

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

MIKE BILIRAKIS FOR CONGRESS

ADDRESS (number and street)

P.O BOX 1077

Check if different than previously reported. (ACC)

TARPON SPRINGS

FL

34888

0000

2. FEC IDENTIFICATION NUMBER

C00153213

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

FL

9

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

In the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period 07 01 2003 through 09 30 2003

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 Electronically Filed by ANTHONY C SAMARKOS Date 10 13 2003

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

MIKE BILIRAKIS FOR CONGRESS

Report Covering the Period: From: M M D D Y Y Y Y To: M M D D Y Y Y Y
0 7 0 1 2 0 0 3 0 9 3 0 2 0 0 3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a)).....	51065.00	165749.23
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	51065.00	164749.23
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	31364.19	145133.13
(b) Total Offsets to Operating Expenditures (from Line 14).....	62.98	1364.85
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	31301.21	143768.28
8. Cash on Hand at Close of Reporting Period (from Line 27).....	187034.76	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

Write or Type Committee Name
MIKE BILIRAKIS FOR CONGRESS

Report Covering the Period: From: ^{M M} 0 7 ^{D J} 0 1 ^{Y Y Y} 2 0 0 3 To: ^{V V} 0 9 ^{U J} 3 0 ^{Y Y Y} 2 0 0 3

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	20850.00	
(ii) Unitemized.....	3215.00	
(iii) TOTAL of contributions	24065.00	46256.03
from individuals..... ▶		
(b) Political Party Committees.....	0.00	250.00
(c) Other Political Committees (such as PACS).....	27000.00	119243.20
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	51065.00	165749.23
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	62.98	1364.85
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	39.01	1679.99
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	51166.99	168794.07

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	31364.19	145133.13
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(b) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	1000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1000.00
21. OTHER DISBURSEMENTS.....	3537.00	17711.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) [>]	34901.19	163944.13

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	170768.96
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	51166.99
25. SUBTOTAL (add Line 23 and Line 24).....	221935.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	34901.19
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	187034.76

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 47	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WILLIAM A. BEBONIS		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 234 S. WABASH 2ND. FLOOR		Transaction ID: SA11A1.11949
City	State	Zip Code
CHICAGO	IL	60604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer BEBON OFFICE SUPPLY	Occupation OWNER	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. WILLIAM A. BEBONIS		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 234 S. WABASH 2ND. FLOOR		Transaction ID: SA11A1.11952
City	State	Zip Code
CHICAGO	IL	60604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer BEBON OFFICE SUPPLY	Occupation OWNER	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) C. JOHN BERBAS		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 9250 HAMILTON COURT DR.		Transaction ID: SA11A1.11954
City	State	Zip Code
DES PLAINES	IL	60018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer DELTA ICE CREAM	Occupation PRES.	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 47	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HOWARD COHEN		Date of Receipt M / D / Y 07 / 07 / 2003
Mailing Address 10405 SANDRINGHAM COURT		Transaction ID: SA11A1.12040
City POTOMAC	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer GREENBERG TRANREG	Occupation ATTORNEY	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. VASILIOS KARAHALIOS		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 2324 INDIAN RIDGE DR.		Transaction ID: SA11A1.11970
City GLENVIEW	State IL	Zip Code 60025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer SELF EMPLOYED	Occupation	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. JOHN KOKOLAKIS		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 103 BUENA VISTA DR.		Transaction ID: SA11A1.11972
City DUNEDIN	State FL	Zip Code 34658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF	Occupation RETIRED	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	2800.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 47	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BEN J. LIPPS		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address 20 ROWES WHARF #809		Transaction ID: SA11A1.12174
City BOSTON	State MA	Zip Code 02110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer FRESENIUS MEDICAL CARE	Occupation	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. ANDREW MANATOS		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address 801 13 ST NW #1150S		Transaction ID: SA11A1.12178
City WASHINGTON	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer MANATOS & MANATOS	Occupation CONSULTANT	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. JOHN G. MANOS		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 242 BUNTING LN.		Transaction ID: SA11A1.11984
City BLOOMINGDALE	State IL	Zip Code 60108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer BANK FINANCIAL	Occupation S.R.V.P.	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	2750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 47	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THEODORE MANOLSAKIS		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 4844 QUEBEC ST. N. W.		Transaction ID: SA11A1.11986
City	State	Zip Code
WASHINGTON	DC	20016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer BREAD & CHOCOLATE	Occupation PRES.	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. BASSILIOS MATARAGAS		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 10711 S. CHRISTA CT.		Transaction ID: SA11A1.11987
City	State	Zip Code
PALOS HILLS	IL	60465
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer PAINTER	Occupation SELF EMPLOYED	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. BOB MAVROPOULOS		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 13021 RIDGEWOOD DR.		Transaction ID: SA11A1.11991
City	State	Zip Code
PALOS PARK	IL	60464
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer BOB'S KITCHEN & BATH	Occupation OWNER	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 47	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ROBERT M MEISSNER		Date of Receipt M / D / Y 07 / 07 / 2003
Mailing Address 3420 LAKESIDE VIEW DR		Transaction ID: SA11A1.12041
City	State	Zip Code
FALLS CHURCH	VA	22041
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SISCORP	Occupation CONSULTANT	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. MICHAEL P. MUSA		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 10800 ROYAL GLEN DR.		Transaction ID: SA11A1.11993
City	State	Zip Code
ORLAND PARK	IL	60467
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer ENVIRONMENTAL PROTECTION IND.	Occupation PRES/CEO	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. GEORGE PAPADONAKIS		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 70 W. BURTON PL #17104		Transaction ID: SA11A1.11997
City	State	Zip Code
CHICAGO	IL	60610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer THE UNIVERSITY OF CHICAGO	Occupation NIH FELLOW - BIOPHYSICIST	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 47	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANGELO PARAVANTES		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 1558 STOCKTON LN		Transaction ID: SA11A1.11999
City	State	Zip Code
CRYSTAL LAKE	IL	60014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer R.M. CITGO	Occupation MANAGER	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. HELENE SEMANDERES		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 185D WASHINGTON RD		Transaction ID: SA11A1.12001
City	State	Zip Code
WASHINGTON	PA	15301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer HOMEMAKER	Occupation	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. GWEN W. SIEBERT		Date of Receipt M / D / Y 07 / 07 / 2003
Mailing Address 12679 PERCHANCE TERR		Transaction ID: SA11A1.12042
City	State	Zip Code
WOODBIDGE	VA	22152
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer NATIONAL ASSOC. OF COMMUNITY HEALTH	Occupation MANAGER	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 47	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dr. SAMUEL SPAGNOLO		Date of Receipt M / D / Y 07 / 12 / 2003
Mailing Address 11407 STONEWALL JACKSON DR.		Transaction ID: SA11A1.12044
City SPOTSYLVANIA	State VA	Zip Code 22553
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. ANDREW SPEROPOULOS		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 8522 S. HARVEST LN		Transaction ID: SA11A1.12005
City DARIEN	State IL	Zip Code 60561
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer RETIRED	Occupation	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. ERIKA SPYROPOULOS		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 15 WINDSOR DR.		Transaction ID: SA11A1.12050
City OAKBROOK	State IL	Zip Code 60523
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1700.00
Name of Employer HOMEMAKER	Occupation	In-kind - FOOD & REFRESHMENTS Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1700.00	

