014
M M	/	D D	/	Y Y Y Y								
01		24		2014								
Mailing Address 507 Lauterbach Street		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Frostproof</td> <td>FL</td> <td>33843-2434</td> </tr> </table>			City	State	Zip Code	Frostproof	FL	33843-2434				
City	State	Zip Code										
Frostproof	FL	33843-2434										
Purpose of Disbursement Stationery		<table border="1"> <tr> <td>550.25</td> </tr> </table>	550.25									
550.25												
Candidate Name		<b>Transaction ID : B-E-32608</b>										
<table border="1"> <tr> <td>Office Sought:</td> <td>House</td> <td rowspan="3">Disbursement For: 2014</td> </tr> <tr> <td></td> <td>Senate</td> </tr> <tr> <td></td> <td>President</td> </tr> <tr> <td>State:</td> <td>District:</td> <td> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)                 </td> </tr> </table>			Office Sought:	House	Disbursement For: 2014		Senate		President	State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought:	House	Disbursement For: 2014										
	Senate											
	President											
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)										
Category/Type												
001												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>B. Greater Wesley Chapel Chamber of Commerce</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>14</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	01		14		2014
M M	/	D D	/	Y Y Y Y								
01		14		2014								
Mailing Address 6013 Wesley Grove Boulevard Suite 105		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Wesley Chapel</td> <td>FL</td> <td>33544-8415</td> </tr> </table>			City	State	Zip Code	Wesley Chapel	FL	33544-8415				
City	State	Zip Code										
Wesley Chapel	FL	33544-8415										
Purpose of Disbursement Membership dues		<table border="1"> <tr> <td>100</td> </tr> </table>	100									
100												
Candidate Name		<b>Transaction ID : B-E-32585</b>										
<table border="1"> <tr> <td>Office Sought:</td> <td>House</td> <td rowspan="3">Disbursement For: 2014</td> </tr> <tr> <td></td> <td>Senate</td> </tr> <tr> <td></td> <td>President</td> </tr> <tr> <td>State:</td> <td>District:</td> <td> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)                 </td> </tr> </table>			Office Sought:	House	Disbursement For: 2014		Senate		President	State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought:	House	Disbursement For: 2014										
	Senate											
	President											
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)										
Category/Type												
001												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>C. Koulianos &amp; Associates, P.A.</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>02</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	01		02		2014
M M	/	D D	/	Y Y Y Y								
01		02		2014								
Mailing Address 41 N Ring Avenue		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Tarpon Spgs</td> <td>FL</td> <td>34689-4303</td> </tr> </table>			City	State	Zip Code	Tarpon Spgs	FL	34689-4303				
City	State	Zip Code										
Tarpon Spgs	FL	34689-4303										
Purpose of Disbursement Accounting consulting		<table border="1"> <tr> <td>500</td> </tr> </table>	500									
500												
Candidate Name		<b>Transaction ID : B-E-32558</b>										
<table border="1"> <tr> <td>Office Sought:</td> <td>House</td> <td rowspan="3">Disbursement For: 2014</td> </tr> <tr> <td></td> <td>Senate</td> </tr> <tr> <td></td> <td>President</td> </tr> <tr> <td>State:</td> <td>District:</td> <td> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)                 </td> </tr> </table>			Office Sought:	House	Disbursement For: 2014		Senate		President	State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought:	House	Disbursement For: 2014										
	Senate											
	President											
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)										
Category/Type												
001												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<table border="1"> <tr> <td>1150.25</td> </tr> </table>	1150.25
1150.25		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

