REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
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USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME: C00153213 121499
ANTHONY C SAMARKOS
ADDRESS: MIKE SILIRAKIS FOR CONGRESS
P O BOX 1077
CITY: TARPON SPRINGS FL 34688

2. FEC IDENTIFICATION NUMBER: 1000595 C00153213

3. IS THIS REPORT AN AMENDMENT?
☐ YES ☒ NO

4. TYPE OF REPORT

- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☒ January 31 Year End Report
- ☐ July 31 Mid-Year Report (Non-election Year Only)
- ☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- ☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____
- ☐ Termination Report

This report contains activity for: ☒ Primary Election ☒ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 7-1-99 through 12-31-99		
6.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))	86781.05	180556.05
	(b) Total Contribution Refunds (from Line 20(d))	—	—
	(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	86781.05	180556.05
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	37957.00	89406.14
	(b) Total Offsets to Operating Expenditures (from Line 14)	150.00	1150.00
	(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	37807.00	88256.14
8.	Cash on Hand at Close of Reporting Period (from Line 27)	296856.97	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	—	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	—	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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: ANTHONY C. SAMARKOS

Signature of Treasurer: Anthony C. Samarkos

Date: 1/19/00

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

FEC FORM 3
(revised 4/97)

FE8AN079

DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full): MIKE BILIRAKIS FOR CONGRESS C00153213

Report Covering the Period: From: 7-1-99 To: 12-4-99

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date	
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)	23401.00		11(a)(i)
(ii) Unitemized	1301.00		11(a)(ii)
(iii) Total of contributions from individuals	24702.00	33477.00	11(a)(iii)
(b) Political Party Committees	—	—	11(b)
(c) Other Political Committees (such as PACs)	61579.05	147079.05	11(c)
(d) The Candidate	—	—	11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	86781.05	180556.05	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	—	—	12
13. LOANS:			
(a) Made or Guaranteed by the Candidate	—	—	13(a)
(b) All Other Loans	—	—	13(b)
(c) TOTAL LOANS (add 13(a) and (b))	—	—	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	150.00	1150.00	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)	6630.25	11640.79	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	93561.30	193346.84	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES	37957.00	89406.14	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	—	—	18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	—	—	19(a)
(b) Of All Other Loans	—	—	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	—	—	19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	—	—	20(a)
(b) Political Party Committees	—	—	20(b)
(c) Other Political Committees (such as PACs)	—	—	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	—	—	20(d)
21. OTHER DISBURSEMENTS	54063.85	60481.35	21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	92020.85	149887.49	22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	$ 295316.52	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	$ 93561.30	24
25. SUBTOTAL (add Line 23 and Line 24)	$ 388877.82	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	$ 92020.85	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	$ 296856.97	27

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SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 1 OF ✓

FOR LINE NUMBER: 11(a) (1)

CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN POL. COMM.

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
HECTOR ALCALDE 1101 S. ARLINGTON RIDGE RD #1102 ARLINGTON VA 22202 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	ALCADE & FAY CONSULTANT $ ✓00 -	8-13-99	✓00.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
ARTHUR C. ANTON 416 COMMONWEALTH AVE #401 BOSTON MA 02115 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	ANTON'S CLEANERS INC PRES. $ 250.	12-20-99	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
JAMES L. BROADHEAD 98 a LAKE HOUSE DR S. N. PALM BEACH FL 33408 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	FLORIDA POWER + LIGHT CH. OF BOARD $ 750 -	12-21-99	750.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS A. DAVIS 1615 PENNSYLVANIA AVE NW #100 WASHINGTON DC 20004 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	DAVIS + HARTMAN ATTORNEY $ ✓00 -	12-21-99	✓00.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
L.D. DESIMONE 3M CENTER ALDG. 220-14W ST. PAUL MN ✓5144 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	3-M CH. OF BOARD - CEO $ 1000. -	12-21-99	1000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
PAUL J. EVANSON 12087 TURTLE BCH. RD. N. PALM BEACH FL 33408 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	FLORIDA POWER + LIGHT PRES. $ 750 -	12-21-99	750.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
VERRICK O. FRENCH 3200 LELAND ST. CHEVY CHASE MD 20815 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	FRENCH + CO. PRES. $ ✓00 -	7-6-99	✓00.00

SUBTOTAL of Receipts This Page (optional)	4250.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 2 OF 5

FOR LINE NUMBER: 11(a) (1)

CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN POL. COMM.

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS COOIS3213

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
STANLEY L. GRAZIUL PO BOX 3278 SPRING HILL FL. 34611-3278 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	RETIRED / —	12-10-99	1000.00
	Aggregate Year-to-Date > $1000 —		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
LEWIS HAY III 118 BARBADOS DR. JUPITER FL 33458 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	FLORIDA POWER + LIGHT / CHIEF FINANCIAL OFFICER	12-21-99	750.00
	Aggregate Year-to-Date > $750 —		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT J. HOVEY 14671 SW 76 AVE MIAMI FL 33158 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	FLORIDA POWER+LIGHT / VP TURKEY PT	12-21-99	500.00
	Aggregate Year-to-Date > $500 —		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ANN IOANNIDES 437 SANTANDER AVE #6 CORAL GABLES FL 33134 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	MIAMI DADE COUNTY PUB. SCHOOL / TEACHER	11-6-99	1000.00
	Aggregate Year-to-Date > $1000 —		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL JAHARIS 1001 BRICKELL BAY DR #2702 MIAMI FL 33131 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	SELF / DEVELOPER	11-29-99	1000.00
	Aggregate Year-to-Date > $1000 —		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
LAWRENCE J. KELLEHER III 13209 ROLLING GREEN RD. N. PALM BEACH FL 33408 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	FLORIDA POWER+LIGHT / SR V.P. HUMAN RESOURCES	12-21-99	750.00
	Aggregate Year-to-Date > $750 —		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MARY LOU KRAMER 13281 MARSH LANDING PALM BCH GARDENS FL 33418 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	FLORIDA POWER+LIGHT / V.P.	12-21-99	500.00
	Aggregate Year-to-Date > $500 —		

SUBTOTAL of Receipts This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A — ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 3 OF ✓ | FOR LINE NUMBER: 11(a) (1)

CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN POL. COMM.

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NAME OF COMMITTEE (in Full)
MIKE BILIRAKIS FOR CONGRESS C00015213

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code JEFFREY M. MACKINNON 3911 HILLANDALE CT. N.W. WASHINGTON DC 20007 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	RYAN, PHILLIPS, UTRECHT, + MACKINNON Occupation: LEGISLATIVE PARTNER Aggregate Year-to-Date > $ 1000 —	12-24-99	1000.00
B. Full Name, Mailing Address and ZIP Code ARMANDO J. OLIVERA 712 SAN ESTERAN CORAL GABLES FL 33146 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: FLORIDA POWER + LIGHT Occupation: V.P. POWER DELIVERY Aggregate Year-to-Date > $ 500 —	12-21-99	500.00
C. Full Name, Mailing Address and ZIP Code THOMAS F. PLUNKETT 11951 STONEHAVEN WAY W. PALM BEACH FL 33412 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: FLORIDA POWER + LIGHT Occupation: PRES. NUCLEAR DIV. Aggregate Year-to-Date > $ 750 —	12-21-99	750.00
D. Full Name, Mailing Address and ZIP Code DR JOHN E. SKANDALAKIS 4107 BEECHWOOD DR NW ATLANTA GA 30327 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: PIEDMONT SURGICAL ASSOC. Occupation: SURGEON Aggregate Year-to-Date > $ 1500 —	12-10-99	1000.00
E. Full Name, Mailing Address and ZIP Code MICHAEL M. WILSON 8558 DOVETON CIR. VIENNA VA 22182 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: FLORIDA POWER + LIGHT Occupation: V.P. Aggregate Year-to-Date > $ 500 —	12-21-99	500.00
F. Full Name, Mailing Address and ZIP Code MICHAEL W. YACKIRA 102 SAND POUR NEELANDS PALM BEACH GARDENS Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: FLORIDA POWER + LIGHT Occupation: SR VP FINANCE CFO Aggregate Year-to-Date > $ 750 —	12-21-99	750.00
G. Full Name, Mailing Address and ZIP Code HARRY SPORIDES 1600 MACARTHUR BLVD N W WASHINGTON DC 20016 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: KESSLER + ASSOC. Occupation: LEGISLATIVE ASSOC Aggregate Year-to-Date > $ 151 — IN-KIND	9-29-99	151.00 (FOOD + RENTAL) IN-KIND RECEIVED
		IN-KIND	151.00
SUBTOTAL of Receipts This Page (optional)			4500.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A — ITEMIZED RECEIPTS

CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN POL. COMM.