SUBTOTAL of Receipts This Page (optional)	▶	3200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 47	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THEODORE SPYROPOULOS		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 15 WINDSOR DR.		Transaction ID: SA11A1.12020
City OAKBROOK	State IL	Zip Code 60523
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer TGS PETROLEUM	Occupation PREIDENT	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. CONSTANTINE STAMIS		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 505 MANAWA TR.		Transaction ID: SA11A1.12022
City MT. PROSPECT	State IL	Zip Code 60056
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. THE GARTER GROUP		Date of Receipt M / D / Y 07 / 11 / 2003
Mailing Address 1301 K ST. NW #900		Transaction ID: SA11A1.12048
City WASHINGTON	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	SEE MEMO TRANSACTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 47	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MIKE CARTER		Date of Receipt M / D / Y 07 / 11 / 2003
Mailing Address 1301 K ST. NW #800		Transaction ID: SA11A1.12046.0
City	State	Zip Code
WASHINGTON	DC	20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer THE CARTER GROUP	Occupation LOBBIST/OWNER	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)) [MEMO ITEM]
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. STEVE THEOFANOUS		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 3903 ROCKSPUR TRAIL		Transaction ID: SA11A1.12027
City	State	Zip Code
CRYSTAL LAKE	IL	60012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer AROUND THE CLOCK RESTAURANT	Occupation OWNER	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. EMANUEL TSIKOUDAKIS		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 2180 S. DALLAS ST.		Transaction ID: SA11A1.12029
City	State	Zip Code
DENVER	CO	80231
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MONACO INN	Occupation OWNER	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 47	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NICK S VIDALAKIS		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 2000 FIRST AVE #2700		Transaction ID: SA11A1.12037
City	State	Zip Code
SEATTLE	WA	98121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer RETIRED	Occupation	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441af)(441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. NICK G. VLAHAKIS		Date of Receipt M / D / Y 07 / 08 / 2003
Mailing Address 1314 MARQUETTE AVE #2907		Transaction ID: SA11A1.12038
City	State	Zip Code
MINNEAPOLIS	MN	55403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer CHIEF FINANCIAL OFFICER	Occupation	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441af)(441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	20850.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 47	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ABBOTT LABORATORIES EMPLOYEE POLITICAL ACTION COMMITTEE		Date of Receipt M / D / Y 07 / 07 / 2003
Mailing Address 100 Abbott Park Rd. D312 AP6D		Transaction ID: SA11C.12062
City Abbott Park	State IL	Zip Code 60064
FEC ID number of contributing federal political committee. C C00040279		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00	

