

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL

AUG 20 11 56 AM '98

USE FEC MAILING LABEL
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TYPE OR PRINT

000153213 FL/09 072498 N
ANTHONY C SAMARKOS
MIKE BILIRAKIS FOR CONGRESS
P O BOX 1077
TARPON SPRINGS FL 34688

2. FEC IDENTIFICATION NUMBER
100595-000153213

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 PRIMARY (Type of Election)
election on SEPT. 1, 1998 in the State of FLORIDA
 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

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>7-1-98</u> through <u>8-12-98</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	31690.00	318860.34
(b) Total Contribution Refunds (from Line 20(d))	-	500.00
(c) Net Contributions (other than loans) (subtract Line 8(b) from 8(a))	31690.00	318360.34
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	14051.14	78996.96
(b) Total Offsets to Operating Expenditures (from Line 14)	3000.00	5150.76
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	11051.14	73846.20
8. Cash on Hand at Close of Reporting Period (from Line 27)	317569.70	
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 202-219-3420

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
8/14/98

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

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

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

Name of Committee (in full)	Report Covering the Period:	
MIKE BILIRAKIS FOR CONGRESS	From: 7-1-98	To: 8-12-98
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)	4500.00	
(ii) Unitemized	4040.00	
(iii) Total of contributions from individuals	8540.00	160089.81
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)	23150.00	158770.53
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d))	31690.00	318860.34
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	—	—
13. LOANS:		
(a) Made or Guaranteed by the Candidate	—	—
(b) All Other Loans	—	—
(c) TOTAL LOANS (add 13(a) and (b))	—	—
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	3000.00	5150.76
15. OTHER RECEIPTS (Dividends, Interest, etc.)	903.92	3643.30
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	35593.92	327654.40
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	14051.14	78996.96
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	—	—
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	—	—
(b) Of All Other Loans	—	—
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	—	—
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	—	500.00
(b) Political Party Committees	—	—
(c) Other Political Committees (such as PACs)	—	—
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	—	500.00
21. OTHER DISBURSEMENTS	3125.00	27934.22
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	17176.14	107431.18

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	299151.92
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	35593.92
25. SUBTOTAL (add Line 23 and Line 24)	\$	334745.84
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	17176.14
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	317569.70

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2

FOR LINE NUMBER

11 (a) (1)

CONTRIBUTIONS FROM INDIVIDUALS / PERSONS OTHER THAN POL. COM.

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code NICK G. ALEXANDER 1408 ADAMSON CT. ROSEVILLE CA. 95661	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	SELF	7-10-98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REAL ESTATE DEVELOPER	Aggregate Year-to-Date > \$ 250.00	

B. Full Name, Mailing Address and ZIP Code ARIS ANAGNOS 8124 W 3 ST. #200 LOS ANGELES CA. 90048	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	SELF	7-13-98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REALTOR	Aggregate Year-to-Date > \$ 250.00	

C. Full Name, Mailing Address and ZIP Code JULIANNE ANGELIDES 1957 - 13 AVE. SACRAMENTO CA. 95818	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	---	7-10-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$ 500.00	

D. Full Name, Mailing Address and ZIP Code NICOLAOS BISSIAS 4202 MESA VISTA LA CANADA CA. 91011	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	SELF	7-13-98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RESTAURANTEUR	Aggregate Year-to-Date > \$ 250.00	

E. Full Name, Mailing Address and ZIP Code DR. TAKEY CRIST 412 COUNTRY CLUB DR. JACKSONVILLE N.C. 28540	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	SELF	7-9-98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 250.00	

F. Full Name, Mailing Address and ZIP Code THEODORE ELIPOULOS 306 AEDLIA DR. AUBURN CA 95603	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	ALTIUM DEVELOPMENT	7-10-98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRES.	Aggregate Year-to-Date > \$ 250.00	

G. Full Name, Mailing Address and ZIP Code DR. J. BARRY MCKERNAN 130 VANN ST. #200 MARIETTA GA 30060	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	SELF	7-2-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SURGEON	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2

FOR LINE NUMBER

CONTRIBUTIONS FROM INDIVIDUALS/PERSONS OTHER THAN POL. COMM.