**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 109			
	<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 M M / D D / Y Y Y Y 02 / 03 / 2014		
Mailing Address 41 N Ring Avenue			Amount of Each Disbursement this Period 500		
City Tarpon Spgs	State FL	Zip Code 34689-4303	Transaction ID : B-E-32625		
Purpose of Disbursement Accounting consulting		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Lacoochee Boys &amp; Girls Club</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014		
Mailing Address 13315 US Highway 301			Amount of Each Disbursement this Period 1000		
City Dade City	State FL	Zip Code 33525-5455	Transaction ID : B-E-32654		
Purpose of Disbursement Advertising: Event Sponsorship		Category/ Type 004			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. One Community Now</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014		
Mailing Address 1540 Little Road			Amount of Each Disbursement this Period 250		
City Trinity	State FL	Zip Code 34655-5365	Transaction ID : B-E-33225		
Purpose of Disbursement Advertising: Event sponsorship		Category/ Type 004			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1750.00
<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 91 OF 109			
	<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. Pasco Education Foundation, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address PO Box 1248		Amount of Each Disbursement this Period 1500 <b>Transaction ID : B-E-32656</b>
City Land O Lakes	State FL	
Zip Code 34639-1248	Purpose of Disbursement Advertising: Sponsorship	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Pinellas Rental Center</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 1738 S Pinellas Avenue		Amount of Each Disbursement this Period 305.75 <b>Transaction ID : B-E-32606</b>
City Tarpon Springs	State FL	
Zip Code 34689-1939	Purpose of Disbursement Campaign Event: Table and chair rentals	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 850 E Lime Street		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-32646</b>
City Tarpon Springs	State FL	
Zip Code 34689-4702	Purpose of Disbursement BRM Account Deposit	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2805.75
<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 92 OF 109			
	<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. Postmaster</b>		M M / D D / Y Y Y Y 02 / 14 / 2014	
Mailing Address 850 E Lime Street		Amount of Each Disbursement this Period	
City Tarpon Springs State FL Zip Code 34689-4702		_____ 1000	
Purpose of Disbursement BRM Permit deposit		Transaction ID : B-E-32695	
Candidate Name		Category/Type 001	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. Postmaster</b>		M M / D D / Y Y Y Y 02 / 21 / 2014	
Mailing Address 850 E Lime Street		Amount of Each Disbursement this Period	
City Tarpon Springs State FL Zip Code 34689-4702		_____ 1500	
Purpose of Disbursement Business reply permit		Transaction ID : B-E-32815	
Candidate Name		Category/Type 001	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>C. Postmaster</b>		M M / D D / Y Y Y Y 03 / 07 / 2014	
Mailing Address 850 E Lime Street		Amount of Each Disbursement this Period	
City Tarpon Springs State FL Zip Code 34689-4702		_____ 25	
Purpose of Disbursement Administrative/Salary/Overhead: Postage		Transaction ID : B-E-33119	
Candidate Name		Category/Type 001	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	_____ 2525.00
<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 93 OF 109			
	<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**

**A. Red Pledge**

Full Name (Last, First, Middle Initial)

Mailing Address 4400 N Point Parkway Suite 190

City Alpharetta State GA Zip Code 30022-2481

Purpose of Disbursement Fundraising: Online processing fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 03 / 2014

Amount of Each Disbursement this Period: 237.65

Transaction ID : B-E-33420

Category/Type: 003

**B. Red Pledge**

Full Name (Last, First, Middle Initial)

Mailing Address 4400 N Point Parkway Suite 190

City Alpharetta State GA Zip Code 30022-2481

Purpose of Disbursement Fundraising: Online processing fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 04 / 2014

Amount of Each Disbursement this Period: 121.1

Transaction ID : B-E-33422

Category/Type: 003

**C. Red Pledge**

Full Name (Last, First, Middle Initial)

Mailing Address 4400 N Point Parkway Suite 190

City Alpharetta State GA Zip Code 30022-2481

Purpose of Disbursement Fundraising: Online processing fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 04 / 2014