Full Name (Last, First, Middle Initial) B. ALLEGHENY ENERGY INC PAC		Date of Receipt M / D / Y 07 / 07 / 2003
Mailing Address 10435 DOWNSVILLE PIKE		Transaction ID: SA11C.12111
City HAGERSTOWN	State MD	Zip Code 21740
FEC ID number of contributing federal political committee. C CD0326579		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. AMERICAN ASSOCIATION FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE		Date of Receipt M / D / Y 07 / 19 / 2003
Mailing Address 13 ELM STREET		Transaction ID: SA11C.12133
City MANCHESTER	State MA	Zip Code 01544
FEC ID number of contributing federal political committee. C CD0381459		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 47	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND (CRNA-PAC)		Date of Receipt M / D / Y 09 / 10 / 2003
Mailing Address 222 S PROSPECT AVENUE C/O FINANCE DEPT		Transaction ID: SA11C.12240
City PARK RIDGE	State IL	Zip Code 60068
FEC ID number of contributing federal political committee. C C00173153		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. AMERICAN ASSOC OF ORTHOPAEDIC SURGEONS		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address 317 MASSACHUSETTS AVE NE #100		Transaction ID: SA11C.12283
City WASHINGTON	State DC	Zip Code 20002
FEC ID number of contributing federal political committee. C CD0343137		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. AMERICAN COLLEGE OF SURGEONS PROFESSIONAL ASSOCIATION POLITICAL ACTION COMMITTEE		Date of Receipt M / D / Y 07 / 22 / 2003
Mailing Address 1840 Wisconsin Avenue NW		Transaction ID: SA11C.12135
City Washington	State DC	Zip Code 20007
FEC ID number of contributing federal political committee. C CD0382424		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 / 47	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN DENTAL POLITICAL ACTION COMMITTEE		Date of Receipt M / D / Y 07 / 07 / 2003
Mailing Address 1111 14TH STREET, NW, 11TH FLOOR		Transaction ID: SA11C.12131
City	State	Zip Code
WASHINGTON	DC	20005
FEC ID number of contributing federal political committee. C C00000729		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00	

Full Name (Last, First, Middle Initial) B. AMERICAN PSYCHIATRIC ASSOCIATION POLITICAL ACTION COMMITTEE		Date of Receipt M / D / Y 08 / 02 / 2003
Mailing Address 1400 K Street NW		Transaction ID: SA11C.12179
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee. C CD0373698		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. AOL TIME WARNER INC PAC IF/KA AMERICA ONLINE INC POLITICAL ACTION COMMITTEE		Date of Receipt M / D / Y 07 / 07 / 2003
Mailing Address 800 Connecticut Avenue NW Suite		Transaction ID: SA11C.12059
City	State	Zip Code
Washington	DC	20008
FEC ID number of contributing federal political committee. C CD0339291		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 47	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BELL SOUTH CORP EMPLOYEES FEDERAL		Date of Receipt M / D / Y 08 / 14 / 2008
Mailing Address 875 W PEACHTREE ST		Transaction ID: SA11C.12234
City ATLANTA	State GA	Zip Code 30375
FEC ID number of contributing federal political committee. C C00174060		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. BOSTON SCIENTIFIC CORPORATION POLITICAL ACTION COMMITTEE ('BSC PAC')		Date of Receipt M / D / Y 07 / 01 / 2008
Mailing Address ONE BOSTON SCIENTIFIC PLACE		Transaction ID: SA11C.12115
City NATICK	State MA	Zip Code 01760
FEC ID number of contributing federal political committee. C CD0357863		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE		Date of Receipt M / D / Y 07 / 24 / 2008
Mailing Address 1350 EYE STREET NW SUITE 59D		Transaction ID: SA11C.12137
City WASHINGTON	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C CD0274844		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 47	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DTE ENERGY CO. PAC - FEDERAL		Date of Receipt M / D / Y 07 / 07 / 2003
Mailing Address 2000 SECOND AVENUE 1079 WCB		Transaction ID: SA11C.12118
City DETROIT	State MI	Zip Code 48226
FEC ID number of contributing federal political committee. C C00081547		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. FPL FLORIDA POWER & LIGHT		Date of Receipt M / D / Y 07 / 07 / 2003
Mailing Address 700 Universe Blv P.O. BOX 14000		Transaction ID: SA11C.12119
City Juno Beach	State FL	Zip Code 33408
FEC ID number of contributing federal political committee. C C00064774		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. GENENTECH INC POLITICAL ACTION COMMITTEE (GENENPAC)		Date of Receipt M / D / Y 07 / 07 / 2003
Mailing Address 480 POINT SAN BRUNO BLVD		Transaction ID: SA11C.12124
City SO SAN FRANCISCO	State CA	Zip Code 94080
FEC ID number of contributing federal political committee. C C00199257		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 / 47	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JOHNSON & JOHNSON EMPLOYEES' GOOD GOVERNMENT FUND		Date of Receipt M / D / Y 07 / 07 / 2003
Mailing Address ONE JOHNSON & JOHNSON PLAZA		Transaction ID: SA11C.12126
City	State	Zip Code
NEW BRUNSWICK	NJ	08803
FEC ID number of contributing federal political committee. C C00010983		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. MERCK PAC THE POLITICAL ACTION COMMITTEE FOR MERCK & CO INC		Date of Receipt M / D / Y 07 / 07 / 2003
Mailing Address 801 PENN AVENUE NW N BLDG STE 1200		Transaction ID: SA11C.12126
City	State	Zip Code
WASHINGTON	DC	20004
FEC ID number of contributing federal political committee. C CD0097485		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. PHYSICIANS FOR WOMEN'S HEALTH		Date of Receipt M / D / Y 07 / 26 / 2003
Mailing Address P.O. BOX 23498		Transaction ID: SA11C.12138
City	State	Zip Code
WASHINGTON	DC	20028-5498
FEC ID number of contributing federal political committee. C CD0364158		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 / 47	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. REALTORS POLITICAL ACTION COMMITTEE		Date of Receipt M / D / Y 09 / 17 / 2008
Mailing Address 430 North Michigan Avenue		Transaction ID: SA11C.12239
City	State	Zip Code
Chicago	IL	60611
FEC ID number of contributing federal political committee. C C00030718		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. TECO ENERGY INC EMPLOYEES' PAC		Date of Receipt M / D / Y 07 / 07 / 2008
Mailing Address 702 N FRANKLIN STREET		Transaction ID: SA11C.12129
City	State	Zip Code
TAMPA	FL	33602
FEC ID number of contributing federal political committee. C CD0161422		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00	