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

PAGE 4 OF 5

FOR LINE NUMBER: 11(a) (i)

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS COMM 3213

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DENNIS P. COYLE 407 EAGLETON COVE WAY PALM BEACH GARDENS FL. 33418 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	FLORIDA POWER + LIGHT Occupation: GENERAL COUNCIL Aggregate Year-to-Date: $ 750 —	12-28-99	750.00
B. Full Name, Mailing Address and ZIP Code JOHN A. STALL 1803 SW FOXPOINT TRAIL PALM CITY FL. 34990 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: FLORIDA POWER & LIGHT Occupation: UTILITY EXECUTIVE Aggregate Year-to-Date: $ 500 —	12-29-99	500.00
C. Full Name, Mailing Address and ZIP Code ANDREW A. ATHENS 900 N. MICHIGAN AVE #4606 CHICAGO IL 60611 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: METRON STEEL Occupation: PRES. Aggregate Year-to-Date: $ 1000 —	12-31-99	1000.00
D. Full Name, Mailing Address and ZIP Code NICHOLAS J. BOURAS 112 BEEKMAN RD. SUMMIT N.J 07901 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: NICHOLAS J. BOURAS INC. Occupation: PRES. Aggregate Year-to-Date: $ 250. —	12-31-99	250.00
E. Full Name, Mailing Address and ZIP Code GEORGE CHRYSSIS 101 KINGS GRANT RD WESTON MA 02193 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: ARCADIAN CAPITAL MGMT Occupation: PRES. Aggregate Year-to-Date: $ 1000 —	12-31-99	1000.00
F. Full Name, Mailing Address and ZIP Code CHARIS C. LAPAS 1216 INGLESIDE AVE. McLEAN VA 22101 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: G.P. HOMES Occupation: MGR Aggregate Year-to-Date: $ 1000 —	12-31-99	1000.00
G. Full Name, Mailing Address and ZIP Code DR. ANTHONY KIMBERAKIS 636 CROSSWINDS RD. RYDAL PA 19046 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: ALPHA MEDICAL GROUP Occupation: PRES./PHYSICIAN Aggregate Year-to-Date: $ 250 —	12-31-99	250.00

SUBTOTAL of Receipts This Page (optional) 4750.00

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

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SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 1 OF 4

FOR LINE NUMBER: 11(a) (1)

CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN POL. COMM.

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANDREW E MANATOS 601 13 ST. NW #1150 S WASHINGTON DC 20005 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	MANATOS & MANATOS Occupation: CONSULTANT Aggregate Year-to-Date: $ 1000 —	12-31-99	1000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES MARANGOUDAKIS 27 WOOD HILL LN. MANHASSET N.Y. 11030 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	MARANGOS CONSTRUCTION Occupation: CONTRACTOR Aggregate Year-to-Date: $ 1000 —	12-31-99	1000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NIKOS MOUYIARIS 32-02 QUEENS BLVD. L.I.C. N.Y. 11101 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	MANA PRODUCTS Occupation: PRES. Aggregate Year-to-Date: $ 1000 —	12-31-99	1000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THEODORE PEDAS PO Box 9996 WASHINGTON DC 20016 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	CIRCLE MGMT Occupation: FILM PRODUCER Aggregate Year-to-Date: $ 1000 —	12-31-99	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS C. KYRUS 2973 SHORE DR. #102 VIRGINIA BEACH VA 23451 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	— Occupation: RETIRED Aggregate Year-to-Date: $ 250 —	12-10-99	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RAJIV S. KUNDALKAR 11491 BULKHAVEN LN. W. PALM BEACH FL 33412 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	FLORIDA POWER & LIGHT Occupation: V.P. POWER DELIVERY Aggregate Year-to-Date: $ 500 —	12-31-99	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES PEDAS 3023 NORMANSTONE TERRACE N.W WASHINGTON D C 20008 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	CIRCLE MGMT Occupation: FILM PRODUCER Aggregate Year-to-Date: $ 500 —	12-31-99	500.00

SUBTOTAL of Receipts This Page (optional)	4250.00
TOTAL This Period (last page this line number only)	2391.00

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SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 1 OF 8

FOR LINE NUMBER 11C

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
OPTH - AMERICAN ACADEMY OF OPHTHALMOLOGY PAC 1101 VERMONT AVE N.W. #700 WASHINGTON DC 20005 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 2000 -	8-4-99	2000.00
B. Full Name, Mailing Address and ZIP Code ACA - AMERICAN CHIROPRACTIC ASSOC PAC 1701 CLARENDON BLVD. ARLINGTON VA 22209 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 2000 -	7-9-99	1000.00
C. Full Name, Mailing Address and ZIP Code ADPAC - AMERICAN DENTAL PAC 1111 14 ST. N.W. #1100 WASHINGTON DC 20005 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 2000 -	8-9-99	1000.00
D. Full Name, Mailing Address and ZIP Code ADAPAC - AMERICAN DIETETIC ASSOC PAC 1225 I ST. NW #1200 WASHINGTON DC 20005 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 2000 -	8-9-99	1000.00
E. Full Name, Mailing Address and ZIP Code AMERICAN OCCUPATIONAL THERAPY ASSOC PAC P.O. BOX 31220 BETHESDA MD 20824-1220 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 1000 -	8-9-99	1000.00
F. Full Name, Mailing Address and ZIP Code AOA - AMERICAN OPTOMETRIC ASSOC PAC NOT PRINCE ST. #300 ALEXANDRIA VA. 22314 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 1000. -	8-9-99	1000.00
G. Full Name, Mailing Address and ZIP Code PPAC - AMERICAN PODIATRIC MEDICAL ASSOC PAC 9312 OLD GEORGETOWN RD. BETHESDA MD 20814 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 2000. -	8-9-99	1000.00

SUBTOTAL of Receipts This Page (optional) 8000.00

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

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SCHEDULE A — ITEMIZED RECEIPTS

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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

FOR LINE NUMBER 11C

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
AMPAC/BOAT-AUTION MARKET PAC OF THE CHICAGO BOARD OF TRADE PAC 141 W. JACKSON BLVD CHICAGO IL 60604 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $ 1000 -	8-13-99	1000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ICCL-INTERNATIONAL COUNCIL OF CRUISE LINES PAC 1211 CONNECTICUT AVE NW #800 WASHINGTON DC 20036 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $ 500 -	8-13-99	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
NATL ORGA. TO PRESERVE SOCIAL SECURITY + MEDICARE PAC 10 G ST. NE #600 WASHINGTON DC 20002 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $ 3000 -	8-9-99 11-6-99	1000.00 1000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
PRICEWATERHOUSE COOPERS PAC 1900 K. ST. NW #900 WASHINGTON DC 20006 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $ 1500 -	8-13-99 12-1-99	1000.00 500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
TI - TITLE INDUSTRY PAC OF THE AMERICAN LAND TITLE ASSOC PAC 1828 L ST. NW #705 WASHINGTON DC 20036 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $ 1000 -	8-13-99	1000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
AAP - ASSOC FOR THE ADVANCEMENT OF PSYCHOLOGY INC PSYCHOLOGISTS FOR LEGISLATIVE ACTION PAC P.O. BOX 38129 COLORADO SPRINGS CO. 80937 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $ 1000 -	7-12-99	1000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
UNITED HEALTHCARE CORP PAC 9900 BREN RD E-200 OPUS CENTER MINNETONKA MN 55343 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $ 1000 -	7-6-99	1000.00

