



RECEIVED  
2015 FEB -9 PM 12:13  
FEC MAIL CENTER

February 2, 2015

Laura Beaufort  
Senior Campaign Finance Analyst  
Reports Analysis Division  
Federal Election Commission  
999 East Street Northwest #910  
Washington, D.C. 20463

Laura:

Thank you for your time on Friday.

This letter is being sent to you as a response to the 'Request for Additional Information' letter dated January 6, 2015 as posted on the Federal Election Commission website.

Please note that an amended 30 Day Post-General Report (covering 10/16/14-11/24/14 financial activity) was electronically submitted to the Federal Election Commission, just prior to the electronic submission of the Year End Report, on January 31, 2015. A hard copy of this filing is included for your records with this letter.

Please contact me at 'erika@bilirakisforcongress.com' if you require any further information at this time.

Best regards -

**Erika Grace**  
Assistant Treasurer, Bilirakis for Congress

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

Paid for by Bilirakis for Congress

Contributions are not deductible for Federal income tax purposes.



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-2

January 6, 2015

JOHN KOULIANOS, TREASURER  
BILIRAKIS FOR CONGRESS  
PO BOX 606  
TARPON SPRINGS, FL 34688-0606

**Response Due Date**  
**02/10/2015**

IDENTIFICATION NUMBER: C00408534

REFERENCE: 30 DAY POST-GENERAL REPORT (10/16/2014 - 11/24/2014)

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the report referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **Failure to adequately respond by the response date noted above could result in an audit or enforcement action.** Additional information is needed for the following 1 item(s):

- Column B figures for the Summary and Post-Election Detailed Summary Page information should equal the sum of the Column B figures on your previous report and the Column A figures on this report minus the Column C figures. Please file an amendment to your report to correct the Column B discrepancies for Lines 6(a), 6(c), 7(a), 7(c), 11(a)(iii), 11(c), 11(e), 16, 17, 21, and 22 and all subsequent report(s) that may be affected by this correction. Note that Column B should reflect only the election cycle-to-date totals (11/7/12 through 11/4/14). (52 U.S.C. § 30104(b) (formerly 2 U.S.C. § 434(b)) and 11 CFR § 104.3)

**Please note, you will not receive an additional notice from the Commission on this matter.** Adequate responses must be received by the Commission on or before the due date noted above to be taken into consideration in determining whether audit action will be initiated. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action. **Requests for extensions of time in which to respond will not be considered.**

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended.

BILIRAKIS FOR CONGRESS

Page 2 of 2

If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1187.

Sincerely,



Laura Beaufort  
Senior Campaign Finance Analyst  
Reports Analysis Division

428

2007-11-14 11:00:11

**FEC  
FORM 3**

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED

2015 FEB -9 PM 12:13

Office Use Only

 1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

 Example: If typing, type  
over the lines.

12FE4M5

Bilirakis for Congress

ADDRESS (number and street)

PO Box 606

 Check if different  
than previously  
reported. (ACC)

Tarpon Springs

FL

34688-0606

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00408534

 3. IS THIS  
REPORT

 NEW  
(N)

OR


 AMENDED  
(A)

FL

12

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

 in the  
State of

FL

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

 in the  
State of

FL

5. Covering Period

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

through

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Erika Grace

Signature of Treasurer Erika Grace

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

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

 Office  
Use  
Only

**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name  
**Bilirakis for Congress**

Report Covering the Period:

From:

MM / DD / YYYY  
 10 / 16 / 2014

To:

MM / DD / YYYY  
 11 / 24 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	52750	1078616.41
(b) Total Contribution Refunds (from Line 20(d)) .....	0	100
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	52750	1078516.41
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	20407.69	534523.04
(b) Total Offsets to Operating Expenditures (from Line 14) .....	270	4189.64
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	20137.69	530333.4
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	464026.1	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	

## For further information contact:

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

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

# POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

PAGE 3 / 40

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Bilirakis for Congress

Report Covering the Period: From:

MM / DD / YYYY  
10 / 16 / 2014

To:

MM / DD / YYYY  
11 / 24 / 2014

## I. RECEIPTS

COLUMN A  
Total this Period

COLUMN B  
Election Cycle Total as of

MM / DD / YYYY  
11 / 04 / 2014  
(date of general election)

COLUMN C  
Total for

MM / DD / YYYY  
11 / 05 / 2014  
(date after general election)

through

MM / DD / YYYY  
11 / 24 / 2014  
(last day of reporting period)

### 11. CONTRIBUTIONS

(other than loans) FROM:

- (a) Individuals/Persons Other than Political Committees  
(i) Itemized (use Schedule A)

7350

353440.94

500

(ii) Unitemized

300

60225.47

50

(iii) Total of contributions from individuals

7650

413666.41

550

(b) Political Party Committees

0

0

0

(c) Other Political Committees

45100

664950

0

# POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 40

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
52750	1078616.41	550
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0	0	0
(b) All Other Loans		
0	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0	0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
270	4189.64	250
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0	1617.49	0
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
53020	1084423.54	800

# POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 40

Write or Type Committee Name

Bilirakis for Congress

Report Covering the Period: From:

MM / DD / YYYY  
10 / 16 / 2014

To:

MM / DD / YYYY  
11 / 24 / 2014

## II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
20407.69	534523.04	2660.05
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
0	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
0	0	0
(b) Of All Other Loans		
0	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0	100	0
(b) Political Party Committees		
0	0	0



# POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 40

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
-------------------------------	---	---

(c) Other Political Committees (such as PACs)




(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))




21. OTHER DISBURSEMENTS




22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)




## III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))




## IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)




## V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

24. TOTAL RECEIPTS THIS PERIOD (from Line 16).....

25. SUBTOTAL (add Line 23 and Line 24).....

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)

