

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Bilirakis for Congress

ADDRESS (number and street) 610 S. Boulevard

Check if different than previously reported. (ACC)

Tampa FL 33606

2. **FEC IDENTIFICATION NUMBER** C00408534

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

CITY STATE ZIP CODE STATE DISTRICT

FL 09

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

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

Convention (12C)  Special (12S)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

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

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

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2009 through 03 31 2009

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 Nancy H. Watkins

Signature of Treasurer Electronically Filed by Nancy H. Watkins Date 04 14 2009

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Bilirakis for Congress

Report Covering the Period:

From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<hr/>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	44360.00	54355.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	44360.00	54355.00
<hr/>		
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	45517.95	105152.15
(b) Total Offsets to Operating Expenditures (from Line 14).....	184.46	10638.42
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	45333.49	94513.73
<hr/>		
8. Cash on Hand at Close of Reporting Period (from Line 27).....	32499.84	
<hr/>		
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
<hr/>		
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	38328.46	

**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: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

23890.00

30290.00

(ii) Unitemized.....

470.00

1065.00

(iii) TOTAL of contributions

24360.00

31355.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

20000.00

23000.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

44360.00

54355.00

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

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

184.46

10638.42

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

40.22

489.16

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

44584.68

65482.58

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	45517.95	105152.15
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	1150.00	-2450.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	46667.95	102702.15

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	34583.11
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	44584.68
25. SUBTOTAL (add Line 23 and Line 24).....	79167.79
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	46667.95
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	32499.84

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 48

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Bilirakis for Congress

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

Mailing Address 208 S. Akard Street, #3521

City State Zip Code  
Dallas TX 75202

FEC ID number of contributing federal political committee. C C00109017

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt M M / D D / Y Y Y Y Y  
03 / 10 / 2009

**Transaction ID:** C-1-00R80D

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 208 S. Akard Street, #3521

City State Zip Code  
Dallas TX 75202

FEC ID number of contributing federal political committee. C C00109017

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt M M / D D / Y Y Y Y Y  
03 / 30 / 2009

**Transaction ID:** C-2-00R80E

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Allstate Insurance Company PAC

Mailing Address 2775 Sanders Road, #A5

City State Zip Code  
Northbrook IL 60062

FEC ID number of contributing federal political committee. C C00040253

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** C-3-00ko06

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 3000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 48  
(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)  
Amer. Academy of Ophthalmology PAC

Mailing Address 655 Beach Street

City San Francisco State CA Zip Code 94109

FEC ID number of contributing federal political committee. **C** C00196246

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 31 / 2009  
**Transaction ID:** C-4-00Pa08  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
American Speech & Hearing Assn. PAC

Mailing Address 10801 Rockville Pike

City Rockville State MD Zip Code 20852

FEC ID number of contributing federal political committee. **C** C00210666

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 31 / 2009  
**Transaction ID:** C-5-00vk04  
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mike Bilirakis for Congress

Mailing Address P.O. Box 1077

City Tarpon Springs State FL Zip Code 34688

FEC ID number of contributing federal political committee. **C** C00153213

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: 03 / 28 / 2009  
**Transaction ID:** C-10-00CF06  
 Amount of Each Receipt this Period: 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 48  
(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)  
Mike Bilirakis for Congress  
Mailing Address P.O. Box 1077

City State Zip Code  
Tarpon Springs FL 34688

FEC ID number of contributing federal political committee. C C00153213

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 28 / 2009  
**Transaction ID:** C-11-00CF07  
 Amount of Each Receipt this Period 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Boeing Political Action Committee  
Mailing Address 1200 Wilson Blvd.

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. C C00142711

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 13 / 2009  
**Transaction ID:** C-12-016e05  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Bryan Cave LLP Political Fund  
Mailing Address 700 13th Street, N.W., #700

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. C C00332643

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 31 / 2009  
**Transaction ID:** C-14-01S702  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 8 / 48
(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Bilirakis for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Federal Express PAC		Date of Receipt																				
	Mailing Address 942 S. Shady Grove Road		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	3		3	0		2	0	0	9													
	City	State	Zip Code																				
Memphis	TN	38120																					
FEC ID number of contributing federal political committee.		<b>C</b> C00068692																					
Name of Employer		Occupation																					
Receipt For: 2010		Election Cycle-to-Date ▼																					
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																							
<input type="checkbox"/> Other (specify) ▼		1000.00																					
		Transaction ID: C-24-01Lv02																					
		Amount of Each Receipt this Period																					
		1000.00																					
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																					