SUBTOTAL of Receipts This Page (optional)	8000.00
TOTAL This Period (last page this line number only)	

FEC 4-00179

SCHEDULE A — ITEMIZED RECEIPTS

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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

PAGE 3 OF 8

FOR LINE NUMBER 11C

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
HIPAC – HEALTH INS. PAC 555 13 ST NW #600E WASHINGTON DC 20004 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > $ SEE BELOW	7-6-99	1050.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
HIPAC - HEALTH INSUR. PAC 555 13 ST NW #600 E WASHINGTON DC 20004 Receipt For: ☐ Primary ☒ General ☐ Other (specify)	Aggregate Year-to-Date > $ 3000.-	7-6-99	450.00 (FUND RAISING) IN-KIND RECEIVED
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
ASA - AMERICAN SOCIETY OF ANESTHE-SIOLOGISTS PAC 520 N. NORTHWEST HWY. PARK RIDGE IL 60068 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 4000 -	8-16-99 10-28-99	1000.00 2000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
PT - PHYSICAL THERAPY PAC 1111 N. FAIRFAX ST. ALEXANDRIA VA. 22314 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 3000.-	8-16-99 10-28-99	1000.00 1000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
HARRIS FEPAC MELBOURNE FL 32919 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1000 -	8-24-99	1000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
ASHA - AMERICAN SPEECH-LANGUAGE HEARING ASSOC. PAC 10801 ROCKVILLE PIKE ROCKVILLE MD. 20852 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2000.-	8-26-99	1000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
GMA-PAC GROCERY MANUFACTURERS OF AMERICA PAC 1010 WISCONSIN AVE. NW #900 WASHINGTON DC 20007 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500 - IN KIND	9-14-99	500.00

SUBTOTAL of Receipts This Page (optional)	450.00 8500.00
TOTAL This Period (last page this line number only)	

4-00172

SCHEDULE A — ITEMIZED RECEIPTS

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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

PAGE 4 OF 8

FOR LINE NUMBER 11C

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code CRNA-PAC AMERICAN ASSOC. OF NURSE ANESTHETISTS PAC 412-1ST STSE #12 WASHINGTON DC 20003 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 1000.-	9-18-99	1000.00
B. Full Name, Mailing Address and ZIP Code PFIZER PAC 235 E. 42 ST. NEW YORK, N.Y. 10017 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 1000.-	9-23-99	1000.00
C. Full Name, Mailing Address and ZIP Code ZENECA INC PAC PO BOX 15438 WILMINGTON DE. 19850-5438 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 2000.-	9-23-99	1000.00
D. Full Name, Mailing Address and ZIP Code HOGAN & HARTSON PAC 555 13 ST. N.W. WASHINGTON DC 20004 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 1000.-	9-29-99	1000.00
E. Full Name, Mailing Address and ZIP Code NACDS-NATIONAL ASSOC OF CHAIN DRUG STORES PAC 413 N. LEE ST ALEXANDRIA VA 22314 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 1000.-	9-29-99	1000.00
F. Full Name, Mailing Address and ZIP Code R-PAC - REALTORS PAC 430 N. MICHIGAN AVE. CHICAGO IL 60611 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 2000.-	9-29-99 12-10-99	1000.00 1000.00
G. Full Name, Mailing Address and ZIP Code PACIFIBANK PAC 3120 CENTER DR - PO BOX 24766 SANTA ANA CA 92799 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 2000.-	9-29-99	1000.00

SUBTOTAL of Receipts This Page (optional) ..... $ 6000.00

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

4-00172

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SCHEDULE A **ITEMIZED RECEIPTS**

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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

PAGE 5 OF 8

FOR LINE NUMBER 11C

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code FORD MOTOR CO. CIVIL ACTION FUND PAC THE AMERICAN ROAD DEARBORN MI 48121 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $1000	Date (month, day, year) 10-1-99	Amount of Each Receipt this Period 1000.00
B. Full Name, Mailing Address and ZIP Code AMERICAN BANKERS ASSOC. PAC 1120 CONNECTICUT AVE N.W. WASHINGTON DC 20036 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $1000	Date (month, day, year) 10-4-99	Amount of Each Receipt this Period 1000.00
C. Full Name, Mailing Address and ZIP Code MICROSOFT CORP PAC PO BOX 97017 REDMOND WA. 98073-9717 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $1000	Date (month, day, year) 10-4-99	Amount of Each Receipt this Period 1000.00
D. Full Name, Mailing Address and ZIP Code AMERICAN SOCIETY OF PLASTIC + RECON-STRUCTIVE SURGERY PAC 444 E. ALGONQUIN RD. ARLINGTON HGHTS IL 60005 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $1000	Date (month, day, year) 10-12-99	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code AMGEN PAC 1840 DEHAVILLAND DR. THOUSAND OAKS CA 91320 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $1000	Date (month, day, year) 10-12-99	Amount of Each Receipt this Period 1000.00
F. Full Name, Mailing Address and ZIP Code AMERICAN MARITIME OFFICERS VOLUNTARY PAC 150 FOURTH AVE. BROOKLYN N.Y. 11232 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $3000	Date (month, day, year) 10-17-99	Amount of Each Receipt this Period 2000.00
G. Full Name, Mailing Address and ZIP Code THE GLAXO WELLCOME PAC 5 MOORE DR. RESEARCH TRIANGLE PARK, N.C. 27709 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $1000	Date (month, day, year) 10-17-99	Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 7500.00

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

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SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 6 OF 8

FOR LINE NUMBER 11C

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code SB+PAC SMITHKLINE BEECHAM PAC 1 FRANKLIN PLAZA PHILADELPHIA PA 19101 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 1000 —	10-19-99	1000.00
B. Full Name, Mailing Address and ZIP Code FEDPAC - FEDERATION OF AMERICAN HEALTH SYSTEMS PAC 501 PENNSYLVANIA AVE. N.W. #245 WASHINGTON DC 20004 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 1000 —	10-28-99	1000.00
C. Full Name, Mailing Address and ZIP Code NOVARTIS EMPLOYEE GOOD GOVT FUND PAC 2001 PENNSYLVANIA AVE NW # 925 WASHINGTON DC 20006 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 1000 —	10-28-99	1000.00
D. Full Name, Mailing Address and ZIP Code MOBIL CORPORATION PAC 3225 GALLOWS RD FAIRFAX VA 22037 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 1000 —	10-28-99	1000.00
E. Full Name, Mailing Address and ZIP Code ASHPPAC - AMERICAN SOCIETY OF HEALTH SYSTEMS PHARMACISTS-PAC 7272 WISCONSIN AVE. BETHESDA MD 20814 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 1000 —	11-2-99	1000 —
F. Full Name, Mailing Address and ZIP Code AAMFT-PAC - AMERICAN ASSOC. FOR MARRIAGE & FAMILY THERAPY PAC 1133 - 15th ST N.W #300 WASHINGTON DC 20004 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 1000 —	11-2-99	1000.00
G. Full Name, Mailing Address and ZIP Code RENAL LEADERSHIP COUNCIL PAC 1300 CONNECTICUT AVE #1000 WASHINGTON DC 20036 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 1000 —	11-2-99	1000.00

SUBTOTAL of Receipts This Page (optional) 7000.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11C

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STSPAC - SOCIETY OF THORACIC SURGEONS PAC 1200 19TH ST. NW #300 WASHINGTON DC 20036 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 2000 -	11-2-99	2000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHNSON + JOHNSON EMPLOYEES GOOD GOVT FUND PAC 1 JOHNSON + JOHNSON PLAZA NEW BRUNSWICK, N.J. 08933 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 1000 -	11-6-99	1000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MERCKPAC - MERCK & CO. INC. PAC 601 PENNSYLVANIA AVE. NW #1200 WASHINGTON DC 20004 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 2000. -	11-6-99	1000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
POWERPAC - FLORIDA POWER CORP EMPS PAC PO BOX 14042 ST. PETERSBURG FL 33733 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 1500. -	11-6-99	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANAPAC - AMERICAN NURSES ASSOC PAC 600 MARYLAND AVE S.W #100W WASHINGTON DC 20024 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 1000 -	8-14-99	1000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NATIONAL RENAL ADMINISTRATORS ASSOC. PAC 1120 ROGER BACON DR #8 RESTON VA 22090 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 1000 -	11-14-99	1000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EPAC - BRISTOL-MYERS SQUIBB EMPLOYEE PAC 345 PARK AVE. 11TH FL. NEW YORK NY 10154 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 1000 -	11-29-99	1000.00