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

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

FOR LINE NUMBER:		PAGE 7 OF 40	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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)  
**William M. Blackshear**

Mailing Address **107 Windward Island**

City **Clearwater** State **FL** Zip Code **33767-2324**

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

Name of Employer **Self** Occupation **Surgeon**

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 17 / 2014**

Transaction ID : **A-CF34310**

Amount of Each Receipt this Period  
**500**

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

Mailing Address **2224 Kent Drive**

City **Largo** State **FL** Zip Code **33774-1014**

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

Name of Employer **Bosley & Bratch** Occupation **Attorney**

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 29 / 2014**

Transaction ID : **A-CF34349**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address **8675 Hidden River Parkway**

City **Tampa** State **FL** Zip Code **33637-1001**

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

Name of Employer **AFRCPF** Occupation **foundation executive**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 13 / 2014**

Transaction ID : **A-CF34376**

Amount of Each Receipt this Period  
**500**

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

**2000.00**

**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 8 OF 40

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Jeanne Haggerty**

Mailing Address 9400 Wade Boulevard

City Frisco State TX Zip Code 75035-6527

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

Name of Employer BIO Occupation VP, Federal Government Relations

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date **250**

Date of Receipt

MM / DD / YYYY  
11 / 03 / 2014

Transaction ID : A-CF34368

Amount of Each Receipt this Period

**250**

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

Mailing Address 824 Sunlight Way

City Superior State CO Zip Code 80027-6134

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

Name of Employer Hill & Ponton Occupation Attorney

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt

MM / DD / YYYY  
10 / 29 / 2014

Transaction ID : A-CF34352

Amount of Each Receipt this Period

**1000**

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

Mailing Address 329 Saint Augustine Avenue

City Tampa State FL Zip Code 33617-7229

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

Name of Employer self-employed Occupation physician

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt

MM / DD / YYYY  
11 / 04 / 2014

Transaction ID : A-CF34371

Amount of Each Receipt this Period

**1000**

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

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

**2250.00**

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

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

FOR LINE NUMBER: (check only one)		PAGE 9 OF 40	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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

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

Mailing Address 44086 Macedonia Court

City Ashburn State VA Zip Code 20147-4856

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

Name of Employer Self Occupation Consultant

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date 350

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2014

Transaction ID : A-CF34367

Amount of Each Receipt this Period  
100

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

Mailing Address 9414 Satinleaf Place

City Parkland State FL Zip Code 33076-3963

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

Name of Employer LaVan & Neidenberg, P. A. Occupation Attorney

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
MM / DD / YYYY  
10 / 29 / 2014

Transaction ID : A-CF34350

Amount of Each Receipt this Period  
1000

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

Mailing Address 300 Center Drive Suite G-352

City Superior State CO Zip Code 80027-8625

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

Name of Employer Hill & Ponton Occupation Attorney

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
MM / DD / YYYY  
10 / 29 / 2014

Transaction ID : A-CF34351

Amount of Each Receipt this Period  
1000

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

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

2100.00

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

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

FOR LINE NUMBER:		PAGE 10 OF 40	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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

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

Mailing Address **958 Skye Lane**

City **Palm Harbor** State **FL** Zip Code **34683-1453**

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

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

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
**10 / 20 / 2014**

Transaction ID : **A-CF34321**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>7350.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 40

☐ 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**

Full Name (Last, First, Middle Initial)

**A. Academy of Nutrition & Dietetics PAC (ANDPAC)**

Mailing Address 1120 Connecticut Avenue NW

Suite 480

City

State

Zip Code

Washington

DC

20036-3989

FEC ID number of contributing  
federal political committee.

**C** C00143560

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1500

Date of Receipt

MM / DD / YYYY  
10 / 22 / 2014

Transaction ID : A-CF34328

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

**B. Amer. Osteopathic Information Assn. PAC**

Mailing Address 1090 Vermont Avenue NW

Suite 510

City

State

Zip Code

Washington

DC

20005-4949

FEC ID number of contributing  
federal political committee.

**C** C00113803

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5000

Date of Receipt

MM / DD / YYYY  
10 / 22 / 2014

Transaction ID : A-CF34327

Amount of Each Receipt this Period

2000

Full Name (Last, First, Middle Initial)

**C. America's Health Insurance Plans - AHIP PAC**

Mailing Address 601 Pennsylvania Avenue N.W.

South Building, Suite 500

City

State

Zip Code

Washington

DC

20004

FEC ID number of contributing  
federal political committee.

**C** C00106740

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2000

Date of Receipt

MM / DD / YYYY  
10 / 28 / 2014

Transaction ID : A-CF34348

Amount of Each Receipt this Period

1000

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

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

4000.00

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

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

FOR LINE NUMBER: (check only one)		PAGE 12 OF 40	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>American College of Radiology Association PAC</b>			Date of Receipt <div>MM / DD / YYYY</div> <div>10 / 22 / 2014</div>	
Mailing Address 1891 Preston White Drive			Transaction ID : A-CF34330	
City	State	Zip Code		
Reston	VA	20191-4326		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period	
<div>C</div> C00343459			<div>1000</div>	
Name of Employer		Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <div>6000</div>		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>American Dental PAC</b>			Date of Receipt <div>MM / DD / YYYY</div> <div>10 / 31 / 2014</div>	
Mailing Address 1111 14th Street NW Suite 1100			Transaction ID : A-CF34353	
City	State	Zip Code		
Washington	DC	20005-5627		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period	
<div>C</div> C00000729			<div>2000</div>	
Name of Employer		Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <div>5000</div>		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>American Pharmacists Association</b>			Date of Receipt <div>MM / DD / YYYY</div> <div>11 / 01 / 2014</div>	
Mailing Address 2215 Constitution Avenue NW			Transaction ID : A-CF34364	
City	State	Zip Code		
Washington	DC	20037-2907		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period	
<div>C</div> C00193854			<div>1000</div>	
Name of Employer		Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <div>3000</div>		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			<div>4000.00</div>	
<b>TOTAL</b> This Period (last page this line number only) .....			<div></div>	