Full Name (Last, First, Middle Initial) C. VERIZON WIRELESS/VERIZON COMMUNICATIONS INC POLITICAL ACTION COMMITTEE		Date of Receipt M / D / Y 07 / 07 / 2008
Mailing Address 180 WASHINGTON VALLEY ROAD		Transaction ID: SA11C.12130
City	State	Zip Code
BEDMINSTER	NJ	07921
FEC ID number of contributing federal political committee. C CD0363127		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	CONTRIBUTION Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	27000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 22 / 47
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. OWENS		Transaction ID: SB17.12105 Date of Disbursement 07 / 28 / 2003	
Mailing Address 733 CHARLOTTE AVE			
City TARPON SPRINGS	State FL	Zip Code 34689	Amount of Each Disbursement this Period 339.40 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement COMPUTER OPERATOR		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. A. OWENS		Transaction ID: SB17.12226 Date of Disbursement 08 / 18 / 2003	
Mailing Address 733 CHARLOTTE AVE			
City TARPON SPRINGS	State FL	Zip Code 34689	Amount of Each Disbursement this Period 339.40 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement COMPUTER OPERATOR		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2003 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. A. OWENS		Transaction ID: SB17.12265 Date of Disbursement 09 / 17 / 2003	
Mailing Address 733 CHARLOTTE AVE			
City TARPON SPRINGS	State FL	Zip Code 34689	Amount of Each Disbursement this Period 339.40 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement COMPUTER OPERATOR		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	1018.20
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 23 / 47
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ALLTELL		Transaction ID: SB17.1211D Date of Disbursement 07 / 26 / 2003	
Mailing Address P O BOX 530533			
City ATLANTA	State GA	Zip Code 30353-0533	Amount of Each Disbursement this Period 88.10 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement TELEPHONE		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. ALLTELL		Transaction ID: SB17.12209 Date of Disbursement 08 / 26 / 2003	
Mailing Address P O BOX 530533			
City ATLANTA	State GA	Zip Code 30353-0533	Amount of Each Disbursement this Period 88.10 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement TELEPHONE		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. ALLTELL		Transaction ID: SB17.12271 Date of Disbursement 09 / 22 / 2003	
Mailing Address P O BOX 530533			
City ATLANTA	State GA	Zip Code 30353-0533	Amount of Each Disbursement this Period 85.07 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement TELEPHONE		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	261.27
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 24 / 47
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AT&T		Transaction ID: SB17.1210B Date of Disbursement 07 / 22 / 2003	
Mailing Address P O BOX 78225			
City PHOENIX	State AZ	Zip Code 85062-8225	Amount of Each Disbursement this Period 189.40 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement PHONE		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. AT&T		Transaction ID: SB17.1220B Date of Disbursement 08 / 26 / 2003	
Mailing Address P O BOX 78225			
City PHOENIX	State AZ	Zip Code 85062-8225	Amount of Each Disbursement this Period 22.63 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement TELEPHONE		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. AT&T		Transaction ID: SB17.12270 Date of Disbursement 09 / 22 / 2003	
Mailing Address P O BOX 78225			
City PHOENIX	State AZ	Zip Code 85062-8225	Amount of Each Disbursement this Period 81.38 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement TELEPHONE		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	293.42
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BANK OF AMERICA		Transaction ID: SB17.12072 Date of Disbursement 07 / 01 / 2003
Mailing Address PINELLAS AVENUE		Amount of Each Disbursement this Period 276.20 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City TARPON SPRINGS	State FL	
Zip Code 34689	Category/ Type	
Purpose of Disbursement PAYROLL TAXES	Candidate Name	
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) B. BANK OF AMERICA		Transaction ID: SB17.12189 Date of Disbursement 08 / 01 / 2003
Mailing Address PINELLAS AVENUE		Amount of Each Disbursement this Period 276.20 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City TARPON SPRINGS	State FL	
Zip Code 34689	Category/ Type	
Purpose of Disbursement PAYROLL TAXES	Candidate Name	
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) C. BANK OF AMERICA		Transaction ID: SB17.12250 Date of Disbursement 09 / 02 / 2003
Mailing Address PINELLAS AVENUE		Amount of Each Disbursement this Period 276.20 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City TARPON SPRINGS	State FL	
Zip Code 34689	Category/ Type	
Purpose of Disbursement PAYROLL TAXES	Candidate Name	
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary Other (specify) ▼	
State: District		

SUBTOTAL of Disbursements This Page (optional)	828.60
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 26 / 47
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BAROLO RESTAURANT		Transaction ID: SB17.12097 Date of Disbursement 07 / 11 / 2003	
Mailing Address 223 PENNSYLVANIA AVE		Amount of Each Disbursement this Period 1504.24 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City WASHINGTON	State DC		Zip Code 20003
Purpose of Disbursement 7/14 D.C. FUNDRAISER			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) B. CAPITOL HILL CLUB		Transaction ID: SB17.12099 Date of Disbursement 07 / 16 / 2003	
Mailing Address 300 1ST ST SE		Amount of Each Disbursement this Period 477.63 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City WASHINGTON	State DC		Zip Code 20003
Purpose of Disbursement CONST. MEETING			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) C. CONGRESSIDNAL FCU		Transaction ID: SB17.12087 Date of Disbursement 07 / 07 / 2003	
Mailing Address P O BOX 3322		Amount of Each Disbursement this Period 1451.08 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City OAKTON	State VA		Zip Code 22124-9322
Purpose of Disbursement VARIOUS SPLIT TRANSACTIONS			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: District	