<b>B.</b>	Full Name (Last, First, Middle Initial) Florida Sugar Cane League PAC		Date of Receipt																				
	Mailing Address 1301 Pennsylvania Ave., N.W., #401		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	3		3	1		2	0	0	9													
	City	State	Zip Code																				
Washington	DC	20004																					
FEC ID number of contributing federal political committee.		<b>C</b> C00012328																					
Name of Employer		Occupation																					
Receipt For: 2010		Election Cycle-to-Date ▼																					
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																							
<input type="checkbox"/> Other (specify) ▼		500.00																					
		Transaction ID: C-25-015503																					
		Amount of Each Receipt this Period																					
		500.00																					
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																					

<b>C.</b>	Full Name (Last, First, Middle Initial) Harris Corporation PAC		Date of Receipt																				
	Mailing Address 600 Maryland Avenue, S.W., #850E		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	3		1	3		2	0	0	9													
	City	State	Zip Code																				
Washington	DC	20024																					
FEC ID number of contributing federal political committee.		<b>C</b> C00100321																					
Name of Employer		Occupation																					
Receipt For: 2010		Election Cycle-to-Date ▼																					
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																							
<input type="checkbox"/> Other (specify) ▼		1000.00																					
		Transaction ID: C-27-00oD05																					
		Amount of Each Receipt this Period																					
		1000.00																					
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 48  
(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)  
National Assn. of Ins. & Fin. Advisors PAC

Mailing Address 2901 Telestar Court

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
02 / 25 / 2009

Transaction ID: C-48-010I04

Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Natl. Assn. for Uniformed Services PAC

Mailing Address 5535 Hempstead Way

City Springfield State VA Zip Code 22151

FEC ID number of contributing federal political committee. **C** C00086348

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY  
03 / 06 / 2009

Transaction ID: C-49-01Ow03

Amount of Each Receipt this Period: 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Natl. Community Pharmacists Assn. PAC

Mailing Address 100 Daingerfield Road

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
03 / 28 / 2009

Transaction ID: C-50-01Xm01

Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 48
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Bilirakis for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Progress Energy Employees' Federal PAC	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address P.O. Box 1510	<b>Transaction ID:</b> C-58-00Lf09
	City Raleigh State NC Zip Code 27602	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00091884	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation		
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) National Association of Realtors PAC	Date of Receipt MM / DD / YYYY 03 / 17 / 2009
	Mailing Address 430 N. Michigan Avenue	<b>Transaction ID:</b> C-60-00jj07
	City Chicago State IL Zip Code 60611	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00030718	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation		
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) T-Mobile USA, Inc. PAC	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 401 9th Street, N.W., #550	<b>Transaction ID:</b> C-72-019002
	City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00361758	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation		
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 48  
(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)  
TECO Energy, Inc. Employees' PAC

Mailing Address 702 N. Franklin Street

City	State	Zip Code
Tampa	FL	33602

FEC ID number of contributing federal political committee. **C** C00161422

Name of Employer	Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2009

Transaction ID: C-73-00Ko0A

Amount of Each Receipt this Period  
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	20000.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 48  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Bilirakis for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Jacqueline Andreaus

Mailing Address 471 Old East Lake Road

City State Zip Code  
Tarpon Springs FL 34688

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

Name of Employer n/a Occupation homemaker

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 0 9

Transaction ID: C-6-00mT04

Amount of Each Receipt this Period  
240.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Gus Andy

Mailing Address 1317 Beach Avenue

City State Zip Code  
Cape May NJ 08204

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

Name of Employer LaMar Motor Inn Occupation owner

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: C-7-00GK09

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Glenn Bergoffen

Mailing Address P.O. Box 220

City State Zip Code  
Crystal Beach FL 34681

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

Name of Employer Tampa Bay Auto Mall Occupation auto dealer

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: C-9-00mf03

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1490.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 48  
(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)  
Gary E. Brown

Mailing Address 2040 Tanglewood Way, N.E.

City State Zip Code  
St. Petersburg FL 33702

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

Name of Employer Occupation  
SRI International program manager

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 22 / 2009

**Transaction ID:** C-13-00fv05

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 2430 Estancia Blvd., #114

City State Zip Code  
Clearwater FL 33761

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

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

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 24 / 2009

**Transaction ID:** C-16-000P04

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 287 Cypress Trace

City State Zip Code  
Tarpon Springs FL 34689

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

Name of Employer Occupation  
Vertical Integrations, Inc. commercial real estate

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 22 / 2009

**Transaction ID:** C-22-00Kz06

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 48  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bilirakis for Congress

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

Mailing Address 521 Mandalay Avenue, #902

City State Zip Code  
Clearwater FL 33767

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

Name of Employer  
Radiology Associates of Clearwater  
Occupation  
physician

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 22 / 2009

**Transaction ID:** C-23-00320E

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 101 Constitution Ave., N.W., #600W