Amount of Each Disbursement this Period: 48.37

Transaction ID : B-E-33415

Category/Type: 003

**SUBTOTAL** of Disbursements This Page (optional) ..... 407.12

**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 94 OF 109	
	<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. Supervisor Of Elections, Pasco County</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 14236 6th Street Suite 200		Amount of Each Disbursement this Period 8.1 <b>Transaction ID : B-E-32597</b>
City Dade City State FL Zip Code 33523-3411	Purpose of Disbursement Ballot Petitions 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Supervisor Of Elections, Pasco County</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 14236 6th Street Suite 200		Amount of Each Disbursement this Period 14.2 <b>Transaction ID : B-E-32642</b>
City Dade City State FL Zip Code 33523-3411	Purpose of Disbursement Petition card processing 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Supervisor Of Elections, Pasco County</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address 14236 6th Street Suite 200		Amount of Each Disbursement this Period 87.5 <b>Transaction ID : B-E-32814</b>
City Dade City State FL Zip Code 33523-3411	Purpose of Disbursement Petition Card Processing 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	109.80
<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)	PAGE 95 OF 109			
	<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. Supervisor Of Elections, Pasco County</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 14236 6th Street Suite 200		Amount of Each Disbursement this Period 68.3 <b>Transaction ID : B-E-32920</b>
City Dade City	State FL	
Zip Code 33523-3411	Purpose of Disbursement Petition verification	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Supervisor Of Elections, Pasco County</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 14236 6th Street Suite 200		Amount of Each Disbursement this Period 47.2 <b>Transaction ID : B-E-33202</b>
City Dade City	State FL	
Zip Code 33523-3411	Purpose of Disbursement Petition card validation	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Supervisor Of Elections, Pasco County</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 14236 6th Street Suite 200		Amount of Each Disbursement this Period 70.4 <b>Transaction ID : B-E-33398</b>
City Dade City	State FL	
Zip Code 33523-3411	Purpose of Disbursement Petitions fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	185.90
<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 96 OF 109	
	<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. Supervisor Of Elections, Pasco County</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 14236 6th Street Suite 200		Amount of Each Disbursement this Period 39.3 <b>Transaction ID : B-E-33397</b>
City Dade City	State FL Zip Code 33523-3411	
Purpose of Disbursement Petitions fee	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tarpon Springs Shepherd Center</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 780 S Pinellas Avenue		Amount of Each Disbursement this Period 50 <b>Transaction ID : B-E-32931</b>
City Tarpon Springs	State FL Zip Code 34689-3710	
Purpose of Disbursement Campaign Event: Event ticket	Category/Type 007	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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 Congressional Institute</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 1700 Diagonal Road Suite 730		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-32590</b>
City Alexandria	State VA Zip Code 22314-2843	
Purpose of Disbursement Travel: Lodging/Conference	Category/Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1089.30
<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 97 OF 109			
	<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 Greek Children's Fund</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address PO Box 1652		Amount of Each Disbursement this Period 400 <b>Transaction ID : B-E-32605</b>
City Elfers	State FL	
Zip Code 34680-1652	Purpose of Disbursement Campaign Event: Event tickets	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. The Gula Graham Group</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014
Mailing Address 499 S Capitol Street SW Suite 420		Amount of Each Disbursement this Period 2820.71 <b>Transaction ID : B-E-32570</b>
City Washington	State DC	
Zip Code 20003-4027	Purpose of Disbursement Event tickets and catering	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <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 M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 499 S Capitol Street SW Suite 420		Amount of Each Disbursement this Period 8460 <b>Transaction ID : B-E-32626</b>
City Washington	State DC	
Zip Code 20003-4027	Purpose of Disbursement Fundraising: Fundraising Commission	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11680.71
<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 98 OF 109	
	<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 Gula Graham Group</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2014
Mailing Address 499 S Capitol Street SW Suite 420		Amount of Each Disbursement this Period 610.77 <b>Transaction ID : B-E-32627</b>
City Washington State DC Zip Code 20003-4027	Purpose of Disbursement Event costs 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Gula Graham Group</b>		Date of Disbursement MM / DD / YYYY 03 / 11 / 2014
Mailing Address 499 S Capitol Street SW Suite 420		Amount of Each Disbursement this Period 10712.08 <b>Transaction ID : B-E-33164</b>
City Washington State DC Zip Code 20003-4027	Purpose of Disbursement Campaign Event: Event expenses 007 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United States Treasury</b>		Date of Disbursement MM / DD / YYYY 01 / 27 / 2014
Mailing Address Internal Revenue Service P.O. Box 804521		Amount of Each Disbursement this Period 42 <b>Transaction ID : B-E-32613</b>
City Cincinnati State OH Zip Code 45280-4521	Purpose of Disbursement Payroll taxes 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11364.85
<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 99 OF 109			
	<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. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address Internal Revenue Service P.O. Box 804521		Amount of Each Disbursement this Period 369 <b>Transaction ID : B-E-32614</b>
City Cincinnati	State OH Zip Code 45280-4521	
Purpose of Disbursement Payroll taxes	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. webElect.net LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 1256 Vinetree Drive		Amount of Each Disbursement this Period 1010 <b>Transaction ID : B-E-33118</b>
City Brandon	State FL Zip Code 33510-2088	
Purpose of Disbursement Software subscription	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 33277 Us Highway 19 N		Amount of Each Disbursement this Period 31 <b>Transaction ID : B-E-33424</b>
City Palm Harbor	State FL Zip Code 34684-3153	
Purpose of Disbursement Stop payment fee	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1410.00
<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 100 OF 109	
	<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. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 28 / 2014</b>
Mailing Address <b>33277 Us Highway 19 N</b>		Amount of Each Disbursement this Period <b>55.5</b>
City <b>Palm Harbor</b> State <b>FL</b> Zip Code <b>34684-3153</b>	Purpose of Disbursement <b>Transactions fee</b>	Transaction ID : <b>B-E-33417</b>
Candidate Name	Category/Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 18 / 2014</b>
Mailing Address <b>33277 Us Highway 19 N</b>		Amount of Each Disbursement this Period <b>10.73</b>
City <b>Palm Harbor</b> State <b>FL</b> Zip Code <b>34684-3153</b>	Purpose of Disbursement <b>Deposit stamp ink</b>	Transaction ID : <b>B-E-33411</b>
Candidate Name	Category/Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 18 / 2014</b>
Mailing Address <b>33277 Us Highway 19 N</b>		Amount of Each Disbursement this Period <b>42.9</b>