SUBTOTAL of Disbursements This Page (optional)	▶	3432.96
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 27 / 47
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CONGRESSIONAL FCU		Transaction ID: SB17.12194 Date of Disbursement 08 / 09 / 2003	
Mailing Address P O BOX 3322		Amount of Each Disbursement this Period 1399.74 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City OAKTON	State VA		Zip Code 22124-9322
Purpose of Disbursement VARIOUS SPLIT TRANSACTIONS			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. US HOUSE OF REPRESENTATIVES		Transaction ID: SB17.12194.0 Date of Disbursement 08 / 09 / 2003	
Mailing Address B 217 LONGWORTH BLDG		Amount of Each Disbursement this Period 158.40 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
City WASHINGTON	State DC		Zip Code 20515
Purpose of Disbursement CONSTITUENT MEALS			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. CONGRESSIONAL FCU		Transaction ID: SB17.12256 Date of Disbursement 08 / 05 / 2003	
Mailing Address P O BOX 3322		Amount of Each Disbursement this Period 1515.56 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City OAKTON	State VA		Zip Code 22124-9322
Purpose of Disbursement VARIOUS SPLIT TRANSACTIONS			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	2915.30
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 28 / 47
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US AIR		Transaction ID: SB17.12256.1 Date of Disbursement 09 / 05 / 2003		
Mailing Address 5620 UNIVERSITY PKWY		Amount of Each Disbursement this Period 890.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]		
City WINSTON SALEM	State NC			Zip Code 27105
Purpose of Disbursement TRAVEL				Category/ Type
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary Other (specify) ▼			
State: District				

Full Name (Last, First, Middle Initial) B. DAUGHTERS OF PENELOPE		Transaction ID: SB17.12261 Date of Disbursement 09 / 08 / 2003		
Mailing Address P O BOX 192		Amount of Each Disbursement this Period 240.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City TARPON SPRINGS	State FL			Zip Code 34688-0192
Purpose of Disbursement TICKETS				Category/ Type
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary Other (specify) ▼			
State: District				

Full Name (Last, First, Middle Initial) C. DOUG CRUM		Transaction ID: SB17.12067 Date of Disbursement 07 / 01 / 2003		
Mailing Address P O BOX 4516		Amount of Each Disbursement this Period 100.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City CLEARWATER	State FL			Zip Code 34689
Purpose of Disbursement COMPUTER SPECIALIST				Category/ Type
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary Other (specify) ▼			
State: District				