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

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

FOR LINE NUMBER:		PAGE 13 OF 40	
(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**

Full Name (Last, First, Middle Initial)  
**A. American Physical Therapy Association PAC**

Mailing Address 1111 N Fairfax Street

City State Zip Code  
Alexandria VA 22314-1484

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
3500

Date of Receipt  
MM / DD / YYYY  
10 / 24 / 2014

Transaction ID : A-CF34337

Amount of Each Receipt this Period  
1500

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

Mailing Address 1061 American Lane

City State Zip Code  
Schaumburg IL 60173-4973

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

Name of Employer Occupation

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
10000

Date of Receipt  
MM / DD / YYYY  
10 / 24 / 2014

Transaction ID : A-CF34336

Amount of Each Receipt this Period  
4500

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

Mailing Address 208 S Akard Street  
Suite 2701

City State Zip Code  
Dallas TX 75202-4206

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

Name of Employer Occupation

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
9000

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2014

Transaction ID : A-CF34361

Amount of Each Receipt this Period  
1000

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

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

7000.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 40

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

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

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

Mailing Address 2350 Kerner Boulevard  
Suite 250

City State Zip Code  
San Rafael CA 94901-5596

FEC ID number of contributing  
federal political committee.

**C** C00543371

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2500

Date of Receipt

MM / DD / YYYY  
10 / 22 / 2014

Transaction ID : A-CF34329

Amount of Each Receipt this Period

1500

Full Name (Last, First, Middle Initial)  
**B. Branch Banking and Trust Company PAC**

Mailing Address PO Box 1290  
150 South Stratford Road

City State Zip Code  
Winston Salem NC 27102-1290

FEC ID number of contributing  
federal political committee.

**C** C00075291

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

MM / DD / YYYY  
11 / 04 / 2014

Transaction ID : A-CF34372

Amount of Each Receipt this Period

1000

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

Mailing Address 1701 John F Kennedy Boulevard

City State Zip Code  
Philadelphia PA 19103-2838

FEC ID number of contributing  
federal political committee.

**C** C00248716

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

6000

Date of Receipt

MM / DD / YYYY  
11 / 03 / 2014

Transaction ID : A-CF34369

Amount of Each Receipt this Period

1000

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

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

3500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Bilirakis for Congress**

Full Name (Last, First, Middle Initial)

**Community Oncology Alliance PAC**

Mailing Address 1101 Pennsylvania Avenue NW

Suite 700

City

State

Zip Code

Washington

DC

20004-2520

FEC ID number of contributing  
federal political committee.

**C** C00383976

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

4000

Date of Receipt

MM / DD / YYYY  
10 / 24 / 2014

Transaction ID : A-CF34335

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)

**ExxonMobil PAC**

Mailing Address 5959 Las Colinas Boulevard

City

State

Zip Code

Irving

TX

75039-4202

FEC ID number of contributing  
federal political committee.

**C** C00095406

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

10000

Date of Receipt

MM / DD / YYYY  
11 / 04 / 2014

Transaction ID : A-CF34366

Amount of Each Receipt this Period

2500

Full Name (Last, First, Middle Initial)

**Grocery Manufacturers Association PAC**

Mailing Address 1350 I Street NW

Suite 300

City

State

Zip Code

Washington

DC

20005-3377

FEC ID number of contributing  
federal political committee.

**C** C00250068

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

2000

Date of Receipt

MM / DD / YYYY  
11 / 01 / 2014

Transaction ID : A-CF34363

Amount of Each Receipt this Period

1000

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

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

4500.00

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

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

FOR LINE NUMBER:		PAGE 16 OF 40	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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

