

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 85
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Bilirakis for Congress

Full Name (Last, First, Middle Initial) A. Veterans Alternative Center		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2015
Mailing Address 1750 Arcadia Rd		Amount of Each Disbursement this Period 2000.00 Transaction ID : B94A073473AC14CF3A62
City Holiday	State Zip Code FL 34690-6052	
Purpose of Disbursement Charitable Contribution	Category/ Type 012	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Tarpon Springs Historical Society		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2015
Mailing Address 160 East Tarpon Avenue		Amount of Each Disbursement this Period 500.00 Transaction ID : B5F02650FD09B49518BD
City	State Zip Code FL 34689-3452	
Purpose of Disbursement Charitable Contribution	Category/ Type 012	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Friends of Frank Guinta		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2015
Mailing Address PO Box 877		Amount of Each Disbursement this Period 500.00 Transaction ID : BE53D8068A6DD4031BD2
City	State Zip Code NH 03105-0877	
Purpose of Disbursement Campaign contribution	Category/ Type 011	
Candidate Name Friends of Frank Guinta		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	