SUBTOTAL of Disbursements This Page (optional)	▶	340.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 29 / 47
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DOUG CRUM		Transaction ID: SB17.12186 Date of Disbursement 08 / 01 / 2003	
Mailing Address P O BOX 4516			
City CLEARWATER	State FL	Zip Code 34689	Amount of Each Disbursement this Period 100.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement COMPUTER REPAIR		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. DOUG CRUM		Transaction ID: SB17.12247 Date of Disbursement 08 / 01 / 2003	
Mailing Address P O BOX 4516			
City CLEARWATER	State FL	Zip Code 34689	Amount of Each Disbursement this Period 100.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement COMPUTER REPAIRS		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. MARK GREGORSKI		Transaction ID: SB17.12160 Date of Disbursement 07 / 05 / 2003	
Mailing Address 1401 HONOR DR.			
City HOLIDAY	State FL	Zip Code 34690	Amount of Each Disbursement this Period 600.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement LAWN SETUP-IVORY CLUB RECEPTION		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	800.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 30 / 47
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GULF HARBOR YACHT CLUB		Transaction ID: SB17.12083 Date of Disbursement 07 / 02 / 2003	
Mailing Address 3928 MARINA PKWY			
City NEW PORT RICHEY	State FL	Zip Code 24652	Amount of Each Disbursement this Period 254.50 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement DUES		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. GULF HARBOR YACHT CLUB		Transaction ID: SB17.12229 Date of Disbursement 08 / 18 / 2003	
Mailing Address 3926 MARINA PKWY			
City NEW PORT RICHEY	State FL	Zip Code 24652	Amount of Each Disbursement this Period 197.16 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement DUES		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. HOLIDAY MINI STORAGE		Transaction ID: SB17.12085 Date of Disbursement 07 / 01 / 2003	
Mailing Address 3118 U S 19			
City HOLIDAY	State FL	Zip Code 34891	Amount of Each Disbursement this Period 57.24 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement STORAGE		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	508.90
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HOLIDAY MINI STORAGE		Transaction ID: SB17.12184 Date of Disbursement 08 / 01 / 2003	
Mailing Address 3118 U S 19			
City HOLIDAY	State FL	Zip Code 34691	Amount of Each Disbursement this Period 57.24 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement STORAGE		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. HOLIDAY MINI STORAGE		Transaction ID: SB17.12245 Date of Disbursement 08 / 01 / 2003	
Mailing Address 3118 U S 19			
City HOLIDAY	State FL	Zip Code 34691	Amount of Each Disbursement this Period 57.24 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement RENTAL STORAGE		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. PENNY LAMBRIANOS		Transaction ID: SB17.12078 Date of Disbursement 07 / 01 / 2003	
Mailing Address 1041 PENINSULAR AVE			
City TARPOON SPRINGS	State FL	Zip Code 34689	Amount of Each Disbursement this Period 540.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement COMPUTER OPERATOR		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	654.48
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 32 / 47
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PENNY LAMBRIANOS		Transaction ID: SB17.12142 Date of Disbursement 07 / 28 / 2003	
Mailing Address 1041 PENINSULAR AVE			
City TARPON SPRINGS	State FL	Zip Code 34689	Amount of Each Disbursement this Period 675.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement COMPUTER OPERATOR		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. PENNY LAMBRIANOS		Transaction ID: SB17.12222 Date of Disbursement 08 / 29 / 2003	
Mailing Address 1041 PENINSULAR AVE			
City TARPON SPRINGS	State FL	Zip Code 34689	Amount of Each Disbursement this Period 655.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement COMPUTER OPERATOR		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. PENNY LAMBRIANOS		Transaction ID: SB17.12292 Date of Disbursement 09 / 30 / 2003	
Mailing Address 1041 PENINSULAR AVE			
City TARPON SPRINGS	State FL	Zip Code 34689	Amount of Each Disbursement this Period 625.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement COMPUTER OPERATOR		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	1955.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 33 / 47
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JEFF LUCAS		Transaction ID: SB17.12071 Date of Disbursement 07 / 01 / 2003	
Mailing Address P.O. BOX 1094			
City NEW PORT RICHEY	State FL	Zip Code 34656-1094	Amount of Each Disbursement this Period 2000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement PASCO OFFICE MANAGER		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) B. JEFF LUCAS		Transaction ID: SB17.12188 Date of Disbursement 08 / 01 / 2003	
Mailing Address P.O. BOX 1094			
City NEW PORT RICHEY	State FL	Zip Code 34656-1094	Amount of Each Disbursement this Period 2000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement PASCO COUNTY COORDINATOR		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) C. JEFF LUCAS		Transaction ID: SB17.12249 Date of Disbursement 09 / 01 / 2003	
Mailing Address P.O. BOX 1094			
City NEW PORT RICHEY	State FL	Zip Code 34656-1094	Amount of Each Disbursement this Period 2000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement PASCO COORDINATOR		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: District	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 34 / 47
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. M. BILIRAKIS		Transaction ID: SB17.12285 Date of Disbursement 09 / 15 / 2003	
Mailing Address P.O. BOX 697			
City TARPON SPRINGS	State FL	Zip Code 34689	Amount of Each Disbursement this Period 609.52 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement REIMBURSEMENT FOR TICKETS.MILEAGE.AUTO		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. M. BILIRAKIS		Transaction ID: SB17.12288 Date of Disbursement 09 / 22 / 2003	
Mailing Address P.O. BOX 697			
City TARPON SPRINGS	State FL	Zip Code 34689	Amount of Each Disbursement this Period 1362.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CONST, VOL & COORD TICKETS 4/1-8/30		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. MICHAELS		Transaction ID: SB17.12214 Date of Disbursement 08 / 12 / 2003	
Mailing Address 33561 US 19N			
City PALM HARBOR	State FL	Zip Code 33684	Amount of Each Disbursement this Period 604.01 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement FRAMES		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	2575.53
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PALM HARBOR PROFESSIONAL CENTER		Transaction ID: SB17.12064 Date of Disbursement 07 / 01 / 2003	
Mailing Address 600 BYPASS DR #219		Amount of Each Disbursement this Period 209.19 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City CLEARWATER	State FL		Zip Code 33764
Purpose of Disbursement RENT	Category/ Type		
Candidate Name	Office Sought: House Senate President State: District		
Disbursement For: 2004 X Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. PALM HARBOR PROFESSIONAL CENTER		Transaction ID: SB17.12183 Date of Disbursement 08 / 01 / 2003	
Mailing Address 600 BYPASS DR #219		Amount of Each Disbursement this Period 209.19 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City CLEARWATER	State FL		Zip Code 33764
Purpose of Disbursement RENT	Category/ Type		
Candidate Name	Office Sought: House Senate President State: District		
Disbursement For: 2004 X Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. PALM HARBOR PROFESSIONAL CENTER		Transaction ID: SB17.12244 Date of Disbursement 09 / 01 / 2003	
Mailing Address 600 BYPASS DR #219		Amount of Each Disbursement this Period 209.19 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City CLEARWATER	State FL		Zip Code 33764
Purpose of Disbursement RENTAL OFFICE	Category/ Type		
Candidate Name	Office Sought: House Senate President State: District		
Disbursement For: 2004 X Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	627.57
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 36 / 47
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. P CRITIKOS		Transaction ID: SB17.12068 Date of Disbursement 07 / 01 / 2003	
Mailing Address 731 TESSIER DRIVE			
City TARPON SPRINGS	State FL	Zip Code 34689	Amount of Each Disbursement this Period 891.50 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement BOOKKEEPER		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. P CRITIKOS		Transaction ID: SB17.12092 Date of Disbursement 07 / 07 / 2003	
Mailing Address 731 TESSIER DRIVE			
City TARPON SPRINGS	State FL	Zip Code 34689	Amount of Each Disbursement this Period 44.12 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement MILEAGE		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. P CRITIKOS		Transaction ID: SB17.12187 Date of Disbursement 08 / 01 / 2003	
Mailing Address 731 TESSIER DRIVE			
City TARPON SPRINGS	State FL	Zip Code 34689	Amount of Each Disbursement this Period 891.50 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement BOOKKEEPER		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	1827.12
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 37 / 47
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. P CRITIKOS		Transaction ID: SB17.1224B Date of Disbursement 09 / 01 / 2003	
Mailing Address 731 TESSIER DRIVE			
City TARPON SPRINGS	State FL	Zip Code 34689	Amount of Each Disbursement this Period 891.50 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement BOOKKEEPER		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. P CRITIKOS		Transaction ID: SB17.1226D Date of Disbursement 09 / 05 / 2003	
Mailing Address 731 TESSIER DRIVE			
City TARPON SPRINGS	State FL	Zip Code 34689	Amount of Each Disbursement this Period 49.65 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement MILEAGE		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. P CRITIKOS		Transaction ID: SB17.1226E Date of Disbursement 09 / 22 / 2003	
Mailing Address 731 TESSIER DRIVE			
City TARPON SPRINGS	State FL	Zip Code 34689	Amount of Each Disbursement this Period 23.46 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement MILEAGE FOR AUGUST		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	964.61
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 38 / 47
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PETTY CASH-P CRITIKOS		Transaction ID: SB17.12074 Date of Disbursement 07 / 02 / 2003		
Mailing Address 731 TESSIER DRIVE		Amount of Each Disbursement this Period 99.14 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City TARPON SPRINGS	State FL			Zip Code 34689
Purpose of Disbursement PAPER, CAMERA BATT & CONST. MEALS				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. PETTY CASH-P CRITIKOS		Transaction ID: SB17.12100 Date of Disbursement 07 / 16 / 2003		
Mailing Address 731 TESSIER DRIVE		Amount of Each Disbursement this Period 69.78 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City TARPON SPRINGS	State FL			Zip Code 34689
Purpose of Disbursement POSTAGE,SUPPLIES,AUTO				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. PETTY CASH-P CRITIKOS		Transaction ID: SB17.12143 Date of Disbursement 07 / 30 / 2003		
Mailing Address 731 TESSIER DRIVE		Amount of Each Disbursement this Period 54.24 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City TARPON SPRINGS	State FL			Zip Code 34689
Purpose of Disbursement VOLUNTEER REFRESH.CONST. MEET				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	▶	223.16
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 39 / 47
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PETTY CASH-P CRITIKOS		Transaction ID: SB17.12225 Date of Disbursement 08 / 12 / 2003	
Mailing Address 731 TESSIER DRIVE			
City TARPON SPRINGS	State FL	Zip Code 34689	Amount of Each Disbursement this Period 196.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CONST. MEETING & AUTO		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. PETTY CASH-P CRITIKOS		Transaction ID: SB17.12221 Date of Disbursement 08 / 28 / 2003	
Mailing Address 731 TESSIER DRIVE			
City TARPON SPRINGS	State FL	Zip Code 34689	Amount of Each Disbursement this Period 67.99 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement COORDINATORS MEETING		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. PETTY CASH-P CRITIKOS		Transaction ID: SB17.12251 Date of Disbursement 08 / 02 / 2003	
Mailing Address 731 TESSIER DRIVE			
City TARPON SPRINGS	State FL	Zip Code 34689	Amount of Each Disbursement this Period 61.91 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement POSTAGE/COORD MEETING		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	325.90
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 40 / 47
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PETTY CASH-P CRITIKOS		Transaction ID: SB17.12255 Date of Disbursement 09 / 04 / 2003
Mailing Address 731 TESSIER DRIVE		Amount of Each Disbursement this Period 55.01 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City TARPON SPRINGS	State FL	
Zip Code 34689	Category/ Type	
Purpose of Disbursement DRINKS & ICE FOR 9/6 PICNIC	Candidate Name	
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) B. PETTY CASH-P CRITIKOS		Transaction ID: SB17.12263 Date of Disbursement 09 / 11 / 2003
Mailing Address 731 TESSIER DRIVE		Amount of Each Disbursement this Period 52.78 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City TARPON SPRINGS	State FL	
Zip Code 34689	Category/ Type	
Purpose of Disbursement GAS & FOOD FOR 9/6 PICNIC	Candidate Name	
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) C. PETTY CASH-P CRITIKOS		Transaction ID: SB17.12267 Date of Disbursement 09 / 22 / 2003
Mailing Address 731 TESSIER DRIVE		Amount of Each Disbursement this Period 71.21 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City TARPON SPRINGS	State FL	
Zip Code 34689	Category/ Type	
Purpose of Disbursement COORD. METING & NAME BADGES	Candidate Name	
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: District		