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

Mailing Address 101 Constitution Avenue NW

City Washington State DC Zip Code 20001-2133

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

Name of Employer Occupation

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date 10000

Date of Receipt  
MM / DD / YYYY  
10 / 20 / 2014

Transaction ID : A-CF34323

Amount of Each Receipt this Period  
2500

**B.** Full Name (Last, First, Middle Initial)  
**Lockheed Martin Employees' PAC**

Mailing Address 2121 Crystal Drive  
Suite 100

City Arlington State VA Zip Code 22202-3706

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date 4000

Date of Receipt  
MM / DD / YYYY  
10 / 20 / 2014

Transaction ID : A-CF34324

Amount of Each Receipt this Period  
1000

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

Mailing Address 2111 McDonalds Drive

City Oak Brook State IL Zip Code 60523-5500

FEC ID number of contributing federal political committee. **C** C00063164

Name of Employer Occupation

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date 3000

Date of Receipt  
MM / DD / YYYY  
11 / 04 / 2014

Transaction ID : A-CF34373

Amount of Each Receipt this Period  
2000

**SUBTOTAL** of Receipts This Page (optional) ..... 5500.00

**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 OF 40	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

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

<p>Full Name (Last, First, Middle Initial) <b>A. National Apartment Association PAC</b></p> <p>Mailing Address 4300 Wilson Boulevard Suite 400</p> <p>City Arlington State VA Zip Code 22203-4168</p> <p>FEC ID number of contributing federal political committee. <b>C</b> C00113241</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date 1000</p>		<p>Date of Receipt MM / DD / YYYY 10 / 22 / 2014</p> <p>Transaction ID : A-CF34326</p> <p>Amount of Each Receipt this Period 1000</p>
<p>Full Name (Last, First, Middle Initial) <b>B. National Association of Convenience Stores PAC</b></p> <p>Mailing Address 1600 Duke Street</p> <p>City Alexandria State VA Zip Code 22314-3466</p> <p>FEC ID number of contributing federal political committee. <b>C</b> C00126763</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date 4000</p>		<p>Date of Receipt MM / DD / YYYY 11 / 01 / 2014</p> <p>Transaction ID : A-CF34362</p> <p>Amount of Each Receipt this Period 1500</p>
<p>Full Name (Last, First, Middle Initial) <b>C. National Association of Insurance and Financial Advisors PAC</b></p> <p>Mailing Address 2901 Telestar Court</p> <p>City Falls Church State VA Zip Code 22042-1260</p> <p>FEC ID number of contributing federal political committee. <b>C</b> C00005249</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Election Cycle-to-Date 6500</p>		<p>Date of Receipt MM / DD / YYYY 10 / 28 / 2014</p> <p>Transaction ID : A-CF34345</p> <p>Amount of Each Receipt this Period 2500</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>		5000.00
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>		

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

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

FOR LINE NUMBER: PAGE 18 OF 40  
(check only one)  
☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>National Pro-Life Alliance PAC</b>		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> 10 / 26 / 2014	
Mailing Address 4521 Windsor Arms Court		<b>Transaction ID : A-CF34341</b>	
City Annandale State VA Zip Code 22003-5751	Amount of Each Receipt this Period <input type="text"/> 500		
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/> C00358051	Election Cycle-to-Date <input type="text"/> 500		
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <input type="text"/> 500		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Novo Nordisk PAC</b>		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> 10 / 24 / 2014	
Mailing Address 1155 F Street NW Suite 1150		<b>Transaction ID : A-CF34333</b>	
City Washington State DC Zip Code 20004-1351	Amount of Each Receipt this Period <input type="text"/> 1000		
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/> C00424838	Election Cycle-to-Date <input type="text"/> 3000		
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <input type="text"/> 3000		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>PuroPAC, Inc</b>		Date of Receipt <input type="text"/> / <input type="text"/> / <input type="text"/> 10 / 24 / 2014	
Mailing Address 300 New Jersey Avenue NW Suite 900		<b>Transaction ID : A-CF34339</b>	
City Washington State DC Zip Code 20001-2271	Amount of Each Receipt this Period <input type="text"/> 1000		
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/> C00507053	Election Cycle-to-Date <input type="text"/> 1000		
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <input type="text"/> 1000		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<input type="text"/> 2500.00	
<b>TOTAL</b> This Period (last page this line number only).....		<input type="text"/>	

**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)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Bilirakis for Congress**

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

Mailing Address **1100 Wilson Boulevard**  
**# 1500**

City **Arlington** State **VA** Zip Code **22209-2249**

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

Name of Employer Occupation

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
**7500**

Date of Receipt

**10** / **20** / **2014**

Transaction ID : **A-CF34322**

Amount of Each Receipt this Period

**500**

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

Mailing Address **925 Chestnut Street**  
**Floor 5**

City **Philadelphia** State **PA** Zip Code **19107-4206**

FEC ID number of contributing federal political committee. **C** **C00558700**

Name of Employer Occupation

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
**2600**

Date of Receipt

**10** / **24** / **2014**

Transaction ID : **A-CF34338**

Amount of Each Receipt this Period

**2600**

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

Mailing Address **25 Massachusetts Avenue NW**  
**Suite 440**

City **Washington** State **DC** Zip Code **20001-7402**

FEC ID number of contributing federal political committee. **C** **C00434811**

Name of Employer Occupation

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
**2500**

Date of Receipt

**10** / **28** / **2014**

Transaction ID : **A-CF34347**

Amount of Each Receipt this Period

**2500**

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

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

**5600.00**

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 40

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

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

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

Mailing Address 1101 Pennsylvania Avenue NW

City State Zip Code  
Washington DC 20004-2504

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

Name of Employer Occupation

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt

MM / DD / YYYY  
10 / 24 / 2014

Transaction ID : A-CF34334

Amount of Each Receipt this Period

1000

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

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634-1143

FEC ID number of contributing federal political committee. **C** C00390575

Name of Employer Occupation

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt

MM / DD / YYYY  
10 / 22 / 2014

Transaction ID : A-CF34325

Amount of Each Receipt this Period

2500

Full Name (Last, First, Middle Initial)

C. Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

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

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

3500.00

45100.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**Carol E Ellison**

**A.** Mailing Address **3270 McMath Drive**

City State Zip Code  
**Palm Harbor FL 34684-3433**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**N/A - Check cancellation**

Occupation  
**N/A - Check cancellation**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**250**

Date of Receipt

**11 / 22 / 2014**

Transaction ID : **A-OF34384**

Amount of Each Receipt this Period

**250**

Administration services

**B.** Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

**C.** Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

**250.00**

**250.00**



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 OF 40

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Bilirakis for Congress

Full Name (Last, First, Middle Initial)

## A. 1TapApp.com

Mailing Address 1170 Gulf Boulevard  
Apt. 1601

City Clearwater State FL Zip Code 33767-2785

Purpose of Disbursement  
Mobile app

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 22 / 2014

Amount of Each Disbursement this Period

300

Transaction ID : B-E-34387

001

Category/  
Type

Full Name (Last, First, Middle Initial)

## B. Chase Cardmember Service

Mailing Address PO Box 15153

City Wilmington State DE Zip Code 19886-5153

Purpose of Disbursement  
see memo entries

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2014

Amount of Each Disbursement this Period

4182.73

Transaction ID : B-E-34332

001

Category/  
Type

Original vendors exceeding reporting threshold itemized as memo transactions.