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS COON 3213

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
KATINA MECKLEY 6227 PALM DR. CARMICHAEL CA 95608	ART DEVELOP. CORP. Occupation: ACCOUNTANT	7-10-98	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
THE GATEWAY CO. 1601 RESPONSE RD #360 SACRAMENTO CA 95814	PARTNERSHIP Occupation:	7-10-98	500.00 SEE ATTRIBUTION BELOW
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BILL AXES 1601 RESPONSE RD #360 SACRAMENTO CA 95814	— Occupation: PARTNER	7-10-98	250.00 MEMO
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CHRISTOPHER KSIDAKIS 1601 RESPONSE RD #360 SACRAMENTO CA 95814	— Occupation: PARTNER	7-10-98	250.00 MEMO
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
THOMAS A. DAVIS 703 KINGS CT ALEXANDRIA VA. 22302	DAVIS + HARMON Occupation: ATTORNEY	7-28-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DR. H. HOWARD FRANKLIN PO BOX 17211 TAMPA FL 33682	SELF Occupation: PHYSICIAN	8-6-98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

4500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4

FOR LINE NUMBER

11C

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (in full)

MIKE BILIRAKIS FOR CONGRESS C001V3213

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
AMERICAN ELECTRIC POWER CO. AM. FOR RESPONSIBLE GOV'T. PAC 501 PENNSYLVANIA AVE. NW #214 WASHINGTON DC 20004		7-2-98	\$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
AMERICAN HOSPITAL ASSOC. PAC 325 SEVENTH ST. N.W. WASHINGTON DC 20004		7-11-98	\$4000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$4000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ANSPAC - AMERICAN NEUROLOGICAL SURGERY PAC P.O. BOX 136 WASHINGTON DC 20004-0136		7-18-98	\$3000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$3000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CELOTEX CORP. PAC PO BOX 31602 TAMPA FL 33631-3602		7-2-98	\$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$100.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PAC FOR EMPLOYEES OF THE DOW 2030 DOW CENTER MIDLAND MI. 48674		7-9-98	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$1000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DUDAPAC - A. DUDA & SONS INC PAC PO BOX 249 DVIDD FL. 32765		7-10-98	\$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$100.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
EDISON INTERNATIONAL PAC 2244 WALNUT GROVE AVE. ROSEMEAD CA 91770		7-18-98	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$1000.00	

SUBTOTAL of Receipts This Page (optional)

10500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 4

FOR LINE NUMBER

11C

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C 00153213

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HIPAC - HEALTH INSURANCE PAC 555 13 ST. NW #600 E WASHINGTON DC 20004		7-18-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1400.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HONEYWELL FLORIDA PAC 13350 US 19 N. CLEARWATER FL 33764		7-1-98	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
IMC GLOBAL OPERATIONS INC PAC 2100 SANDERS ROAD PKY. NORTHBROOK IL 60062		7-18-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAN AMERICAN LIFE INS CO PAC 601 POYDRAS ST. 14 FL. NEW ORLEANS LA 70130		7-1-98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ICCL-PAC - INTERNATIONAL COUNCIL OF CRUISE LINES PAC 1211 CONNECTICUT AVE. N.W. #800 WASHINGTON DC 20036		7-2-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WALTER INDUSTRIES INC PAC 1400 N. DALE MARY TAMPA FL 33631		7-2-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
COOPERATIVE OF AMERICAN PHYSICIANS FEDERAL ACT. COMPA. 333 S. HOPE ST. 8 FL. LOS ANGELES CA 90071		7-13-98	400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 900.00	

SUBTOTAL of Receipts This Page (optional)