SUBTOTAL of Disbursements This Page (optional)	179.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 41 / 47
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PIT BOSS BAR B Q		Transaction ID: SB17.12159 Date of Disbursement 07 / 05 / 2003	
Mailing Address 35801 U S 19 N			
City PALM HARBOR	State FL	Zip Code 34684	Amount of Each Disbursement this Period 849.07 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement FOOD-IVORY CLUB RECEPTION		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. POSTMASTER		Transaction ID: SB17.12094 Date of Disbursement 07 / 10 / 2003	
Mailing Address 850 E LIME ST			
City TARPON SPRINGS	State FL	Zip Code 34689	Amount of Each Disbursement this Period 68.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement P.O. BOX 697 FEE		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. POSTMASTER		Transaction ID: SB17.12190 Date of Disbursement 08 / 01 / 2003	
Mailing Address 850 E LIME ST			
City TARPON SPRINGS	State FL	Zip Code 34689	Amount of Each Disbursement this Period 37.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement STAMPS		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	954.07
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. POSTMASTER		Transaction ID: SB17.12262 Date of Disbursement 09 / 11 / 2003	
Mailing Address 850 E LIME ST		Amount of Each Disbursement this Period 37.00	
City TARPON SPRINGS	State FL	Zip Code 34689	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement POSTAGE		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. PUBLIC STORAGE		Transaction ID: SB17.12066 Date of Disbursement 07 / 01 / 2003	
Mailing Address 38800 US 19 N		Amount of Each Disbursement this Period 193.67	
City TARPON SPRINGS	State FL	Zip Code 34689	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement STORAGE		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. PUBLIC STORAGE		Transaction ID: SB17.12185 Date of Disbursement 08 / 01 / 2003	
Mailing Address 38800 US 19 N		Amount of Each Disbursement this Period 193.67	
City TARPON SPRINGS	State FL	Zip Code 34689	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement STORAGE		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	424.34
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 43 / 47
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PUBLIC STORAGE		Transaction ID: SB17.12246 Date of Disbursement 09 / 01 / 2003	
Mailing Address 38800 US 19 N		Amount of Each Disbursement this Period 193.67 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City TARPON SPRINGS	State FL		Zip Code 34689
Purpose of Disbursement RENTAL STORAGE			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ERIKA SPYROPOULOS		Transaction ID: SB17.12052 Date of Disbursement 07 / 08 / 2003	
Mailing Address 15 WINDSOR DR.		Amount of Each Disbursement this Period 1700.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City OAKBROOK	State IL		Zip Code 60523
Purpose of Disbursement In-kind - FOOD & REFRESHMENTS			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. VERIZON		Transaction ID: SB17.12063 Date of Disbursement 07 / 01 / 2003	
Mailing Address P O BOX B20041		Amount of Each Disbursement this Period 47.14 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City DALLAS	State TX		Zip Code 75392-0041
Purpose of Disbursement TELEPHONE			Category/ Type
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	1940.81
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 44 / 47
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VERIZON		Transaction ID: SB17.12109 Date of Disbursement 07 / 24 / 2003	
Mailing Address P O BOX 920041			
City DALLAS	State TX	Zip Code 75392-0041	Amount of Each Disbursement this Period 48.53 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement T.S. TELEPHONE		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. VERIZON		Transaction ID: SB17.12141 Date of Disbursement 07 / 26 / 2003	
Mailing Address P O BOX 920041			
City DALLAS	State TX	Zip Code 75392-0041	Amount of Each Disbursement this Period 44.97 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement PHONE		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. VERIZON		Transaction ID: SB17.12210 Date of Disbursement 08 / 26 / 2003	
Mailing Address P O BOX 920041			
City DALLAS	State TX	Zip Code 75392-0041	Amount of Each Disbursement this Period 93.61 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement TELEPHONE		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	187.11
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VERIZON		Transaction ID: SB17.12274 Date of Disbursement 09 / 26 / 2003		
Mailing Address P O BOX 920041		Amount of Each Disbursement this Period 94.52 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
City DALLAS	State TX			Zip Code 75392-0041
Purpose of Disbursement TELEPHONE				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	▶	94.52
TOTAL This Period (last page this line number only)	▶	29331.87