City State Zip Code  
Washington DC 20001

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

Name of Employer  
Van Scoyoc Associates  
Occupation  
vice-president

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 06 / 2009

**Transaction ID:** C-26-016T03

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 608 Chancellar Drive

City State Zip Code  
Lutz FL 33548

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

Name of Employer  
self-employed  
Occupation  
marketing

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2009

**Transaction ID:** C-28-01Xd01

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 48  
(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)  
Diane H. Knight

Mailing Address 9907 River Drive

City State Zip Code  
Gibsonton FL 33534

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

Name of Employer Occupation  
Palmarina Office Park, Inc. treasurer/secretary

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2009

**Transaction ID:** C-36-00lu04

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 4950 Bayshore Blvd., #27

City State Zip Code  
Tampa FL 33611

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

Name of Employer Occupation  
Pharoahs of Tampa, Inc. vice-president

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2009

**Transaction ID:** C-38-00lt03

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 18647 Capri Avenue

City State Zip Code  
Lutz FL 33558

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

Name of Employer Occupation  
n/a student

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
01 / 08 / 2009

**Transaction ID:** C-39-01WD02

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 48  
(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)  
Anthony T. Leon

Mailing Address 45 Central Court

City Tarpon Springs State FL Zip Code 34689

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

Name of Employer: Anthony Leon Law Offices Occupation: attorney

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4700.00

Date of Receipt: 02 / 23 / 2009  
**Transaction ID: C-40-01Xb01**  
 Amount of Each Receipt this Period: 2400.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 45 Central Court

City Tarpon Springs State FL Zip Code 34689

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

Name of Employer: Anthony Leon Law Offices Occupation: attorney

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4700.00

Date of Receipt: 02 / 23 / 2009  
**Transaction ID: C-41-01Xb02**  
 Amount of Each Receipt this Period: 2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 45 Central Court

City Tarpon Springs State FL Zip Code 34689

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

Name of Employer: n/a Occupation: homemaker

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4700.00

Date of Receipt: 02 / 23 / 2009  
**Transaction ID: C-42-01Xc01**  
 Amount of Each Receipt this Period: 2400.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7100.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 48  
(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)  
Camille M. Leon

Mailing Address 45 Central Court

City State Zip Code  
Tarpon Springs FL 34689

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

Name of Employer n/a Occupation homemaker

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 2 3 / 2 0 0 9

**Transaction ID:** C-43-01Xc02

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 500 N. Osceola Avenue, Ph-G

City State Zip Code  
Clearwater FL 33755

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

Name of Employer Medallion Management Occupation management consultant

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 2 1 / 2 0 0 9

**Transaction ID:** C-46-00Kk09

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1713 Gulf Blvd., #3

City State Zip Code  
Indian Rocks Beach FL 33785

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

Name of Employer SRI International Occupation engineer

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 2 2 / 2 0 0 9

**Transaction ID:** C-47-01Xk01

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2800.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 48  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Bilirakis for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) James C. Pirius</p> <p>Mailing Address 7910 W. Boulevard Drive</p> <p>City State Zip Code Alexandria VA 22308</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation JCP Associates president</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">03 / 31 / 2009</span></p> <p><b>Transaction ID:</b> C-53-00as03</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Robert Resnik</p> <p>Mailing Address 3517 Shoreline Circle</p> <p>City State Zip Code Palm Harbor FL 34684</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation self-employed real estate</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">2000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">02 / 10 / 2009</span></p> <p><b>Transaction ID:</b> C-61-00ZS08</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2000.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Paul A. Schwartz</p> <p>Mailing Address 3882 Midshore Drive</p> <p>City State Zip Code Naples FL 34109</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Regenocyte vice-president</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">2000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">02 / 17 / 2009</span></p> <p><b>Transaction ID:</b> C-64-01XZ01</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2000.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">4250.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 48  
(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)  
Todd Siegel

Mailing Address 10043 Windtree Blvd.

City State Zip Code  
Seminole FL 33772

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

Name of Employer Occupation  
MTS Medical Technology president

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2009

**Transaction ID:** C-65-01Xj01

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 5653 Main Street

City State Zip Code  
New Port Richey FL 34652

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

Name of Employer Occupation  
Law Offices of Skipper & Skipper attorney

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
01 / 08 / 2009

**Transaction ID:** C-66-00i005

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 8520 Northton Groves Blvd.

City State Zip Code  
Odessa FL 33556

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

Name of Employer Occupation  
SRI International security

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2009

**Transaction ID:** C-68-01Tz02

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 48
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Bilirakis for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Terrence W. Stapleton

Mailing Address 580 S. Florida Avenue

City State Zip Code  
Tarpon Springs FL 34689

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

Name of Employer n/a Occupation retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2009

Transaction ID: C-69-00NE04

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Jay R. Wolfington

Mailing Address 2345 Anvil Street, N.