SUBTOTAL of Receipts This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	

4-00172

SCHEDULE A — ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11C

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ELI LILLY & Co PAC INDIANAPOLIS IN. 46285 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $ 1000	11-29-99	1000.00
B. Full Name, Mailing Address and ZIP Code EUROPAC-AMERICAN ASSN OF CLINICAL UROLOGISTS PAC 1111 PLAZA DR #350 SCHAUMBURG IL 60173 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 1000	11-29-99	1000.00
C. Full Name, Mailing Address and ZIP Code AHA-AMERICAN HOSPITAL ASSOC PAC 325 7th ST NW WASHINGTON DC 20004 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 2000	12-23-99	1000.00
D. Full Name, Mailing Address and ZIP Code CELOTEX CORP PAC PO BOX 31602 TAMPA FL 33632-3602 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 1500	12-28-99	1500.00
E. Full Name, Mailing Address and ZIP Code KPMG PARTNERS, PRINCIPALS & EMPLOYEES PAC P.O. BOX 18254 WASHINGTON DC 20036-9996 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 1000	12-30-99	1000.00
F. Full Name, Mailing Address and ZIP Code CMA PAC—CHEMICAL MANUFACTURERS ASSOC PAC 1300 WILSON BLVD. ARLINGTON VA 22209 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 1000	10-25-99	1000.00
G. Full Name, Mailing Address and ZIP Code AMERICAN RENEWAL PAC PO BOX 20210 ALEXANDRIA VA 22320-1210 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 79.05 IN-KIND	8-5-99	79.05 (VIDEO TAPE) IN KIND RECEIVED

SUBTOTAL of Receipts This Page (optional) ..... IN-KIND $ 6580.00

TOTAL This Period (last page this line number only) ..... $ 6579.05

4-00179

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 12

FOR LINE NUMBER 17

OPERATING EXPENDITURES.

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. HOLIDAY MINI STORAGE 3118 US 19 HOLIDAY FL 34691	RENTAL Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	7-1-99 8-1-99 9-1-99	87.24 87.24 87.24
B. PUBLIC STORAGE 38800 US 19 N TARPON SPRINGS FL 34689	RENTAL Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	7-1-99 8-1-99 9-1-99	184.04 184.04 184.04
C. CLEARWATER CENTRE P.O. BOX 296 TARPON SPRINGS FL 34689	RENTAL Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	7-1-99 8-1-99 9-1-99	147.50 147.50 147.50
D. DOUG CRUM P.O. BOX 4416 CLEARWATER FL 33756-4416	CONTRACT LABOR Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	7-1-99 8-1-99 9-1-99	100.00 100.00 100.00
E. P. CRITIKOS 731 TESSIER DR. TARPON SPRINGS FL 34689	BOOKKEEPER Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	7-1-99 8-1-99 9-1-99	891.50 891.50 891.50
F. NATIONS BANK 116 S. PINELLAS BANK TARPON SPRINGS FL 34689	PAYROLL TAXES Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7-1-99 8-2-99 9-1-99	230.60 230.60 230.60
G. POSTMASTER TARPON SPRINGS FL 34689	BULK PERMIT Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	7-1-99	100.00
H. GTE PO BOX 31122 TAMPA FL 33631-3122	TELEPHONE Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	7-1-99 8-2-99 9-1-99	85.54 83.83 94.59
I. FLORIDA UNEMPLOYMENT COMPENSATION FUND BUREAU OF TAX 109 E MADISON ST. TALLAHASSEE FL 32399-0212	FL. TAX - UNEMPLOYMENT Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	7-1-99 10-1-99	4.32 1.92
SUBTOTAL of Disbursements This Page (optional)			233.14
TOTAL This Period (last page this line number only)			

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 12

FOR LINE NUMBER 17

OPERATING EXPENDITURES

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code POSTMASTER TARPON SPRINGS FL 34689	POSTAGE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7-1-99. 7-13-99. 7-23-99.	66.00 33.00 33.00
B. Full Name, Mailing Address and ZIP Code CAPITOL HILL CLUB 300 FIRST ST. SE WASHINGTON DC 20003	Purpose of Disbursement FUND RAISER - 2157.54 CONSTITUENT - 224.10 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 7-6-99.	Amount of Each Disbursement This Period 2381.64
C. Full Name, Mailing Address and ZIP Code P. CRITIKOS 731 TESSIER DR. TARPON SPRINGS FL 34689	Purpose of Disbursement MILEAGE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 7-6-99. 8-4-99. 9-4-99.	Amount of Each Disbursement This Period 33.50 24.52 40.14
D. Full Name, Mailing Address and ZIP Code AYKONOS REST. 628 DODECANESE BLVD. TARPON SPRINGS FL 34689	Purpose of Disbursement CONSTITUENTS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 7-6-99.	Amount of Each Disbursement This Period 71.71
E. Full Name, Mailing Address and ZIP Code CONGRESSIONAL FCU PO BOX 3322 DAKTON VA 22124-9322	Purpose of Disbursement TRAVEL - 956.92 POSTAGE - 23.10 CONSTITUENTS - 459.80 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 7-9-99.	Amount of Each Disbursement This Period 1439.82
F. Full Name, Mailing Address and ZIP Code HOLIDAY FLORIST 2030 US 19 HOLIDAY FL 34691	Purpose of Disbursement CONSTITUENTS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 7-14-99.	Amount of Each Disbursement This Period 47.70
G. Full Name, Mailing Address and ZIP Code A. OWENS 773 CHARLOTTE AVE. TARPON SPRINGS FL 34689	Purpose of Disbursement COMPUTER OPERATOR Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 7-16-99. 8-17-99. 9-16-99.	Amount of Each Disbursement This Period 169.70 169.70 169.70
H. Full Name, Mailing Address and ZIP Code POSTMASTER TARPON SPRINGS FL 34689	Purpose of Disbursement POSTAGE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 7-23-99. 9-7-99. 9-16-99.	Amount of Each Disbursement This Period 8.60 66.00 33.00
I. Full Name, Mailing Address and ZIP Code AT&T PO BOX 78225 PHOENIX AZ. 85062-8225	Purpose of Disbursement TELEPHONE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 7-23-99. 8-23-99. 9-23-99.	Amount of Each Disbursement This Period 12.04 12.13 31.18