City <b>Palm Harbor</b> State <b>FL</b> Zip Code <b>34684-3153</b>	Purpose of Disbursement <b>Deposit slip reorder</b>	Transaction ID : <b>B-E-33412</b>
Candidate Name	Category/Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>109.13</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 101 OF 109	
	<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. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 33277 Us Highway 19 N		Amount of Each Disbursement this Period 78 <b>Transaction ID : B-E-33410</b>
City Palm Harbor	State FL	
Zip Code 34684-3153	Purpose of Disbursement Transaction fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. West Pasco Chamber of Commerce</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 5443 Main Street		Amount of Each Disbursement this Period 100 <b>Transaction ID : B-E-32637</b>
City New Prt Rchy	State FL	
Zip Code 34652-2502	Purpose of Disbursement Member dues	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Yuma Solutions, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address PO Box 152075		Amount of Each Disbursement this Period 156.25 <b>Transaction ID : B-E-32584</b>
City Tampa	State FL	
Zip Code 33684-2075	Purpose of Disbursement Technical Support Fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	334.25
<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)		PAGE 102 OF 109	
	<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. Zephyrhills Chamber of Commerce</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 07 / 2014</b>
Mailing Address <b>38550 5th Avenue</b>		Amount of Each Disbursement this Period <b>105</b>
City <b>Zephyrhills</b> State <b>FL</b> Zip Code <b>33542-4331</b>	Purpose of Disbursement <b>Memberships dues</b>	<b>Transaction ID : B-E-33108</b>
Candidate Name	Category/Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</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. Eva Bilirakis</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 24 / 2014</b>
Mailing Address <b>3686 Woodridge Place</b>		Amount of Each Disbursement this Period <b>131.55</b>
City <b>Palm Harbor</b> State <b>FL</b> Zip Code <b>34684-2471</b>	Purpose of Disbursement <b>see memo entry</b>	<b>Transaction ID : B-E-32607</b>
Candidate Name	Category/Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>c. U.S. House of Representatives</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 24 / 2014</b>
Mailing Address <b>1217 Longworth Hob</b>		Amount of Each Disbursement this Period <b>131.55</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20515-4901</b>	Purpose of Disbursement <b>Flags/Stationery Acct</b>	<b>Transaction ID : B-S-1482</b>
Candidate Name	Category/Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Eva Bilirakis(01/24/14)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>236.55</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 103 OF 109	
	<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. Mamta Choksi</b>		Date of Disbursement MM / DD / YYYY 01 / 18 / 2014
Mailing Address 1614 Lake Polo Drive		Amount of Each Disbursement this Period 779.48 <b>Transaction ID : B-I-32604</b>
City Odessa State FL Zip Code 33556-1786	Purpose of Disbursement Inkind: Food, beverage, event supplies	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cody R Fletcher</b>		Date of Disbursement MM / DD / YYYY 01 / 02 / 2014
Mailing Address PO Box 606		Amount of Each Disbursement this Period 2920.12 <b>Transaction ID : B-E-32564</b>
City Tarpon Springs State FL Zip Code 34688-0606	Purpose of Disbursement Administrative/Salary/Overhead: Salary	
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Cody R Fletcher</b>		Date of Disbursement MM / DD / YYYY 01 / 02 / 2014
Mailing Address PO Box 606		Amount of Each Disbursement this Period 171.6 <b>Transaction ID : B-E-32565</b>
City Tarpon Springs State FL Zip Code 34688-0606	Purpose of Disbursement Travel: Mileage	
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3871.20
<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 104 OF 109	
	<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. Cody R Fletcher</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2014
Mailing Address PO Box 606		Amount of Each Disbursement this Period 1214.13 <b>Transaction ID : B-E-32632</b>
City Tarpon Springs	State FL	
Zip Code 34688-0606	Purpose of Disbursement Administrative/Salary/Overhead: Salary	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Cody R Fletcher</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2014
Mailing Address PO Box 606		Amount of Each Disbursement this Period 225.32 <b>Transaction ID : B-E-32633</b>
City Tarpon Springs	State FL	
Zip Code 34688-0606	Purpose of Disbursement Travel: Mileage	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Cody R Fletcher</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2014
Mailing Address PO Box 606		Amount of Each Disbursement this Period 785.62 <b>Transaction ID : B-E-32694</b>
City Tarpon Springs	State FL	
Zip Code 34688-0606	Purpose of Disbursement Administrative/Salary/Overhead: Salary	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2225.07
<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)	PAGE 105 OF 109			
	<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. Cody R Fletcher</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address PO Box 606		Amount of Each Disbursement this Period 266.98 <b>Transaction ID : B-E-33031</b>
City Tarpon Springs	State FL	
Zip Code 34688-0606	Purpose of Disbursement Travel: Mileage	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Armando Gutierrez</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2014
Mailing Address 604 Majorca Avenue		Amount of Each Disbursement this Period 298.84 <b>Transaction ID : B-I-33407</b>
City Coral Gables	State FL	
Zip Code 33134-3753	Purpose of Disbursement Inkind: Food and beverage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Beva S Karay</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 5719 Lafayette Street		Amount of Each Disbursement this Period 300 <b>Transaction ID : B-E-32640</b>
City New Port Richey	State FL	
Zip Code 34652-2996	Purpose of Disbursement Administrative assistance	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	865.82
<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 106 OF 109	
	<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. Beva S Karay</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address 5719 Lafayette Street		Amount of Each Disbursement this Period 200 <b>Transaction ID : B-E-32813</b>
City New Port Richey	State FL	
Zip Code 34652-2996	Purpose of Disbursement Administrative assistance	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Beva S Karay</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 5719 Lafayette Street		Amount of Each Disbursement this Period 200 <b>Transaction ID : B-E-33012</b>
City New Port Richey	State FL	
Zip Code 34652-2996	Purpose of Disbursement Administrative assistance	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Beva S Karay</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 5719 Lafayette Street		Amount of Each Disbursement this Period 200 <b>Transaction ID : B-E-33107</b>
City New Port Richey	State FL	
Zip Code 34652-2996	Purpose of Disbursement Petition card processing	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	600.00
<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 107 OF 109	
	<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. Beva S Karay</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 5719 Lafayette Street		Amount of Each Disbursement this Period 200 <b>Transaction ID : B-E-33201</b>
City New Port Richey	State FL	
Zip Code 34652-2996	Purpose of Disbursement Administrative assistance	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Michael Savidakis</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014
Mailing Address 7680 Universal Boulevard Suite 210		Amount of Each Disbursement this Period 500 <b>Transaction ID : B-E-32581</b>
City Orlando	State FL	
Zip Code 32819-8958	Purpose of Disbursement Campaign Event: Event Entertainment	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	107221.78