Full Name (Last, First, Middle Initial)

## C. MGM Grand Hotel & Casino

Mailing Address 3799 Las Vegas Boulevard S

City Las Vegas State NV Zip Code 89109-4319

Purpose of Disbursement  
Food and beverage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2014

Amount of Each Disbursement this Period

59.62

Transaction ID : B-S-1778

007

Category/  
Type

[MEMO ITEM]

Subitemization of Chase Cardmember  
Service(10/24/14)

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

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

4482.73

# 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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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)  
Bilirakis for Congress

Full Name (Last, First, Middle Initial)  
A. MGM Grand Hotel & Casino

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2014

Mailing Address 3799 Las Vegas Boulevard S

City State Zip Code  
Las Vegas NV 89109-4319

Amount of Each Disbursement this Period

515.52

Purpose of Disbursement  
Lodging

002

Transaction ID : B-S-1782

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

[MEMO ITEM]

Subitemization of Chase Cardmember  
Service(10/24/14)

State: District:

Full Name (Last, First, Middle Initial)  
B. Office Depot #95

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2014

Mailing Address 26277 Us Highway 19 N

City State Zip Code  
Clearwater FL 33761-3587

Amount of Each Disbursement this Period

1040.9

Purpose of Disbursement  
Event invitations

007

Transaction ID : B-S-1784

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

[MEMO ITEM]

Subitemization of Chase Cardmember  
Service(10/24/14)

State: District:

Full Name (Last, First, Middle Initial)  
C. Verizon Wireless

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2014

Mailing Address PO Box 660108

City State Zip Code  
Dallas TX 75266-0108

Amount of Each Disbursement this Period

279.1

Purpose of Disbursement  
Cell phones

001

Transaction ID : B-S-1786

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

[MEMO ITEM]

Subitemization of Chase Cardmember  
Service(10/24/14)

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)

PAGE 24 OF 40

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NAME OF COMMITTEE (In Full)

Bilirakis for Congress

Full Name (Last, First, Middle Initial)

## **A. CreateSend.com Sutherland NSW**

Mailing Address 4400 N Point Parkway  
Suite 190

City Alpharetta State GA Zip Code 30022-2481

Purpose of Disbursement  
Email distribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2014

Amount of Each Disbursement this Period

99

Transaction ID : B-S-1757

[MEMO ITEM]

Subitemization of Chase Cardmember  
Service(10/24/14)

## **B. Greater Wesley Chapel Chamber of Commerce**

Mailing Address 6013 Wesley Grove Boulevard  
Suite 105

City Wesley Chapel State FL Zip Code 33544-8415

Purpose of Disbursement  
Event ticket

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2014

Amount of Each Disbursement this Period

15

Transaction ID : B-S-1758

[MEMO ITEM]

Subitemization of Chase Cardmember  
Service(10/24/14)

## **C. Verizon Wireless**

Mailing Address 3101 Florida 580 #1

City Safety Harbor State FL Zip Code 34695

Purpose of Disbursement  
Cell phone

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2014

Amount of Each Disbursement this Period

107

Transaction ID : B-S-1759

[MEMO ITEM]

Subitemization of Chase Cardmember  
Service(10/24/14)

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

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

0.00

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

Bilirakis for Congress

Full Name (Last, First, Middle Initial)

**A. The Stoneridge Group, LLC**

Mailing Address 4400 N Point Parkway  
Suite 190

City Alpharetta State GA Zip Code 30022-2481

Purpose of Disbursement  
Website maintenance

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2014

Amount of Each Disbursement this Period

19.95

Transaction ID : B-S-1760

[MEMO ITEM]

Subitemization of Chase Cardmember  
Service(10/24/14)

Full Name (Last, First, Middle Initial)

**B. Acme Sponge & Chamois Co., Inc.**

Mailing Address 855 Pine Street

City Tarpon Springs State FL Zip Code 34689-5902

Purpose of Disbursement  
Gifts

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2014

Amount of Each Disbursement this Period

294.25

Transaction ID : B-S-1763

[MEMO ITEM]

Subitemization of Chase Cardmember  
Service(10/24/14)

Full Name (Last, First, Middle Initial)

**C. Verizon Wireless**

Mailing Address 3101 Florida 580 #1

City Safety Harbor State FL Zip Code 34695

Purpose of Disbursement  
Cell phone

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2014

Amount of Each Disbursement this Period

405.53

Transaction ID : B-S-1764

[MEMO ITEM]

Subitemization of Chase Cardmember  
Service(10/24/14)

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

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

0.00

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

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

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(check only one)

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

Full Name (Last, First, Middle Initial)

**A. MGM Grand Hotel & Casino**

Mailing Address 3799 Las Vegas Boulevard S

City Las Vegas State NV Zip Code 89109-4319

Purpose of Disbursement  
Food and beverage

007

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2014

Amount of Each Disbursement this Period

44.73

Transaction ID : B-S-1773

[MEMO ITEM]

Subitemization of Chase Cardmember  
Service(10/24/14)

Full Name (Last, First, Middle Initial)

**B. U.S. Postal Service**

Mailing Address 303 Main Street

City Safety Harbor State FL Zip Code 34695-3672

Purpose of Disbursement  
Postage

001

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2014

Amount of Each Disbursement this Period

5.75

Transaction ID : B-S-1788

[MEMO ITEM]

Subitemization of Chase Cardmember  
Service(10/24/14)

Full Name (Last, First, Middle Initial)

**C. Office Depot #647**

Mailing Address 40545 Us Highway 19 N

City Tarpon Springs State FL Zip Code 34689-4833

Purpose of Disbursement  
Photo copies

001

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2014

Amount of Each Disbursement this Period

20.98

Transaction ID : B-S-1790

[MEMO ITEM]

Subitemization of Chase Cardmember  
Service(10/24/14)