City State Zip Code  
St. Petersburg FL 33710

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

Name of Employer Eclipse Energy Systems, Inc. Occupation president

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 09 / 2009

Transaction ID: C-76-01W103

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	23890.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 48  
(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)  
Platinum Bank

Mailing Address 408 S. MacDill Avenue

City State Zip Code  
Tampa FL 33609

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
489.16

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: C-55-00mA0D

Amount of Each Receipt this Period  
40.22

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	40.22
<b>TOTAL</b> This Period (last page this line number only) .....	▶	40.22

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 48
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bilirakis for Congress

**A.** Full Name (Last, First, Middle Initial)  
Progress Energy

Mailing Address P.O. Box 33199

City State Zip Code  
St. Petersburg FL 33733

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
184.46

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

Transaction ID: C-59-00lz02

Amount of Each Receipt this Period  
184.46

refund utilities

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	184.46
<b>TOTAL</b> This Period (last page this line number only) .....	▶	184.46

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bilirakis for Congress

A.	Full Name (Last, First, Middle Initial) Bank of America  Mailing Address P.O. Box 15019  City Wilmington State DE Zip Code 19886  Purpose of Disbursement see memo entries Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D13-015003 Date of Disbursement 03 / 03 / 2009  Amount of Each Disbursement this Period 1431.70  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) The Congressional Institute  Mailing Address 401 Wythe Street, #103  City Alexandria State VA Zip Code 22314  Purpose of Disbursement conference registration Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D1-014F03 Date of Disbursement 02 / 19 / 2009  Amount of Each Disbursement this Period 1063.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Credit Card Item
C.	Full Name (Last, First, Middle Initial) USAirways  Mailing Address 7 Park Center  City Pittsburgh State PA Zip Code 15220  Purpose of Disbursement transportation Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D2-00Ag11 Date of Disbursement 01 / 28 / 2009  Amount of Each Disbursement this Period 368.70  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Credit Card Item

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

1431.70

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bilirakis for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Bank of Tampa Mailing Address P.O. Box 1 City Tampa State FL Zip Code 33601 Purpose of Disbursement income taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D18-000c0n <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 922.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) Bank of Tampa Mailing Address P.O. Box 1 City Tampa State FL Zip Code 33601 Purpose of Disbursement payroll taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D19-000c0o <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 9
	Amount of Each Disbursement this Period 70.60
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) Campaign Solutions Mailing Address 118 N. St. Asaph Street City Alexandria State VA Zip Code 22314 Purpose of Disbursement online fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D31-00FI0e <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 24.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1016.60
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bilirakis for Congress

A.	Full Name (Last, First, Middle Initial) Capitol Hill Club	Transaction ID: D33-00Mr0T Date of Disbursement
	Mailing Address 300 First Street, S.E.	<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement meals	<input type="text" value="159.00"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Capitol Hill Club	Transaction ID: D34-00Mr0U Date of Disbursement
	Mailing Address 300 First Street, S.E.	<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement meals/dues	<input type="text" value="534.99"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Capitol Hill Club	Transaction ID: D35-00Mr0V Date of Disbursement
	Mailing Address 300 First Street, S.E.	<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement food & beverage	<input type="text" value="102.54"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="796.53"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bilirakis for Congress

A.	Full Name (Last, First, Middle Initial) The Catalyst Group RW, LLC  Mailing Address 1115 Massachusetts Ave., N.W.  City Washington State DC Zip Code 20005  Purpose of Disbursement fundraising consulting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D38-00V30u Date of Disbursement 03 / 02 / 2009  Amount of Each Disbursement this Period 1750.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) The Catalyst Group RW, LLC  Mailing Address 1115 Massachusetts Ave., N.W.  City Washington State DC Zip Code 20005  Purpose of Disbursement catering Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D39-00V30v Date of Disbursement 03 / 11 / 2009  Amount of Each Disbursement this Period 257.09  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) The Catalyst Group RW, LLC  Mailing Address 1115 Massachusetts Ave., N.W.  City Washington State DC Zip Code 20005  Purpose of Disbursement fundraising consulting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D40-00V30x Date of Disbursement 02 / 12 / 2009  Amount of Each Disbursement this Period 1750.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3757.09
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bilirakis for Congress

A.

Full Name (Last, First, Middle Initial)  
Chase Cardmember Service

Mailing Address P.O. Box 15153

City Wilmington State DE Zip Code 19886

Purpose of Disbursement  
see memo entries

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D44-01f0d  
Date of Disbursement

01 / 27 / 2009

Amount of Each Disbursement this Period

7822.02

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Amazon Digital Services, Inc.

Mailing Address 1516 2nd Avenue

City Seattle State WA Zip Code 98101

Purpose of Disbursement  
office equipment

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D3-01XX01  
Date of Disbursement

01 / 27 / 2009

Amount of Each Disbursement this Period

379.57

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**  
Credit Card Item

C.