SUBTOTAL of Disbursements This Page (optional) 4844.08

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

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 12

FOR LINE NUMBER 17

OPERATING EXPENDITURES

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CAPITOL HILL CLUB 300 1ST ST SE WASHINGTON DC 20003	CONSTITUENTS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7-26-99 10-26-99 11-16-99	19.86 133.85 53.12
B. Full Name, Mailing Address and ZIP Code BUSH/QUAYLE ALUMNI ASSN. 122 S. ROYAL ST ALEXANDRIA VA 22314	Purpose of Disbursement DUES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 8-2-99	Amount of Each Disbursement This Period 25.00
C. Full Name, Mailing Address and ZIP Code THE IVORY CLUB 4707 - 140 AVE N #304 CLEAR WATER FL 33762	Purpose of Disbursement DUES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 8-2-99	Amount of Each Disbursement This Period 200.00
D. Full Name, Mailing Address and ZIP Code TARPON SPRINGS BAND BOOSTER 3504 ERMINE PASS PALM HARBOR FL 34684	Purpose of Disbursement AD Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 8-2-99	Amount of Each Disbursement This Period 175.00
E. Full Name, Mailing Address and ZIP Code CONGRESSIONAL F.C.U. P.O. BOX 3322 OAKTON VA 22124-9322	Purpose of Disbursement TRAVEL — 782.78 CONSTITUENTS — 1683.06 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 8-9-99	Amount of Each Disbursement This Period 2265.64
F. Full Name, Mailing Address and ZIP Code HIPAC - HEALTH INSURANCE PAC 555 13 ST. N.W. #600 E WASHINGTON DC 20004	Purpose of Disbursement FOOD + REFRESHMENTS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 7-6-99	Amount of Each Disbursement This Period 450.00 IN-KIND RECEIVED
G. Full Name, Mailing Address and ZIP Code CAPITOL HILL CLUB 300 1ST ST SE WASHINGTON DC 20003	Purpose of Disbursement CONSTITUENTS - 161.50 FUND RAISER - 413.48 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 8-17-99	Amount of Each Disbursement This Period 574.98
H. Full Name, Mailing Address and ZIP Code NARFE DEPT 117 WASHINGTON DC 20077-0117	Purpose of Disbursement DUES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 8-23-99	Amount of Each Disbursement This Period 44.00
I. Full Name, Mailing Address and ZIP Code GREATER PALM HARBOR CHAMBER OF COMMERCE 1151 NEBRASKA AVE. PALM HARBOR FL 34683	Purpose of Disbursement TEACHERS APPRECIATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 8-23-99	Amount of Each Disbursement This Period 85.00

SUBTOTAL of Disbursements This Page (optional)	IN-KIND	450.00 3606.45
TOTAL This Period (last page this line number only)		

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 12

FOR LINE NUMBER 17

OPERATING EXPENDITURES

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code GREATER PALM HARBOR CHAMBER OF COMMERCE 1191 NEBRASKA AVE. PALM HARBOR FL 34683	DUES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8-23-99	60.00
B. Full Name, Mailing Address and ZIP Code THE TARPON SPRINGS CHAMBER OF COMMERCE 11 E. ORANGE ST. TARPON SPRINGS FL 34689	TEACHERS APPRECIATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8-23-99	65.00
C. Full Name, Mailing Address and ZIP Code PETTY CASH - P. CRITIKOS 731 TESSIER DR. TARPON SPRINGS FL 34689	POSTAGE 6.20 STATIONERY & SUPPLIES 10.71 CONSTITUENTS 67.04 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8-26-99	83.95
D. Full Name, Mailing Address and ZIP Code NATIONS BANK 116 S. PINELLAS TARPON SPRINGS FL 34689	BANK CHARGES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7-31-99 8-31-99 9-30-99	5.90 6.97 7.72
E. Full Name, Mailing Address and ZIP Code WALGREENS 33670 US 19 N PALM HARBOR FL 34683	PHOTOS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8-18-99	51.22
F. Full Name, Mailing Address and ZIP Code UNIVERSITY FLORIDA ALUMNI ASSOC P.O. BOX 861996 ORLANDO FL 32886-1996	DUES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9-7-99	30.00
G. Full Name, Mailing Address and ZIP Code ROTARY CLUB OF TARPON SPRINGS P.O. BOX 234 TARPON SPRINGS FL 34688-0234	DUES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9-7-99	200.00
H. Full Name, Mailing Address and ZIP Code M. BILIRAKIS 304 DRIFTWOOD DR. W PALM HARBOR FL 34683	Purpose of Disbursement DUES 20.00 TRAVEL - 3360 - MISC. 109.00 FUNDRAISER 30.00 - CONSTIT. 4946 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9-7-99	261.96
I. Full Name, Mailing Address and ZIP Code HOLY TRINITY GREEK ORTH. CHURCH 409 OLD COACHMAN RD. CLEARWATER FL 33764	ADVERTISING Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9-14-99	65.00
SUBTOTAL of Disbursements This Page (optional)			837.72
TOTAL This Period (last page this line number only)			

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 12

FOR LINE NUMBER 17

OPERATING EXPENDITURES

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MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GTE WIRELESS P.O. BOX 630025 DALLAS TX 75263-0025	TELEPHONE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9-14-99	97.88
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CONGRESSIONAL F.C.U. PO BOX 3322 OAKTON VA 22124-9322	TRAVEL 724.01 CONSTITUENTS 544.59 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9-16-99	1268.60
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COTEE RIVER/SUNCOAST REPUBLICAN CLUB P.O BOX 237 NEW PORT RICHEY FL 34656-0237	TICKETS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9-17-99	30.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
STAPLES 41334 US HWY 19 N TARPON SPRINGS FL 34689	SUPPLIES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9-22-99	32.08
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ACCESS CAPITAL INC. 405 PARK AVE NEW YORK N.Y 10022	FAXES - FUND RAISER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9-29-99	70.62
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CLEARWATER CENTRE P.O. BOX 296 TARPON SPRINGS FL 34688	RENTAL Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-1-99 11-1-99 12-1-99	147.50 147.50 147.50
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HOLIDAY MINI STORAGE 3118 US 19 HOLIDAY FL 34691	RENTAL Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-1-99 11-1-99 12-1-99	57.24 57.24 57.24
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PUBLIC STORAGE 38800 US 19 N TARPON SPRINGS FL 34689	RENTAL Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-1-99 11-1-99 12-1-99	184.04 184.04 184.04
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DOUG CRUM PO BOX 4516 CLEARWATER FL 33758	CONTRACT LABOR Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-1-99 11-1-99 12-1-99	100.00 100.00 100.00

SUBTOTAL of Disbursements This Page (optional) 2995.52

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

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 12

FOR LINE NUMBER 17

OPERATING EXPENDITURES

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code P. CRITIKOS 731 TESSIER DR. TARPON SPRINGS FL 34689	BOOKKEEPER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-1-99 11-1-99 12-1-99	891.50 891.50 891.50
B. Full Name, Mailing Address and ZIP Code NATIONS BANK 116 S. PINELLAS AVE TARPON SPRINGS FL 34689	PAYROLL TAXES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-1-99 11-1-99 12-1-99	230.60 230.60 230.60
C. Full Name, Mailing Address and ZIP Code GTE PO BOX 31122 TAMPA FL 33631-3122	TELEPHONE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-1-99	133.67
D. Full Name, Mailing Address and ZIP Code CLEARWATER SHRINE CLUB PO BOX 2192 PALM BEACH FL. 33480	ADVERTISEMENT Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-1-99	70.00
E. Full Name, Mailing Address and ZIP Code P. CRITIKOS 731 TESSIER DR. TARPON SPRINGS FL 34689	MILEAGE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-14-99	55.22
F. Full Name, Mailing Address and ZIP Code CONGRESSIONAL FCU PO BOX 3322 OAKTON VA 22124-9322	Purpose of Disbursement: TRAVEL $37.03 FUND RAISER 1011.36 CONSTITUENT 1231.42 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-5-99	2680.21
G. Full Name, Mailing Address and ZIP Code FED EX PO BOX 1140 MEMPHIS TN. 38101-1140	POSTAGE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-6-99 12-1-99	16.25 26.75
H. Full Name, Mailing Address and ZIP Code BEST BUY 2141 4519 N CLEARWATER FL 33765	Purpose of Disbursement TELEPHONE/ANS. MACHINE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-12-99	69.51
I. Full Name, Mailing Address and ZIP Code SECOND AMENDMENT REPUB CLUB 5206 WAGON WHEEL LANE BAYONET POINT FL 34667	Purpose of Disbursement TICKETS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-14-99	160.00

SUBTOTAL of Disbursements This Page (optional)	6557.91
TOTAL This Period (last page this line number only)	