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

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

0.00

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

Bilirakis for Congress

Full Name (Last, First, Middle Initial)

**A. Office Depot #95**

Mailing Address 26277 Us Highway 19 N

City State Zip Code  
Clearwater FL 33761-3587

Purpose of Disbursement  
Office supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2014

Amount of Each Disbursement this Period

13.13

Transaction ID : B-S-1792

[MEMO ITEM]

Subitemization of Chase Cardmember  
Service(10/24/14)

Full Name (Last, First, Middle Initial)

**B. Public Storage**

Mailing Address 38800 Us Highway 19 N

City State Zip Code  
Tarpon Spgs FL 34689-3961

Purpose of Disbursement  
Storage unit

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2014

Amount of Each Disbursement this Period

303.25

Transaction ID : B-S-1793

[MEMO ITEM]

Subitemization of Chase Cardmember  
Service(10/24/14)

Full Name (Last, First, Middle Initial)

**C. U.S. Postal Service**

Mailing Address 303 Main Street

City State Zip Code  
Safety Harbor FL 34695-3672

Purpose of Disbursement  
Postage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2014

Amount of Each Disbursement this Period

3.79

Transaction ID : B-S-1794

[MEMO ITEM]

Subitemization of Chase Cardmember  
Service(10/24/14)

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

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

0.00

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

Bilirakis for Congress

Full Name (Last, First, Middle Initial)

## A. House Gift Shop

Mailing Address 15 Independence Avenue SW

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement  
Gifts

001

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2014

Amount of Each Disbursement this Period

100

Transaction ID : B-S-1767

[MEMO ITEM]

Subitemization of Chase Cardmember  
Service(10/24/14)

## B. ExxonMobil

Mailing Address 5030 Connecticut Avenue NW  
Jjz Enterprise 4781936

City Washington State DC Zip Code 20008-2023

Purpose of Disbursement  
Gas

002

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2014

Amount of Each Disbursement this Period

49.67

Transaction ID : B-S-1768

[MEMO ITEM]

Subitemization of Chase Cardmember  
Service(10/24/14)

## C. House Gift Shop

Mailing Address 15 Independence Avenue SW

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement  
Gifts

001

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2014

Amount of Each Disbursement this Period

82.2

Transaction ID : B-S-1771

[MEMO ITEM]

Subitemization of Chase Cardmember  
Service(10/24/14)

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

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

0.00

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

Bilirakis for Congress

Full Name (Last, First, Middle Initial)

## A. Chase Cardmember Service

Mailing Address PO Box 15153

City State Zip Code  
Wilmington DE 19886-5153

Purpose of Disbursement  
See memo entries

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

11 / 18 / 2014

Amount of Each Disbursement this Period

1370.05

Transaction ID : B-E-34378

Original vendors exceeding reporting threshold itemized as memo transactions.

## B. U.S. Postal Service

Mailing Address 303 Main Street

City State Zip Code  
Safety Harbor FL 34695-3672

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

10 / 21 / 2014

Amount of Each Disbursement this Period

3.79

Transaction ID : B-S-1808

[MEMO ITEM]

Subitemization of Chase Cardmember Service(11/18/14)

## C. Office Depot #95

Mailing Address 26277 Us Highway 19 N

City State Zip Code  
Clearwater FL 33761-3587

Purpose of Disbursement  
Office supplies

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

10 / 21 / 2014

Amount of Each Disbursement this Period

28.87

Transaction ID : B-S-1809

[MEMO ITEM]

Subitemization of Chase Cardmember Service(11/18/14)

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

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

1370.05



# **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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NAME OF COMMITTEE (In Full)

**Bilirakis for Congress**

Full Name (Last, First, Middle Initial)

## **A. CreateSend.com Sutherland NSW**

Mailing Address 4400 N Point Parkway  
Suite 190

City State Zip Code  
Alpharetta GA 30022-2481

Purpose of Disbursement  
Email communications

004

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2014

Amount of Each Disbursement this Period

99

Transaction ID : B-S-1796

[MEMO ITEM]

Subitemization of Chase Cardmember  
Service(11/18/14)

## **B. U.S. Postal Service**

Mailing Address 303 Main Street

City State Zip Code  
Safety Harbor FL 34695-3672

Purpose of Disbursement  
Postage

001

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 07 / 2014

Amount of Each Disbursement this Period

4

Transaction ID : B-S-1797

[MEMO ITEM]

Subitemization of Chase Cardmember  
Service(11/18/14)

## **C. U.S. Postal Service**

Mailing Address 303 Main Street

City State Zip Code  
Safety Harbor FL 34695-3672

Purpose of Disbursement  
Postage

001

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2014

Amount of Each Disbursement this Period

54.75

Transaction ID : B-S-1799

[MEMO ITEM]

Subitemization of Chase Cardmember  
Service(11/18/14)

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Bilirakis for Congress

Full Name (Last, First, Middle Initial)

**A. Dade City Chamber of Commerce**

Mailing Address 14112 8th Street

City State Zip Code  
Dade City FL 33525-4149

Purpose of Disbursement  
Event ticket

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
10	14	2014

Amount of Each Disbursement this Period

50
----

Transaction ID : B-S-1800

[MEMO ITEM]

Subitemization of Chase Cardmember  
Service(11/18/14)

**B. U.S. Postal Service**

Mailing Address 303 Main Street

City State Zip Code  
Safety Harbor FL 34695-3672

Purpose of Disbursement  
Postage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
10	16	2014

Amount of Each Disbursement this Period

7.09
------

Transaction ID : B-S-1802

[MEMO ITEM]

Subitemization of Chase Cardmember  
Service(11/18/14)