Full Name (Last, First, Middle Initial)  
B21 Liquors, Inc.

Mailing Address 43380 U.S. Highway 19, N.

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement  
event supplies

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D5-013x03  
Date of Disbursement

01 / 27 / 2009

Amount of Each Disbursement this Period

498.13

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**  
Credit Card Item

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

7822.02

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bilirakis for Congress

A.	Full Name (Last, First, Middle Initial) B21 Liquors, Inc.	Transaction ID: D6-013x04 Date of Disbursement 01 / 27 / 2009
	Mailing Address 43380 U.S. Highway 19, N.	Amount of Each Disbursement this Period 87.39
	City Tarpon Springs State FL Zip Code 34688	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement event supplies	<b>[MEMO ITEM]</b> Credit Card Item
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Chase Cardmember Service	Transaction ID: D8-017f0e Date of Disbursement 12 / 30 / 2008
	Mailing Address P.O. Box 15153	Amount of Each Disbursement this Period 39.00
	City Wilmington State DE Zip Code 19886	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement service charge	<b>[MEMO ITEM]</b> Credit Card Item
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Chase Cardmember Service	Transaction ID: D9-017f0h Date of Disbursement 01 / 27 / 2009
	Mailing Address P.O. Box 15153	Amount of Each Disbursement this Period 135.99
	City Wilmington State DE Zip Code 19886	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement service charge	<b>[MEMO ITEM]</b> Credit Card Item
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

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

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bilirakis for Congress

A.

Full Name (Last, First, Middle Initial)  
Greek Pizza Kitchen

Mailing Address 150 E. Tarpon Avenue

City State Zip Code  
Tarpon Springs FL 34689

Purpose of Disbursement  
meals

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D15-013u05  
Date of Disbursement

01 / 27 / 2009

Amount of Each Disbursement this Period

330.95

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**  
Credit Card Item

B.

Full Name (Last, First, Middle Initial)  
Osaka Japanese

Mailing Address 1690 Raymond Diehl Road

City State Zip Code  
Tallahassee FL 32308

Purpose of Disbursement  
food & beverage

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D23-01XY01  
Date of Disbursement

01 / 27 / 2009

Amount of Each Disbursement this Period

246.54

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**  
Credit Card Item

C.

Full Name (Last, First, Middle Initial)  
Peninsula Manila

Mailing Address 1226 Makati City

City State Zip Code  
Manila, Philippine PH

Purpose of Disbursement  
travel

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D24-01XV01  
Date of Disbursement

01 / 27 / 2009

Amount of Each Disbursement this Period

916.68

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**  
Credit Card Item

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Public Storage Mailing Address 38800 U.S. Highway 19, N. City Tarpon Springs State FL Zip Code 34689 Purpose of Disbursement storage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D25-014B0Q Date of Disbursement 01 / 02 / 2009 Amount of Each Disbursement this Period 188.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Credit Card Item
	Category/Type	Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial) Public Storage Mailing Address 38800 U.S. Highway 19, N. City Tarpon Springs State FL Zip Code 34689 Purpose of Disbursement storage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D26-014B0S Date of Disbursement 01 / 27 / 2009 Amount of Each Disbursement this Period 188.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Credit Card Item
	Category/Type	Category/Type

<b>C.</b> Full Name (Last, First, Middle Initial) Publix Supermarkets Mailing Address P.O. Box 407 City Lakeland State FL Zip Code 33802 Purpose of Disbursement food & beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D27-001s0M Date of Disbursement 01 / 27 / 2009 Amount of Each Disbursement this Period 63.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Credit Card Item
	Category/Type	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	0.00

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bilirakis for Congress

A.

Full Name (Last, First, Middle Initial)  
Sam's Club

Mailing Address 4330 U.S. Highway 19, N.

City State Zip Code  
New Port Richey FL 34652

Purpose of Disbursement  
donor gifts

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D29-00Lz0H  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	9	

Amount of Each Disbursement this Period

366.77
--------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**  
Credit Card Item

B.

Full Name (Last, First, Middle Initial)  
United Airlines

Mailing Address P. O. Box 66100

City State Zip Code  
Chicago IL 60666

Purpose of Disbursement  
transportation

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D34-00Lu0B  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	9	

Amount of Each Disbursement this Period

1348.30
---------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**  
Credit Card Item

C.