**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 108 OF 109	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Friends of David Jolly</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 30 / 2014</b>
Mailing Address <b>PO Box 1158</b>		Amount of Each Disbursement this Period <b>2000</b> <b>Transaction ID : B-E-32623</b>
City <b>Indian Rocks Beach</b>	State <b>FL</b>	
Zip Code <b>33785-1158</b>	Purpose of Disbursement Political Contribution: Contribution	Category/ Type <b>011</b>
Candidate Name <b>David Jolly</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>FL</b>	District:	

Full Name (Last, First, Middle Initial) <b>B. Michael Grimm for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 28 / 2014</b>
Mailing Address <b>PO Box 61806</b>		Amount of Each Disbursement this Period <b>2000</b> <b>Transaction ID : B-E-33260</b>
City <b>Staten Island</b>	State <b>NY</b>	
Zip Code <b>10306-7806</b>	Purpose of Disbursement Political Contribution: Contribution	Category/ Type <b>011</b>
Candidate Name <b>Michael Grimm</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>NY</b>	District:	

Full Name (Last, First, Middle Initial) <b>c. National Republican Congressional Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 26 / 2014</b>
Mailing Address <b>320 1st Street SE</b>		Amount of Each Disbursement this Period <b>25000</b> <b>Transaction ID : B-E-32611</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20003-1838</b>	Purpose of Disbursement Political Contribution: Excess funds	Category/ Type <b>011</b>
Candidate Name <b>National Republican Congressional Committee</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</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).....	<b>29000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	