**C. U.S. Postal Service**

Mailing Address 303 Main Street

City State Zip Code  
Safety Harbor FL 34695-3672

Purpose of Disbursement  
Postage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	D D D	Y Y Y Y Y Y
10	17	2014

Amount of Each Disbursement this Period

4
---

Transaction ID : B-S-1803

[MEMO ITEM]

Subitemization of Chase Cardmember  
Service(11/18/14)

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

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

0.00
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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)

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

Full Name (Last, First, Middle Initial)

**A. The Stoneridge Group, LLC**

Mailing Address 4400 N Point Parkway  
Suite 190

City Alpharetta State GA Zip Code 30022-2481

Purpose of Disbursement  
Website maintenance

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

10 / 18 / 2014

Amount of Each Disbursement this Period

19.95

Transaction ID : B-S-1804

[MEMO ITEM]

Subitemization of Chase Cardmember  
Service(11/18/14)

Full Name (Last, First, Middle Initial)

**B. Dollar Tree**

Mailing Address 1540 N McMullen Booth Road  
Suite E

City Clearwater State FL Zip Code 33759-2594

Purpose of Disbursement  
Event decorations

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

10 / 19 / 2014

Amount of Each Disbursement this Period

9.63

Transaction ID : B-S-1806

[MEMO ITEM]

Subitemization of Chase Cardmember  
Service(11/18/14)

Full Name (Last, First, Middle Initial)

**C. Verizon Wireless**

Mailing Address PO Box 660108

City Dallas State TX Zip Code 75266-0108

Purpose of Disbursement  
Cell phones

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

10 / 27 / 2014

Amount of Each Disbursement this Period

281.49

Transaction ID : B-S-1815

[MEMO ITEM]

Subitemization of Chase Cardmember  
Service(11/18/14)

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 33 OF 40

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Bilirakis for Congress

Full Name (Last, First, Middle Initial)

**A. FedEx**

Mailing Address PO Box 660481

City State Zip Code  
Dallas TX 75266-0481

Purpose of Disbursement  
Document shipping

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 28 / 2014

Amount of Each Disbursement this Period

36.19

Transaction ID : B-S-1816

[MEMO ITEM]

Subitemization of Chase Cardmember  
Service(11/18/14)

Full Name (Last, First, Middle Initial)

**B. ExxonMobil**

Mailing Address 5030 Connecticut Avenue NW  
Jjz Enterprise 4781936

City State Zip Code  
Washington DC 20008-2023

Purpose of Disbursement  
Gas

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2014

Amount of Each Disbursement this Period

24.05

Transaction ID : B-S-1817

[MEMO ITEM]

Subitemization of Chase Cardmember  
Service(11/18/14)

Full Name (Last, First, Middle Initial)

**C. FedEx**

Mailing Address PO Box 660481

City State Zip Code  
Dallas TX 75266-0481

Purpose of Disbursement  
Document shipping

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2014

Amount of Each Disbursement this Period

36.19

Transaction ID : B-S-1818

[MEMO ITEM]

Subitemization of Chase Cardmember  
Service(11/18/14)

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

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

0.00

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Bilirakis for Congress

Full Name (Last, First, Middle Initial)

## A. Public Storage

Mailing Address 38800 Us Highway 19 N

City State Zip Code  
Tarpon Spgs FL 34689-3961

Purpose of Disbursement  
Storage unit

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 02 / 2014

Amount of Each Disbursement this Period

303.25

Transaction ID : B-S-1819

[MEMO ITEM]

Subitemization of Chase Cardmember  
Service(11/18/14)

## B. Wal-Mart

Mailing Address 3801 Tampa Road

City State Zip Code  
Oldsmar FL 34677-3008

Purpose of Disbursement  
Office supplies

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2014

Amount of Each Disbursement this Period

7.32

Transaction ID : B-S-1820

[MEMO ITEM]

Subitemization of Chase Cardmember  
Service(11/18/14)

## C. EM Campaigns, Inc.

Mailing Address PO Box 10362

City State Zip Code  
Tallahassee FL 32302-2362

Purpose of Disbursement  
Consulting - GOTV

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2014

Amount of Each Disbursement this Period

1000

Transaction ID : B-E-34374

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

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

1000.00

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

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

FOR LINE NUMBER:  
 (check only one)

PAGE 35 OF 40

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

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NAME OF COMMITTEE (In Full)

Bilirakis for Congress

Full Name (Last, First, Middle Initial)

A. ER Grace Consulting LLC

Mailing Address PO Box 897

City State Zip Code  
 Safety Harbor FL 34695-0897

Purpose of Disbursement  
 Travel: Mileage

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
11	03	2014

Amount of Each Disbursement this Period

275.72
--------

Transaction ID : B-E-34358

Full Name (Last, First, Middle Initial)

B. ER Grace Consulting LLC

Mailing Address PO Box 897

City State Zip Code  
 Safety Harbor FL 34695-0897

Purpose of Disbursement  
 Fundraising: Fundraising services

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
11	03	2014

Amount of Each Disbursement this Period

743.6
-------

Transaction ID : B-E-34359

Full Name (Last, First, Middle Initial)

C. ER Grace Consulting LLC

Mailing Address PO Box 897

City State Zip Code  
 Safety Harbor FL 34695-0897

Purpose of Disbursement  
 Financial and Admin Consulting

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM	DD	YYYY
11	03	2014

Amount of Each Disbursement this Period

2000
------

Transaction ID : B-E-34360

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

3019.32

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 36 OF 40

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

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NAME OF COMMITTEE (In Full)

**Bilirakis for Congress**

Full Name (Last, First, Middle Initial)

**A. Koulianos & Associates, P.A.**

Mailing Address 41 N Ring Avenue

City Tarpon Spgs State FL Zip Code 34689-4303

Purpose of Disbursement  
Accounting services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2014