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 12

FOR LINE NUMBER 17

OPERATING EXPENDITURES

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

	A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	DISTRICT 2 V FW 1141 LORD ST HOLIDAY FL 34691	ADVERTISEMENT Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-14-99.	60.00
	B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	A OWENS 793 CHARLOTTE AVE. TARPON SPRINGS FL 34689	COMPUTER OPERATOR Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-16-99. 11-16-99 12-16-99.	169.70 169.70 169.70
	C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	AT+T PO BOX 78225 PHOENIX AZ 85062	TELEPHONE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-20-99. 12-1-99. 12-26-99	12.13 13.23 13.20
	D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	NATIONS BANK 116 S. PINELLAS AVE. TARPON SPRINGS FL 34689	BANK CHARGES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-31-99. 11-30-99 12-31-99	8.10 8.76 96.17
	E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	TARPON SPRINGS HOSPITAL FOUNDATION PO BOX 1489 TARPON SPRINGS FL 34688-1489	TICKETS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-25-99.	250.00
	F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	GTE PO BOX 31122 TAMPA FL 33631-3122	TELEPHONE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11-1-99. 12-1-99.	44.23 86.54
	G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	SCOTTISH RITE MASONIC CENTER PO BOX 22761 TAMPA FL 33622-2761	DUES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11-1-99.	35.00
	H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	POSTMASTER TARPON SPRINGS FL 34689	POSTAGE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11-1-99.	66.00
	I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	STAPLES 4193a N. US19 TARPON SPRINGS FL 34689	STATIONERY + SUPPLIES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11-2-99	76.99

SUBTOTAL of Disbursements This Page (optional) 1279.45

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

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SCHEDULE B ITEMIZED DISBURSEMENTS

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PAGE 8 OF 12

FOR LINE NUMBER 17

OPERATING EXPENDITURES

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code KIKILIS FLORIST 417 S PINELLAS AVE TARPON SPRINGS FL 34689	Purpose of Disbursement CONSTITUENTS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11-3-99.	Amount of Each Disbursement This Period 144.44
B. Full Name, Mailing Address and ZIP Code AMERICAN LEGION #173 4550 BARTELT ROAD HOLIDAY FL 34690	Purpose of Disbursement ADVERTISEMENT Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11-5-99.	Amount of Each Disbursement This Period 10.00
C. Full Name, Mailing Address and ZIP Code P. CRITIKOS 731 TESSIER DR TARPON SPRINGS FL 34689	Purpose of Disbursement MILEAGE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11-8-99.	Amount of Each Disbursement This Period 30.94
D. Full Name, Mailing Address and ZIP Code CONGRESSIONAL FCU PO BOX 3392 OAKTON VA 22124	Purpose of Disbursement TRAVEL 79.90 CONSTITUENTS 32.98 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11-8-99.	Amount of Each Disbursement This Period 92.88
E. Full Name, Mailing Address and ZIP Code DOUGLAS CRUM PO BOX 4416 CLEARWATER FL 33758-4416	Purpose of Disbursement PRINTER RIBBONS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11-29-99	Amount of Each Disbursement This Period 21.82
F. Full Name, Mailing Address and ZIP Code POSTMASTER TARPON SPRINGS FL 34689	Purpose of Disbursement POSTAGE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11-29-99. 11-29-99. 12-20-99.	Amount of Each Disbursement This Period 33.00 700.00 33.00
G. Full Name, Mailing Address and ZIP Code C. LULIAS 903 S. PINELLAS AVE. TARPON SPRINGS FL	Purpose of Disbursement PRINTING Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11-29-99. 12-8-99. 12-10-99.	Amount of Each Disbursement This Period 1000.00 2064.50 132.68
H. Full Name, Mailing Address and ZIP Code PETTY CASH - P. CRITIKOS 731 TESSIER DR. TARPON SPRINGS FL 34689	Purpose of Disbursement AUTO 11.- CONSTITUENTS 157.52 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12-1-99.	Amount of Each Disbursement This Period 168.52
I. Full Name, Mailing Address and ZIP Code TAMPA BAY DEVIL RAYS 1 TROPICANA DR. ST PETERSBURG FL 33705	Purpose of Disbursement CONSTITUENTS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11-15-99.	Amount of Each Disbursement This Period 996.95
SUBTOTAL of Disbursements This Page (optional)			6408.74
TOTAL This Period (last page this line number only)			

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 9 OF 12

FOR LINE NUMBER 17

OPERATING EXPENDITURES

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code ST NICHOLAS CATHEDRAL EPIPHANY P.O. BOX 248 TARPON SPRINGS FL 34688	ADVERTISEMENT	12-1-99.	235.00
B. Full Name, Mailing Address and ZIP Code THE CONGRESSIONAL CLUB 2001 NEW HAMPSHIRE AVE N.W WASHINGTON DC 20009	MISC. EXPENSE	12-1-99.	25.00
C. Full Name, Mailing Address and ZIP Code CLEARWATER SHRINE CLUB PO BOX 2192 PALM HARBOR FL 34682	DUES	12-1-99.	17.50
D. Full Name, Mailing Address and ZIP Code NEFERTITI #84 LOSNA PO BOX 490612 LEESBURG FL 34749	DUES	12-1-99.	15.00
E. Full Name, Mailing Address and ZIP Code PALM SHRINE #25 7825 IRONBARK DR. PORT RICHEY FL 34668	DUES	12-1-99.	10.52
F. Full Name, Mailing Address and ZIP Code EGYPT TEMPLE PO BOX 22805 TAMPA FL 33622-2805	DUES	12-1-99.	74.00
G. Full Name, Mailing Address and ZIP Code WOMEN OF THE MOOSE #1614 PO BOX 3009 HOLIDAY FL 34690	DUES	12-1-99.	15.00
H. Full Name, Mailing Address and ZIP Code THE CONGRESSIONAL CLUB 2001 NEW HAMPSHIRE AVE NW WASHINGTON DC 20009	DUES	12-1-99.	125.00
I. Full Name, Mailing Address and ZIP Code NEW PORT RICHEY SHRINE CLUB PO BOX 176 NEW PORT RICHEY FL 34656	Purpose of Disbursement: DUES 15 - ADVERTISING 10 -	12-1-99.	25.00

SUBTOTAL of Disbursements This Page (optional) $42.02

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

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 10 OF 12

FOR LINE NUMBER 17

OPERATING EXPENDITURES

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

	Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A.	REAGAN ALUMNI ASSOC. 122 S. ROYAL ST ALEXANDRIA VA 22314	DUES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-1-99	100.00
B.	TAMPA BAY YACHTDERN CLUBS PO BOX 918 MANGO FL 33550-0918	DUES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-1-99	40.00
C.	TARPON SPRINGS MASONIC LODGE 112 PO BOX 1027 TARPON SPRINGS FL 34688-1027	DUES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-1-99	43.65
D.	AMERICAN LEGION AUXILIARY #173 1839 MARY LN. HOLIDAY FL 34690	DUES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-1-99	N.C.
E.	EASTWEST SHRINE ROOM 1919 ELKHORN CT. SAN MATEO CA 94403	TICKETS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-1-99	32.00
F.	REPUBLICAN CLUB OF TIPPLE PINES LAS 1005 S. POINTE ALEXIS DR TARPON SPRINGS FL 34689	DUES N.C. TICKETS N.C. Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-1-99	80.00
G.	P. ORITIKOS 931 TESSIER DR. TARPON SPRINGS FL 34689	MILEAGE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-2-99	30.31
H.	U.S. CAPITOL HISTORICAL SOCIETY 200 MARYLAND AVE. NE WASHINGTON DC 20002	CALENDARS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-8-99	1390.12
I.	STAPLES 41984 N US HWY 19 TARPON SPRINGS FL 34689	SUPPLIES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-9-99	14.96