3650.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 3 OF 4

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
NATIONAL ASSOC OF MEDICAL EQUIPMENT SERVICES PAC 625 SLATERS LANE #200 ALEXANDRIA VA. 22314		7-13-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 500 -	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMPAR - AUCTION MARKETS PAC OF ILLINOIS 141 W. JACKSON BLVD. BOARD OF TRADE CHICAGO IL 60604		7-28-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 500 -	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SUN PAC 1801 MARKET ST. PHILADELPHIA PA 19103		7-28-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 500 -	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TREA SENIOR CITIZENS LEAGUE PAC 909 N. WASHINGTON ST #301 ALEXANDRIA VA. 22314		8-1-98	2000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 2000 -	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KNCF - KEMPER NATIONAL CAMPAIGN FUND PAC LONG GROVE IL 60049-0001		8-4-98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 500 -	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AFLAC INCORPORATED PAC AFLAC CENTER COLUMBUS GA 31999		8-11-98	2000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 2000 -	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMERICAN VETERINARY MEDICAL ASSN PAC 1101 VERMONT AVE N.W. 710 WASHINGTON DC 20005		8-11-98	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 5000 -	

SUBTOTAL of Receipts This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 4

FOR LINE NUMBER

11C

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C 00153213

A. Full Name, Mailing Address and ZIP Code RESONABLE GOV'T COMM. OF GOLF EMPLOYEES PAC 500 BAYFRONT PKWY PENSACOLA FL 32501	Name of Employer Occupation Aggregate Year-to-Date > \$500 -	Date (month, day, year) 8-11-98	Amount of Each Receipt This Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$1000 -	Date (month, day, year) 8-11-98	Amount of Each Receipt This Period 1000.00
B. Full Name, Mailing Address and ZIP Code LINCOLN NATIONAL CORP PAC 1800 S. CLINTON ST. FORT WAYNE IN 46801	Name of Employer Occupation Aggregate Year-to-Date > \$1000 -	Date (month, day, year) 8-12-98	Amount of Each Receipt This Period 1000.00
C. Full Name, Mailing Address and ZIP Code AGCPAC ASSOCIATED GENERAL CONTRACTORS 1957 E ST. N.W. WASHINGTON DC 20006	Name of Employer Occupation Aggregate Year-to-Date > \$1000 -	Date (month, day, year) 8-12-98	Amount of Each Receipt This Period 1000.00
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
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
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
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

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

23150.00

SCHEDULE A

ITEMIZED RECEIPTS

OFFSET TO OPERATING EXPENDITURES - VOIDED CHECKS

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 C 00153213**

A. Full Name, Mailing Address and ZIP Code ENGLISH FOR CONGRESS PO BOX 1940 ERIE PA 16504	Name of Employer N/A	Date (month, day, year) 8-1-98	Amount of Each Receipt This Period 1000.00
	Occupation CHECK VOIDED Aggregate Year-to-Date > 0		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

B. Full Name, Mailing Address and ZIP Code FRISA FOR CONGRESS 631 THE PLAIN RD. WESTBURY N.Y. 11790	Name of Employer N/A	Date (month, day, year) 8-1-98	Amount of Each Receipt This Period 1000.00
	Occupation CHECK VOIDED Aggregate Year-to-Date > 0		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

C. Full Name, Mailing Address and ZIP Code JOHN ENSIGN FOR SENATOR 405 S. DECATUR LAS VEGAS N.V. 89123	Name of Employer N/A	Date (month, day, year) 8-1-98	Amount of Each Receipt This Period 1000.00
	Occupation CHECK VOIDED Aggregate Year-to-Date > 5		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 0		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 0		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 0		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 0		

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

SCHEDULE A
INTEREST

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 14

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 BILIARAKIS FOR CONGRESS C 00153213

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NATIONS BANK 116 S. PINELLAS AVE. TARPON SPRINGS FL 34689	N/A	7-31-98	75.67
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 246.66	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BARNETT BANK PO BOX 1055 HOLIDAY FL 34690	N/A	7-10-98	460.72
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 924.22	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PEOPLES BANK 32845 US 19 PALM HARBOR FL 34684	N/A	7-10-98 7-10-98 7-20-98	234.97 66.28 66.28
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1649.06	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

90392

OPERATING EXPENDITURES

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 BILIRAKIS FOR CONGRESS C 00153213