Amount of Each Disbursement this Period

500

Transaction ID : B-E-34357

001

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Pinellas County REC**

Mailing Address 4707 140th Avenue N  
Suite 208

City Clearwater State FL Zip Code 33762-3836

Purpose of Disbursement  
Campaign Event: PCREC Picnic event

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 28 / 2014

Amount of Each Disbursement this Period

2000

Transaction ID : B-E-34346

007

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Red Pledge**

Mailing Address 4400 N Point Parkway  
Suite 190

City Alpharetta State GA Zip Code 30022-2481

Purpose of Disbursement  
Fundraising: Online processing fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2014

Amount of Each Disbursement this Period

24.95

Transaction ID : B-E-34391

003

Category/  
Type

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

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

2524.95

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 37 OF 40

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Bilirakis for Congress

Full Name (Last, First, Middle Initial)

**A. The Gula Graham Group**

Mailing Address 499 S Capitol Street SW  
Suite 420

City Washington State DC Zip Code 20003-4027

Purpose of Disbursement  
Fundraising: Fundraising Commission

003

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

10 / 28 / 2014

Amount of Each Disbursement this Period

2700

Transaction ID : B-E-34344

Full Name (Last, First, Middle Initial)

**B. The Gula Graham Group**

Mailing Address 499 S Capitol Street SW  
Suite 420

City Washington State DC Zip Code 20003-4027

Purpose of Disbursement  
Event expenses and doc shipping

007

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

11 / 04 / 2014

Amount of Each Disbursement this Period

1409.64

Transaction ID : B-E-34365

Full Name (Last, First, Middle Initial)

**C. Yuma Solutions, Inc.**

Mailing Address PO Box 152075

City Tampa State FL Zip Code 33684-2075

Purpose of Disbursement  
Domain charges

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

10 / 16 / 2014

Amount of Each Disbursement this Period

2436

Transaction ID : B-E-34308

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

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

6545.64



**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 38 OF 40

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

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

Full Name (Last, First, Middle Initial)

**A. Lee Cohen**

Mailing Address 59 Livingston Street  
Apt. 6A

City Brooklyn State NY Zip Code 11201-4873

Purpose of Disbursement  
Fundraising: Fundraising services

Candidate Name

003  
Category/  
Type

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

State: District:

Date of Disbursement

11 / 05 / 2014

Amount of Each Disbursement this Period

250

Transaction ID : B-E-34370

**B. Carol E Ellison**

Mailing Address 3270 McMath Drive

City Palm Harbor State FL Zip Code 34684-3433

Purpose of Disbursement  
Admin svcs

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

10 / 23 / 2014

Amount of Each Disbursement this Period

250

Transaction ID : B-E-34331

**C. Carol E Ellison**

Mailing Address 3270 McMath Drive

City Palm Harbor State FL Zip Code 34684-3433

Purpose of Disbursement  
Admin svcs (Reissue of Chk# 2327)

Candidate Name

001  
Category/  
Type

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

State: District:

Date of Disbursement

11 / 22 / 2014

Amount of Each Disbursement this Period

250

Transaction ID : B-E-34385

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

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

750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 39 OF 40

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

**Bilirakis for Congress**

Full Name (Last, First, Middle Initial)

**A. Carol E Ellison**

Mailing Address 3270 McMath Drive

City

Palm Harbor

State

FL

Zip Code

34684-3433

Purpose of Disbursement

Admin svcs

001

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For: 2016

☒ Primary

☐ General

☐ Other (specify)

State:

District:

Date of Disbursement

MM / DD / YYYY  
11 / 22 / 2014

Amount of Each Disbursement this Period

250

Transaction ID : B-E-34386

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify)

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify)

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

250.00

19942.69

**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 40 OF 40

☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)

Bilirakis for Congress

Full Name (Last, First, Middle Initial)

**A. Chuck Fleischmann For Congress Committee**

Mailing Address PO Box 11091

City Chattanooga State TN Zip Code 37401-2091

Purpose of Disbursement  
Contribution refund

011

Category/  
Type

Candidate Name  
Charles J. Fleischmann

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: TN District: 03

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2014

Amount of Each Disbursement this Period

-1000

Transaction ID : B-E-34340

Full Name (Last, First, Middle Initial)

**B. Fred Upton for Congress/Upton for All of Us**

Mailing Address 402 State Street

City Saint Joseph State MI Zip Code 49085-1250

Purpose of Disbursement  
Political contribution

011

Category/  
Type

Candidate Name  
Fred Upton

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: MI District:

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2014

Amount of Each Disbursement this Period

2000

Transaction ID : B-E-34356

Full Name (Last, First, Middle Initial)

**C. National Republican Congressional Committee**

Mailing Address 320 1st Street SE

City Washington State DC Zip Code 20003-1838

Purpose of Disbursement  
Political Contribution: Excess funds

011

Category/  
Type

Candidate Name  
National Republican Congressional Committee

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2014

Amount of Each Disbursement this Period

15000

Transaction ID : B-E-34355

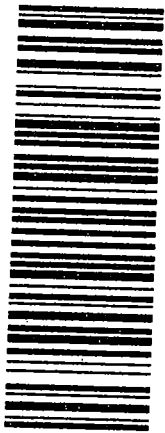
SUBTOTAL of Disbursements This Page (optional).....

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

16000.00

16000.00

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
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Laura Beaufort  
Senior Campaign Finance Analyst  
Reports Analysis Division  
Federal Election Commission  
999 East Street Northwest #910  
Washington, D.C.

20963

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Federal Election Commission  
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<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 2/3/15
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
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	Next Business Day Delivery <input type="checkbox"/>
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	2/9/15 DATE PREPARED

(8/2013)