Full Name (Last, First, Middle Initial)  
United Airlines

Mailing Address P. O. Box 66100

City State Zip Code  
Chicago IL 60666

Purpose of Disbursement  
transportation

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D35-00Lu0C  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	9	

Amount of Each Disbursement this Period

1378.30
---------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**  
Credit Card Item

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

0.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bilirakis for Congress

A.	Full Name (Last, First, Middle Initial) Wine Mall  Mailing Address 11246 W. Hillsborough Avenue  City Tampa State FL Zip Code 33635  Purpose of Disbursement donor gifts Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D37-01XT01 Date of Disbursement 01 / 27 / 2009  Amount of Each Disbursement this Period 300.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Credit Card Item
B.	Full Name (Last, First, Middle Initial) Wine Mall  Mailing Address 11246 W. Hillsborough Avenue  City Tampa State FL Zip Code 33635  Purpose of Disbursement donor gifts Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D38-01XT02 Date of Disbursement 01 / 27 / 2009  Amount of Each Disbursement this Period 121.92  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Credit Card Item
C.	Full Name (Last, First, Middle Initial) Chase Cardmember Service  Mailing Address P.O. Box 15153  City Wilmington State DE Zip Code 19886  Purpose of Disbursement see memo entries Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D47-017f0i Date of Disbursement 03 / 11 / 2009  Amount of Each Disbursement this Period 219.19  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	219.19
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bilirakis for Congress

A.	Full Name (Last, First, Middle Initial) Amazon Digital Services, Inc.  Mailing Address 1516 2nd Avenue  City Seattle State WA Zip Code 98101  Purpose of Disbursement newspaper Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D1-01XX02 Date of Disbursement 02 / 01 / 2009  Amount of Each Disbursement this Period 13.99  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Credit Card Item
B.	Full Name (Last, First, Middle Initial) Chase Cardmember Service  Mailing Address P.O. Box 15153  City Wilmington State DE Zip Code 19886  Purpose of Disbursement service charge Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D2-017f0j Date of Disbursement 02 / 04 / 2009  Amount of Each Disbursement this Period 96.47  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Credit Card Item
C.	Full Name (Last, First, Middle Initial) Office Depot  Mailing Address P.O. Box 9020  City Des Moines State IA Zip Code 50368  Purpose of Disbursement office supplies Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D3-00Ae0u Date of Disbursement 01 / 03 / 2009  Amount of Each Disbursement this Period 58.83  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Credit Card Item

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bilirakis for Congress

A.

Full Name (Last, First, Middle Initial)  
EM Campaigns, Inc.

Transaction ID: D60-00FH0f  
Date of Disbursement

Mailing Address P.O. Box 10362

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	9	

City Tallahassee State FL Zip Code 32302

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
campaign mgmt G08

--

Candidate Name

Category/  
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Elise Gately

Transaction ID: D73-01XN01  
Date of Disbursement

Mailing Address 3700 Derby Drive, #1002

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	9	

City Palm Harbor State FL Zip Code 34684

Amount of Each Disbursement this Period

101.20
--------

Purpose of Disbursement  
travel

--

Candidate Name

Category/  
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Elise Gately

Transaction ID: D74-01XN02  
Date of Disbursement

Mailing Address 3700 Derby Drive, #1002

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	9	

City Palm Harbor State FL Zip Code 34684

Amount of Each Disbursement this Period

426.22
--------

Purpose of Disbursement  
salary

--

Candidate Name

Category/  
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

3027.42
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bilirakis for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Elise Gately</p> <p>Mailing Address 3700 Derby Drive, #1002</p> <p>City Palm Harbor State FL Zip Code 34684</p> <p>Purpose of Disbursement travel/delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D75-01XN03</p> <p>Date of Disbursement 02 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 78.03</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Elise Gately</p> <p>Mailing Address 3700 Derby Drive, #1002</p> <p>City Palm Harbor State FL Zip Code 34684</p> <p>Purpose of Disbursement salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D76-01XN04</p> <p>Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 461.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Elise Gately</p> <p>Mailing Address 3700 Derby Drive, #1002</p> <p>City Palm Harbor State FL Zip Code 34684</p> <p>Purpose of Disbursement salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D77-01XN05</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 461.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

1001.53

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bilirakis for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Nicholas M. Hansen Mailing Address 1505 Eden Isle Blvd., #73 City St. Petersburg State FL Zip Code 33704 Purpose of Disbursement salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D86-01EK0W Date of Disbursement 01 / 20 / 2009
	Amount of Each Disbursement this Period 461.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

<b>B.</b> Full Name (Last, First, Middle Initial) Nicholas M. Hansen Mailing Address 1505 Eden Isle Blvd., #73 City St. Petersburg State FL Zip Code 33704 Purpose of Disbursement travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D87-01EK0X Date of Disbursement 01 / 15 / 2009
	Amount of Each Disbursement this Period 172.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