A. 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	STAMPS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-13-98 7-1-98 7-20-98	9.22 32.00 94.71
B. Full Name, Mailing Address and ZIP Code STORAGE TRUST 38800 US 19 N TARPON SPRINGS FL 34689	STORAGE RENTAL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-1-98 8-1-98	117.70 117.70
C. Full Name, Mailing Address and ZIP Code HOLIDAY MINI STORAGE 3118 US 19 N HOLIDAY FL 34691	STORAGE RENTAL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-1-98 8-1-98	57.94 57.94
D. Full Name, Mailing Address and ZIP Code DOUG CRUM PO BOX 4516 CLEARWATER FL 34626-4516	CONTRACT LABOR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-1-98 8-1-98	100.00 100.00
E. Full Name, Mailing Address and ZIP Code P. CRITIKOS 731 TESSIER DR. TARPON SPRINGS FL 34689	BOOKKEEPER Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-1-98 8-1-98	449.75 449.75
F. Full Name, Mailing Address and ZIP Code NATION'S BANK 116 S. PINELLAS AVE. TARPON SPRINGS FL 34689	PAYROLL TAXES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-2-98 8-3-98	134.10 134.10
G. Full Name, Mailing Address and ZIP Code GTE PO BOX 31122 TAMPA FL 33631-3122	TELEPHONE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-2-98 7-28-98	111.09 104.80
H. Full Name, Mailing Address and ZIP Code P. CRITIKOS 731 TESSIER DR. TARPON SPRINGS FL 34689	MILEAGE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-3-98 8-11-98 8-5-98	41.41 39.34 40.86
I. Full Name, Mailing Address and ZIP Code PETTY CASH - P. CRITIKOS 731 TESSIER DR. TARPON SPRINGS FL 34689	POSTAGE 24.23 CONSTITUENTS 45.95 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-3-98	70.18

SUBTOTAL of Disbursements This Page (optional)

2190.59

TOTAL This Period (next page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 4
FOR LINE NUMBER 17

OPERATING EXPENDITURES

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C 00153213

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MYKONOS REST. 628 DODECANESE BLVD. TARPON SPRINGS FL 34689	CONSTITUENTS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-12-98	216.00
POSTMASTER TARPON SPRINGS FL 34689	BULK MAIL FEE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-10-98	85.00
CONGRESSIONAL FED. C-2L PO BOX 3322 DAXTON VA 22124-9322	TRAVEL - FUND RAISER - 999.89 CONSTITUENTS - 889.81 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-15-98	1934.00
HOLIDAY FLORISTS 2030 US HWY 19 HOLIDAY FL 34691	CONSTITUENTS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-20-98	119.25
AT&T PO BOX 7822V PHOENIX AZ 85062-8222	TELEPHONE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-20-98	17.66
A. OWENS 733 CHARLOTTE AVE. TARPON SPRINGS FL 34689	COMPUTER OPERATOR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-20-98	169.70
NARPE DEPT. 117 WASHINGTON DC 20005-0117	DUES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-24-98	54.00
PINELLAS CTV. REPUAL. EXEC. COMM 4707 140 AVE N. # 205 CLEARWATER FL 34622	ADVERTISING Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-28-98	445.00
P. HUDSON 312 BOYER ST TARPON SPRINGS FL 34689	MILEAGE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-8-98	25.00

SUBTOTAL of Disbursements This Page (optional)

3065.61

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 4
FOR LINE NUMBER 17

OPERATING EXPENDITURES

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NAME OF COMMITTEE (in Full)

