

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

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

FOR LINE NUMBER: PAGE 10 OF 120  
(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)  
**Chitwood, Noah, , ,**

Mailing Address 312 Louisiana Ave.

City Tampa State FL Zip Code 33603-1913

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

Name of Employer Lincare Occupation Department Head

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 18 / 2019

Transaction ID : **AAF0EA52F62BC42158F9**

Amount of Each Receipt this Period  
1500.00

Memo Item

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

Mailing Address 817 Englewood Street

City Lansing State KS Zip Code 66043-1428

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

Name of Employer Lincare Occupation National VP of Reimbursement

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 13 / 2019

Transaction ID : **A460F9DBF37D74A37B5A**

Amount of Each Receipt this Period  
1500.00

Memo Item

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

Mailing Address 7358 Sawgrass Point Drive

City Pinellas Park State FL Zip Code 33782-4204

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

Name of Employer Envision Healthcare Occupation Anesthesiologist

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 05 / 2019

Transaction ID : **A8931235748DF49DC92F**

Amount of Each Receipt this Period  
250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3250.00

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