<b>C.</b> Full Name (Last, First, Middle Initial) MPA Consulting, Inc. Mailing Address 409 S. Kings Avenue City Brandon State FL Zip Code 33511 Purpose of Disbursement campaign mgmt G08 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D99-00XA0e Date of Disbursement 02 / 25 / 2009
	Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3134.33
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bilirakis for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Make Us An Offer Eight, LLC <hr/> Mailing Address 1324 Seven Springs Blvd., #363 <hr/> City New Port Richey State FL Zip Code 34655 <hr/> Purpose of Disbursement office rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D100-01Xa01 Date of Disbursement 02 / 26 / 2009 <hr/> Amount of Each Disbursement this Period 900.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Office Depot <hr/> Mailing Address P.O. Box 9020 <hr/> City Des Moines State IA Zip Code 50368 <hr/> Purpose of Disbursement office supplies/postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D110-00Ae0t Date of Disbursement 02 / 25 / 2009 <hr/> Amount of Each Disbursement this Period 80.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) On Demand Printing <hr/> Mailing Address 303 Mears Blvd. <hr/> City Oldsmar State FL Zip Code 34677 <hr/> Purpose of Disbursement printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D115-00xM0G Date of Disbursement 01 / 23 / 2009 <hr/> Amount of Each Disbursement this Period 2395.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**3376.52**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bilirakis for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) On Demand Printing</p> <p>Mailing Address 303 Mears Blvd.</p> <p>City Oldsmar State FL Zip Code 34677</p> <p>Purpose of Disbursement printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D116-00xM0H</p> <p>Date of Disbursement 03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 56.72</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address P.O. Box 606</p> <p>City Tarpon Springs State FL Zip Code 34688</p> <p>Purpose of Disbursement petty cash-no item req.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D128-014I0S</p> <p>Date of Disbursement 01 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 198.05</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Petty Cash</p> <p>Mailing Address P.O. Box 606</p> <p>City Tarpon Springs State FL Zip Code 34688</p> <p>Purpose of Disbursement petty cash-no item req.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D129-014I0T</p> <p>Date of Disbursement 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 195.32</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

450.09

**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 39 / 48

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

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NAME OF COMMITTEE (In Full)  
Bilirakis for Congress

A.	Full Name (Last, First, Middle Initial) A Picture Place Enterprises Mailing Address 16240 U.S. Highway 19 City Hudson State FL Zip Code 34667 Purpose of Disbursement photos/framing services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D130-01Xg01 Date of Disbursement 03 / 19 / 2009 Amount of Each Disbursement this Period 515.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Platinum Bank Mailing Address 408 S. MacDill Avenue City Tampa State FL Zip Code 33609 Purpose of Disbursement payroll taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D132-00mA0K Date of Disbursement 01 / 15 / 2009 Amount of Each Disbursement this Period 247.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Safety Harbor Resort & Spa Mailing Address 105 N. Bayshore Drive City Safety Harbor State FL Zip Code 34695 Purpose of Disbursement catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D149-01Sy02 Date of Disbursement 01 / 28 / 2009 Amount of Each Disbursement this Period 3675.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**4438.10**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bilirakis for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Sprint  Mailing Address P.O. Box 105243  City Atlanta State GA Zip Code 30348  Purpose of Disbursement telephone Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D157-00160m Date of Disbursement 01 / 15 / 2009  Amount of Each Disbursement this Period 447.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Sprint  Mailing Address P.O. Box 105243  City Atlanta State GA Zip Code 30348  Purpose of Disbursement telephone Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D158-00160n Date of Disbursement 02 / 05 / 2009  Amount of Each Disbursement this Period 223.52  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Sprint  Mailing Address P.O. Box 105243  City Atlanta State GA Zip Code 30348  Purpose of Disbursement telephone Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D159-00160o Date of Disbursement 02 / 25 / 2009  Amount of Each Disbursement this Period 677.78  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**1348.30**

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

.....

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bilirakis for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Sunrise Consulting</p> <p>Mailing Address 9842 Balsaridge Court</p> <p>City Trinity State FL Zip Code 34655</p> <p>Purpose of Disbursement travel/meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D171-01410V</p> <p>Date of Disbursement 01 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 1944.14</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sunrise Consulting</p> <p>Mailing Address 9842 Balsaridge Court</p> <p>City Trinity State FL Zip Code 34655</p> <p>Purpose of Disbursement travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D172-01410W</p> <p>Date of Disbursement 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 86.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sunrise Consulting</p> <p>Mailing Address 9842 Balsaridge Court</p> <p>City Trinity State FL Zip Code 34655</p> <p>Purpose of Disbursement campaign management</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D173-01410X</p> <p>Date of Disbursement 03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

**3031.04**

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bilirakis for Congress

A.	Full Name (Last, First, Middle Initial) Sunrise Consulting	Transaction ID: D174-014I0Y Date of Disbursement 03 / 19 / 2009
	Mailing Address 9842 Balsaridge Court	Amount of Each Disbursement this Period 1500.00
	City Trinity State FL Zip Code 34655	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement campaign management Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) United States Treasury	Transaction ID: D188-00aD04 Date of Disbursement 01 / 23 / 2009
	Mailing Address Internal Revenue Service	Amount of Each Disbursement this Period 210.91
	City Ogden State UT Zip Code 84201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll taxes Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Robert Watkins & Company	Transaction ID: D195-00By0v Date of Disbursement 01 / 08 / 2009
	Mailing Address 610 South Blvd.	Amount of Each Disbursement this Period 2500.00
	City Tampa State FL Zip Code 33606	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement accounting services Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4210.91</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)