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CYCADIA CEMETARY COMMITTEE		Transaction ID: SB21.12171 Date of Disbursement 07 / 03 / 2003
Mailing Address 1105 N FLORIDA AVE		Amount of Each Disbursement this Period 500.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City TARPON SPRINGS	State FL	
Zip Code 34689	Category/ Type	
Purpose of Disbursement DONATION	Candidate Name	
Office Sought: House Senate President	Disbursement For: 2004 X Primary Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) B. DIOCESAN DIAKONIA DECA		Transaction ID: SB21.12289 Date of Disbursement 09 / 15 / 2003
Mailing Address 2480 CLAIREMONT RD NE		Amount of Each Disbursement this Period 500.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City ATLANTA	State GA	
Zip Code 30320	Category/ Type	
Purpose of Disbursement DONATION	Candidate Name	
Office Sought: House Senate President	Disbursement For: 2004 X Primary Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) C. HIGHLAND LAKES ELEM SCHOOL		Transaction ID: SB21.12302 Date of Disbursement 09 / 16 / 2003
Mailing Address 3838 RIDGE BLVD		Amount of Each Disbursement this Period 875.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City PALM HARBOR	State FL	
Zip Code 34684	Category/ Type	
Purpose of Disbursement DONATION	Candidate Name	
Office Sought: House Senate President	Disbursement For: 2004 X Primary Other (specify) ▼	
State: District		

SUBTOTAL of Disbursements This Page (optional)	▶	1875.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 47 / 47
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MIKE BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MASONIC LODGE 112		Transaction ID: SB21.12217 Date of Disbursement 08 / 14 / 2003	
Mailing Address P.O. BOX 1027			
City TARPON SPRINGS	State FL	Zip Code 34689	Amount of Each Disbursement this Period 250.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement DONATION		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MORTON PLANT MEASE FOUNDATION		Transaction ID: SB21.12145 Date of Disbursement 07 / 16 / 2003	
Mailing Address 1200 DRUID RD S.			
City CLEARWATER	State FL	Zip Code 33756	Amount of Each Disbursement this Period 250.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement DONATION		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. PREGNANCY CENTER OF PLANT CITY		Transaction ID: SB21.12301 Date of Disbursement 09 / 15 / 2003	
Mailing Address 304 N. COLINA ST.			
City PLANT CITY	State FL	Zip Code 33564	Amount of Each Disbursement this Period 250.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement DONATION		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	2625.00