SUBTOTAL of Disbursements This Page (optional) 1696.04

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

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 11 OF 12

FOR LINE NUMBER 17

OPERATING EXPENDITURES

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code P. CRITIKOS - PETTY CASH 731 TESSIER DR. TARPON SPRINGS FL 34689	STATIONERY 21-39 97.64 CONSTITUENTS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-16-99	119.04
B. Full Name, Mailing Address and ZIP Code CAPITOL HILL CLUB 300 1ST ST SE WASHINGTON DC 20003	CONSTITUENTS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-20-99	33.33
C. Full Name, Mailing Address and ZIP Code JENNIES FLOWERS 2508 W. IVY ST. TAMPA FL 33609	CONSTITUENTS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-20-99	93.89
D. Full Name, Mailing Address and ZIP Code POSTMASTER TARPON SPRINGS FL 34689	POSTAGE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-21-99 12-27-99	794.76 147.31
E. Full Name, Mailing Address and ZIP Code TIFFANI'S REST. 3500 US HWY 19 N PALM HARBOR FL 34684	CONSTITUENTS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-21-99	106.06
F. Full Name, Mailing Address and ZIP Code P. CRITIKOS 731 TESSIER DR. TARPON SPRINGS FL 34689	VOLUNTEERS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-21-99	41.93
G. Full Name, Mailing Address and ZIP Code POSTMASTER TARPON SPRINGS FL 34689	BUSINESS REPLY PERMIT Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-26-99	100.00
H. Full Name, Mailing Address and ZIP Code CLEVELAND HASSELL FLORIST 1679 DREW ST. CLEARWATER FL 33755	CONSTITUENTS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-28-99	107.02
I. Full Name, Mailing Address and ZIP Code BRENDA NIXON 902 PINELLAS ST. CLEARWATER FL 33756	PHOTOS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-30-99	96.30

SUBTOTAL of Disbursements This Page (optional)	1639.62
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

OPERATING EXPENDITURES

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

PAGE 12 OF 12

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00N3213

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CONGRESSIONAL FCU PO BOX 3322 OAKTON VA 22124	TRAVEL 113-13 CONSTITUENTS 1411-13 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-11-99	1524.26
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PALM HARBOR COMMUNITY XMAS PARADE 1151 NEBRASKA AVE. PALM HARBOR FL 34683	MISC. EXPENSE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-14-99	37.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PASCO FEDERATED REPUBLICAN WOMEN'S CLUB 3646 CHESWICK DR HOLIDAY FL 34691	TICKETS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8-2-99	75.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HARRY SPORIDES 5604 MAC ARTHUR BLVD N.W. WASHINGTON DC 20016	FOOD & RENTAL Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9-29-99	151.00 IN-KIND RECEIVED
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMERICAN RENEWAL PAC PO BOX 20210 ALEXANDRIA VA 22320-1210	VIDEO-TAPE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8-5-99	79.05 IN-KIND RECEIVED
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional) IN-KIND	230.05 163.26
TOTAL This Period (last page this line number only)	37,957.00

FE6AN008

SCHEDULE A ITEMIZED RECEIPTS

OFFSET TO OPERATING EXPENDITURES-VOIDED CHECK

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

PAGE 1 OF 1

FOR LINE NUMBER 14

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code GREATER TAMPA CHAMBER OF COMMERCE P.O. BOX 420 TAMPA FL 33601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer N/A Occupation CHECK VOIDED Aggregate Year-to-Date > $	Date (month, day, year) 9-30-99	Amount of Each Receipt this Period 150.00
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	150.00

SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 17

INTEREST

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS COD15213

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code FIRST UNION NATIONAL BANK 101 FEDERAL PLACE TARPON SPRINGS FL. 34689 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	N/A Occupation INTEREST Aggregate Year-to-Date > $ 1098.98	11-9-99	23.61
B. Full Name, Mailing Address and ZIP Code NATIONS BANK 4439 BARTELT RD. HOLIDAY FL 34690 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	N/A Occupation INTEREST Aggregate Year-to-Date > $ 1224.38	11-5-99	762.36
C. Full Name, Mailing Address and ZIP Code NATIONS BANK 116 S. PINELLAS AVE. TARPON SPRINGS FL 34689 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	N/A Occupation INTEREST Aggregate Year-to-Date > $ SEE BELOW	7-31-99 8-31-99 9-30-99	27.90 22.12 18.58
D. Full Name, Mailing Address and ZIP Code NATIONS BANK 116 S. PINELLAS AVE. TARPON SPRINGS FL 34689 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	N/A Occupation INTEREST Aggregate Year-to-Date > $ 1748.42	10-31-99 11-30-99 12-31-99 9-20-99	25.42 26.10 23.60 15 25.34
E. Full Name, Mailing Address and ZIP Code PEOPLES BANK 32844 US19 PALM HARBOR FL 34684 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	N/A Occupation INTEREST Aggregate Year-to-Date > $ SEE BELOW	7-8-99 7-13-99 9-20-99 12-28-99	208.44 203.89 224.83 15.73
F. Full Name, Mailing Address and ZIP Code PEOPLES BANK 32844 US19 PALM HARBOR FL 34684 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	N/A Occupation INTEREST Aggregate Year-to-Date > $ 3377.53	7-23-99	203.85
G. Full Name, Mailing Address and ZIP Code SOUTHERN EXCHANGE 405 N. WESTSHORE BLVD. TAMPA FL 33609 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	N/A Occupation INTEREST Aggregate Year-to-Date > $ 297.63	7-8-99	297.63

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

TOTAL This Period (last page this line number only) 6630.25

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 21

DONATIONS

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00154213

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GEORGE W. BUSH PRESIDENTIAL EXPLORATORY COMM. 217 CANNON HOB WASHINGTON DC 20515	DONATION Disbursement for: Primary General Other (specify)	7-6-99	1000.00
B. Full Name, Mailing Address and ZIP Code TAMPA CHILDRENS HOSPITAL 3001 M.L. KING JR BLVD W TAMPA FL 33607	Purpose of Disbursement DONATION Disbursement for: Primary General Other (specify)	8-2-99	250.00
C. Full Name, Mailing Address and ZIP Code GRAND LODGE OF FLORIDA P.O. BOX 1825 JACKSONVILLE FL 32201-1825	Purpose of Disbursement DONATION Disbursement for: Primary General Other (specify)	9-7-99	50.00
D. Full Name, Mailing Address and ZIP Code CENTER FOR GREEK STUDIES UNIVERSITY OF FLORIDA P.O. BOX 117405 GAINESVILLE FL 32611-7435	Purpose of Disbursement DONATION Disbursement for: Primary General Other (specify)	9-14-99	200.00
E. Full Name, Mailing Address and ZIP Code THE HOUSE OF THE TEMPLE HISTORIC PRESERVATION FOUNDATION P.O. BOX 98265 WASHINGTON DC 20090-8265	Purpose of Disbursement DONATION Disbursement for: Primary General Other (specify)	9-14-99	75.00
F. Full Name, Mailing Address and ZIP Code ST NICHOLAS PHILOPTOCHOS P.O. BOX 248 TARPON SPRINGS FL 34688-0248	Purpose of Disbursement DONATION Disbursement for: Primary General Other (specify)	9-14-99	200.00
G. Full Name, Mailing Address and ZIP Code NRCC-INCUMBENT SUPPORT FUND 310 FIRST ST. S.E. WASHINGTON DC 20003	Purpose of Disbursement DONATION Disbursement for: Primary General Other (specify)	9-7-99	20000.00
H. Full Name, Mailing Address and ZIP Code ST NICHOLAS GREEK ORTHODOX CATHEDRAL RESTORATION P.O. BOX 248 TARPON SPRINGS FL 34688-0248	Purpose of Disbursement DONATION Disbursement for: Primary General Other (specify)	9-17-99	2000.00
I. Full Name, Mailing Address and ZIP Code ST PETERSBURG JUNIOR COLLEGE DEVELOPMENT FOUNDATION PO BOX 13489 ST PETERSBURG FL 33733	Purpose of Disbursement DONATION Disbursement for: Primary General Other (specify)	9-17-99	750.00

