

SCHEDULE A

ITEMIZED RECEIPTS

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

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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)	