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<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

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Watkins & Company Mailing Address 610 South Blvd. City Tampa State FL Zip Code 33606 Purpose of Disbursement accounting services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D196-00By0w Date of Disbursement 02 / 12 / 2009
	Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>B.</b> Full Name (Last, First, Middle Initial) Robert Watkins & Company Mailing Address 610 South Blvd. City Tampa State FL Zip Code 33606 Purpose of Disbursement accounting services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D197-00By0x Date of Disbursement 03 / 04 / 2009
	Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>C.</b> Full Name (Last, First, Middle Initial) Yuma Solutions, Inc. Mailing Address P.O. Box 152075 City Tampa State FL Zip Code 33684 Purpose of Disbursement tech support Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D203-001S0F Date of Disbursement 01 / 15 / 2009
	Amount of Each Disbursement this Period 125.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5125.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 44 / 48

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

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NAME OF COMMITTEE (In Full)  
Bilirakis for Congress

A.

Full Name (Last, First, Middle Initial)  
Yuma Solutions, Inc.

Transaction ID: D204-001S0G  
Date of Disbursement

Mailing Address P.O. Box 152075

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

City Tampa State FL Zip Code 33684

Amount of Each Disbursement this Period

661.00
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Purpose of Disbursement  
email hosting

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Category/  
Type

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

661.00
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TOTAL This Period (last page this line number only) .....

44847.37
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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Bilirakis for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Clearwater Free Clinic Mailing Address 707 N. Ft. Harrison City Clearwater State FL Zip Code 33755 Purpose of Disbursement contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D53-00ah02 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) James Tedisco Mailing Address 1707 Route 9 City Clifton Park State NY Zip Code 12065 Purpose of Disbursement contribution-NY20 Candidate Name James Tedisco Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special	Transaction ID: D175-01Xf01 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1150.00
<b>TOTAL</b> This Period (last page this line number only) .....	1150.00

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Bilirakis for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Sunrise Consulting			Nature of Debt (Purpose): travel/postage
Mailing Address 9842 Balsaridge Court			
City Trinity	State FL	ZIP Code 34655	

Outstanding Balance Beginning This Period <input type="text" value="1944.14"/>		<b>Transaction ID: 10</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1944.14"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor EM Campaigns, Inc.			Nature of Debt (Purpose): campaign consulting
Mailing Address P. O. Box 10362			
City Tallahassee	State FL	ZIP Code 32302	

Outstanding Balance Beginning This Period <input type="text" value="30000.00"/>		<b>Transaction ID: 16</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2500.00"/>	Outstanding Balance at Close of This Period <input type="text" value="27500.00"/>	

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor MPA Consulting, Inc.			Nature of Debt (Purpose): campaign consulting
Mailing Address 409 S. Kings Avenue			
City Brandon	State FL	ZIP Code 33511	

Outstanding Balance Beginning This Period <input type="text" value="5000.00"/>		<b>Transaction ID: 17</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2500.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2500.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="30000.00"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Bilirakis for Congress

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Chase Cardmember Service			Nature of Debt (Purpose): credit card payment
Mailing Address P. O. Box 15153			
City Wilmington	State DE	ZIP Code 19886	

Outstanding Balance Beginning This Period		<b>Transaction ID: 20</b>	
7822.02			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
5328.46	7822.02	5328.46	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> On Demand Printing			Nature of Debt (Purpose): printing
Mailing Address 303 Mears Blvd.			
City Oldsmar	State FL	ZIP Code 34677	

Outstanding Balance Beginning This Period		<b>Transaction ID: 21</b>	
2395.55			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	2395.55	0.00	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Safety Harbor Resort			Nature of Debt (Purpose): catering
Mailing Address 105 N. Bayshore Drive			
City Safety Harbor	State FL	ZIP Code 34695	

Outstanding Balance Beginning This Period		<b>Transaction ID: 22</b>	
3675.62			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	3675.62	0.00	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>5328.46</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 48 / 48	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Bilirakis for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sunrise Consulting			Nature of Debt (Purpose): fundraising expenses/campaign management
Mailing Address 9842 Balsaridge Court			
City Trinity	State FL	ZIP Code 34655	

Outstanding Balance Beginning This Period		<b>Transaction ID: 23</b>	
3500.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
2000.00	2500.00	3000.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	3000.00
2) <b>TOTALS</b> This Period (last page this line number only).....	38328.46
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	38328.46