SUBTOTAL of Disbursements This Page (optional) 24525.00

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

FE5AN088

SCHEDULE B **ITEMIZED DISBURSEMENTS**

DONATIONS

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

PAGE 2 OF 5

FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code SHRINERS HOSPITALS FOR CHILDREN 4000 DANA SHORES DR. TAMPA FL 33634	DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9-17-99	250.00
B. Full Name, Mailing Address and ZIP Code PROJECT THANKS PO BOX 2184 TARPON SPRINGS FL 34688-2184	DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9-17-99	150.00
C. Full Name, Mailing Address and ZIP Code VETERANS OF FOREIGN WARS PO BOX 119006 KANSAS CITY MO 64171-9006	DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9-17-99	14.00
D. Full Name, Mailing Address and ZIP Code PARALYZED VETERANS 7 MILL BROOK RD. WILTON N.H 03086-0918	DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9-17-99	13.00
E. Full Name, Mailing Address and ZIP Code SOUTH CLEARWATER ASSOC. 1146 ALMA ST. CLEARWATER FL. 33756	DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9-20-99	100.00
F. Full Name, Mailing Address and ZIP Code SUNCOAST REPUBLICAN WOMENS CLUB 11722 LA MADERA BLVD PORT RICHEY FL 34668	DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-11-99	42.00
G. Full Name, Mailing Address and ZIP Code BAYWOOD VILLAGE 309 WESTWINDS DR. PALM HARBOR FL 34683	DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-11-99	1200.00
H. Full Name, Mailing Address and ZIP Code CARE TO SHARE OUTREACH MINISTRY 104 WHITCOMB BLVD. TARPON SPRINGS FL 34689	DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11-4-99	250.00
I. Full Name, Mailing Address and ZIP Code PCOM-CRISIS PREGNANCY CENTER PO BOX 82407 TAMPA FL 33682	DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-23-99	500.00

SUBTOTAL of Disbursements This Page (optional) 2520.00

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

FE6AN208

SCHEDULE B — ITEMIZED DISBURSEMENTS

DONATIONS

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

PAGE 3 OF 5

FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153113

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code AIM GOLF CLASSIC 2300 CURLEW RD #200 PALM HARBOR FL 34683	DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11-10-99	200.00
B. Full Name, Mailing Address and ZIP Code HOMELESS EMERGENCY PROJECT 1120 N. BETTY LN. CLEARWATER FL. 33755	DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-23-99	500.00
C. Full Name, Mailing Address and ZIP Code ST MICHAELS ORTHODOX CHURCH P.O. BOX 1694 CORDOVA ALASKA 99574	DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8-9-99	250.00
D. Full Name, Mailing Address and ZIP Code SHEPPARD CENTER FT. S. PROJECT THANKS 1250 PINELLAS AVE #109 TARPON SPRINGS FL 34689	DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-1-99	1000.00
E. Full Name, Mailing Address and ZIP Code V.F.W. POST 10167 PO BOX 3353 HOLIDAY FL-34690	DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-1-99	50.00
F. Full Name, Mailing Address and ZIP Code V.F.W. NAT'L HEADQUARTERS PO BOX 119006 KANSAS CITY MO. 64171-9006	DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-1-99	12.00
G. Full Name, Mailing Address and ZIP Code CLEARWATER SHRINE CLUB PO BOX 5224 PALM HARBOR FL 34684	DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-1-99	100.00
H. Full Name, Mailing Address and ZIP Code GRAND LODGE OF FLORIDA PO BOX 7436 ST PETERSBURG FL 33734-9982	DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-1-99	25.00
I. Full Name, Mailing Address and ZIP Code THE ARCHANGEL MICHAEL FEAST ← 2480 CLAIRMONT RD NE HONORS PROJECT ATLANTA GA 30329	DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-1-99	100.00

SUBTOTAL of Disbursements This Page (optional) 2487.00

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

FE6AN09B

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 21

DONATIONS

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
THE CHIMP FARM 4612 ALT 19 PALM HARBOR FL 34683	DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-1-99	100.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ALS ASSOC - TAMPA BAY CHAPTER 3641 W. KENNEDY BLVD. TAMPA FL 33609	DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-1-99	200.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PALM SHRINE #25 7825 IRONBARK DR. PORT RICHIE FL 34668	DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-1-99	25.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
THE SALVATION ARMY PO BOX 8070 CLEARWATER FL 33758	DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-8-99	150.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
METROPOLITAN MINISTRIES 2002 N. FLORIDA AVE. TAMPA FL 33602	DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-8-99	26.85
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMERICAN LEGION POST 173 PO BOX 3193 HOLIDAY FL 34690	DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-8-99	100.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMERICAN LEGION POST 7 1760 TURNER ST. CLEARWATER FL 33756	DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-8-99	100.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
REPUBLICAN CLUB OF UPPER PINELLAS 1005 S. PONTE ALEXIS DR. TARPON SPRINGS FL 34689	DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-22-99	100.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
REPUBLICAN WOMEN OF N. PINELLAS 2596 BRANDYWINE DR. CLEARWATER FL 33761	DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-22-99	130.00

SUBTOTAL of Disbursements This Page (optional) 931.85

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

FE8AN008

SCHEDULE B **ITEMIZED DISBURSEMENTS**

DONATIONS

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

PAGE 1 OF 1

FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00173213

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ORDER OF THE MOOSE LODGE 1429 PO BOX 3548 HOLIDAY FL 34690	DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9-21-99	1000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
ERWIN BECK-TOP OF THE WORLD REPUB. CLUB 1749 BRENTWOOD DR. CLEARWATER FL 33756	DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-10-99	100.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	3463.85

FE8AN(06)

SCHEDULE B **ITEMIZED DISBURSEMENTS**

OTHER DISBURSEMENTS - STATE CONTRIBUTIONS

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

PAGE 1 OF 1

FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00175213

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code RUDY BRADLEY CAMPAIGN PO BOX 481 ST PETERSBURG FL 33731-0481	FL. DIST 5 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-1-99	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	500.00

FE6AN006

SCHEDULE B ITEMIZED DISBURSEMENTS

OTHER DISBURSEMENTS - FEDERAL CONTRIBUTIONS

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

PAGE 1 OF 2

FOR LINE NUMBER 21

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)

MIKE DILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MIKE PAPPAS FOR CONGRESS 3582 RT 22W SOMERVILLE N.J. 08876	FED. CONTR. NJ 12TH Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9-17-99	1000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ED BRYANT FOR CONGRESS 5909 SHELBY OAKS DR #213 MEMPHIS TN 38134	FED CONTR. TN 7TH Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9-17-99	1000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BAKER FOR CONGRESS PO BOX 1694 BATON ROUGE LA 70821	FED CONTR - LA - 06 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11-1-99	2000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF JOHN HOSTETTLER PO BOX 3676 EVANSVILLE IN 47708	FED CONTR - IN - 08 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11-1-99	2000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF NETHERCUTT PO BOX 1925 SPOKANE WA 99210	FED CONTR - WA - 05 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11-1-99	2000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF DON SHERWOOD 81 WARREN ST. TUNKHANNOCK PA 18657	FED CONTR - PA - 10 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11-1-99	2000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JOE SKEEN FOR CONGRESS PO BOX 2446 ROSWELL NM 88202	FED CONTR - NM - 02 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11-1-99	2000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TOM TANCREDO FOR CONGRESS PO BOX 3756 LITTLETON CO 80161	FED CONTR - CO - 06 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11-1-99	2000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ROGERS FOR CONGRESS PO BOX 481 BRIGHTON MI 48116	FED CONTR - MI - 08 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11-1-99	2000.00

SUBTOTAL of Disbursements This Page (optional)	16000.00
TOTAL This Period (last page this line number only)	

FEBAN098

SCHEDULE A — ITEMIZED RECEIPTS

OTHER DISBURSEMENTS - FEDERAL CONTRIBUTIONS

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

PAGE 2 OF 2

FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
REHBERG FOR CONGRESS 4401 HIGHWAY 3 BILLINGS MT 59106 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	FEDCNTR - MT-AT LARGE Occupation Aggregate Year-to-Date > $	11-1-99	2000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
PEOPLE WITH HEART PO BOX 435 WERFORD PA 18090 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	FEDCNTR - PA-04 Occupation Aggregate Year-to-Date > $	11-1-99	2000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
SHELLEY MOORE CAPITO FOR CONGRESS POBOX11179 CHARLESTON WV 25339 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	FEDCNTR - WV-02 Occupation Aggregate Year-to-Date > $	11-1-99	2000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	22000.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 11-24-00
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

SA — PREPARER

2/11/00 — DATE PREPARED

(4/98)