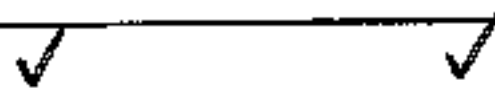
MIKE BILIRAKIS FOR CONGRESS C 00153213

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TARPON SPRINGS HIGH SCHOOL BAND PO BOX 692 TARPON SPRINGS FL 34688	ADVERTISEMENT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-3-98	125.00
B. Full Name, Mailing Address and ZIP Code CAPITOL HILL CLUB 300 FIRST ST. SE. WASHINGTON DC 20003	Purpose of Disbursement FUND RAISER 3523.08 CONSTITUENTS 148.83 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-3-98	3681.91
C. Full Name, Mailing Address and ZIP Code THE SURVIVORS SPEAK PO BOX 1943 VALLEY Forge PA 19482-943	Purpose of Disbursement ADVERTISEMENT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-3-98	40.00
D. Full Name, Mailing Address and ZIP Code CONGRESSIONAL FCU PO BOX 3322 DARTON VA 22124-9322	Purpose of Disbursement AUTO - 224.43 TRAVEL - 1279.29 CONSTITUENTS - 2105.70 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-10-98	3609.42
E. Full Name, Mailing Address and ZIP Code ROTARY CLUB OF TARPON SPRING P.O. BOX 234 TARPON SPRINGS FL 34688	Purpose of Disbursement DUES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-11-98	180.00
F. Full Name, Mailing Address and ZIP Code GTE WIRELESS PO BOX 630025 DALLAS TX 75263-0025	Purpose of Disbursement TELEPHONE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-11-98	48.46
G. Full Name, Mailing Address and ZIP Code FED EX P.O. BOX 1140 MEMPHIS TN 38101-1140	Purpose of Disbursement POSTAGE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-11-98	46.25
H. Full Name, Mailing Address and ZIP Code MIKE BILIRAKIS 304 DRIFTWOOD DR. W. PALM HARBOR FL 34683	Purpose of Disbursement TELEPHONE - 47.21 TRAVEL - 40.00 - POSTAGE - 9.79 MESSAGE - 292.90 - VOLUNTEERS - 37.59 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SEE	BELOW
I. Full Name, Mailing Address and ZIP Code MIKE BILIRAKIS 304 DRIFTWOOD DR W PALM HARBOR FL 34683	Purpose of Disbursement TICKETS - 26.40 CONSTITUENTS - 388.54 FUND RAISERS - 182.61 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-11-98	1024.26

SUBTOTAL of Disbursements This Page (optional)

876530

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 4
FOR LINE NUMBER 17

OPERATING EXPENDITURES

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C 00153213

A. 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: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-31-98	29.64
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

29.64

TOTAL This Period (last page this line number only)

14051.14

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21

DONATIONS

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS CD01V3213

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PINELLAS HABITAT FOR HUMANITY PO BOX 16101 ST. PETERSBURG FL 33733-6101	DONATION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-6-98	1000.00
B. Full Name, Mailing Address and ZIP Code NATIONAL PHILOPTOCHOS 345 E-74 ST. NEW YORK N.Y. 10021	DONATION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-8-98	1000.00
C. Full Name, Mailing Address and ZIP Code ST. NICHOLAS PHILOPTOCHOS 20 N. PINELLAS AVE. TARPON SPRINGS FL 34689	DONATION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-10-98	200.00
D. Full Name, Mailing Address and ZIP Code HELLENIC BENEVOLENT ASSOC. 205 HIBISCUS ST. TARPON SPRINGS FL 34689	DONATION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-10-98	100.00
E. Full Name, Mailing Address and ZIP Code ELECTA CHAPTER # 18 DES 6324 WOODEN ST. NEW PORT RICHEY FL 34653	DONATION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-11-98	25.00
F. Full Name, Mailing Address and ZIP Code ELMER D. SMITH LODGE #309 5021-59 AVE N. PINELLAS PARK FL 33781	DONATION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-11-98	100.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

2425.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

OTHER DISBURSEMENTS - STATE CONTRIBUTIONS

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS C 00153213

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GUS BILIRAKIS FOR STATE HOUSE P.O. BOX 2377 PALM HARBOR FL 34682-2377	DONATION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-10-98	500.00
CAMPAIGN TO ELECT SANDY NORTMAN PO BOX 1115 TALLAHASSEE FL 32302-3115	DONATION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-11-98	100.00
MIKE FASANO CAMPAIGN PO BOX 2055 NEW PORT RICHEY FL 34656	DONATION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-11-98	100.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	700.00

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 8-15-98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JMS</i> PREPARER	8-25-98 DATE PREPARED