

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Bilirakis for Congress

ADDRESS (number and street)

PO Box 606

Check if different than previously reported. (ACC)

Tarpon Springs

FL

34688-0606

2. FEC IDENTIFICATION NUMBER ▼

C C00408534

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

FL

12

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

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

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on  /  /  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

/  /

through

/  /

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

Type or Print Name of Treasurer Erika Grace

Signature of Treasurer Erika Grace

[Electronically Filed]

Date

/  /

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

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

Report Covering the Period: From:   /   /  10 / 01 / 2013 To:   /   /  12 / 31 / 2013

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	117631.36	488135.73
(b) Total Contribution Refunds (from Line 20(d)) .....	0	100
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	117631.36	488035.73
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	36515.54	214807.46
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	2169.64
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	36515.54	212637.82
8. Cash on Hand at Close of Reporting Period (from Line 27).....	295694.67	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Bilirakis for Congress**

Report Covering the Period: From:  /  /  To:  /  /

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).....	39345.36	226921
(ii) Unitemized.....	2036	19164.73
(iii) TOTAL of contributions from individuals ▶	41381.36	246085.73
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	76250	242050
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	117631.36	488135.73
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0	2169.64
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	838.18	1426.11
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	118469.54	491731.48

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	36515.54	214807.46
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0	100
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	100
21. OTHER DISBURSEMENTS .....	50600	50850
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	87115.54	265757.46

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	264340.67
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	118469.54
25. SUBTOTAL (add Line 23 and Line 24).....	382810.21
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	87115.54
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	295694.67

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 81
	<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	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Raphael Ades**

Mailing Address 19512 Embassy Court

City Miami State FL Zip Code 33179-6414

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

Name of Employer Self Occupation Financial Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : A-CF32579**

Amount of Each Receipt this Period  
 1000

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

Mailing Address 3327 Lake Padgett Drive

City Land O Lakes State FL Zip Code 34639-4504

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

Name of Employer Premier Pharmacy Labs Inc Occupation Pharmacist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : A-CF32468**

Amount of Each Receipt this Period  
 2000

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

Mailing Address 707 S Packard Ave

City Tampa State FL Zip Code 33606

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

Name of Employer Tampa Port Authority Occupation Board Member

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 04 / 2013

**Transaction ID : A-CF32372**

Amount of Each Receipt this Period  
 500

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 81
	<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)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Leon W. Andris**

Mailing Address 8030 Woodmont Avenue  
# 300

City State Zip Code  
Bethesda MD 20814-3027

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

Name of Employer Occupation  
Andris Realty, Inc. realtor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 26 / 2013

**Transaction ID : A-CF32466**

Amount of Each Receipt this Period  
500

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

Mailing Address 12234 Palm Street

City State Zip Code  
San Antonio FL 33576-7113

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

Name of Employer Occupation  
San Antonio Citizens Fed. Cred. Union financial services

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 21 / 2013

**Transaction ID : A-CF32512**

Amount of Each Receipt this Period  
250

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

Mailing Address 5710 Hoover Boulevard

City State Zip Code  
Tampa FL 33634-5339

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

Name of Employer Occupation  
Anazao Health Corp. c.e.o.

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
827.53

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 06 / 2013

**Transaction ID : A-IF32421**

Amount of Each Receipt this Period  
827.53  
Inkind: Food, beverage and facility rental

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

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

1577.53

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Norman D Belson**

Mailing Address 1824 Northwood Drive

City Clearwater State FL Zip Code 33764-2462

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

Name of Employer Self Occupation Security

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **485.03**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 26 / 2013

**Transaction ID : A-IF32418**

Amount of Each Receipt this Period  
**170.05**

Inkind: Beverages

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

Mailing Address 1824 Northwood Drive

City Clearwater State FL Zip Code 33764-2462

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

Name of Employer Self Occupation Security

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **485.03**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 26 / 2013

**Transaction ID : A-IF32419**

Amount of Each Receipt this Period  
**314.98**

Inkind: Event supplies

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

Mailing Address 17121 NE 11th Avenue

City Miami State FL Zip Code 33162-2613

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

Name of Employer SNS Management Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : A-CF32572**

Amount of Each Receipt this Period  
**1000**

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

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

**1485.03**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 81
	<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)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kraig Breaux**

Mailing Address 23518 Vistamar Court

City State Zip Code  
Land O Lakes FL 34639-4888

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

Name of Employer Occupation  
Hendry Corporation VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 16 / 2013

**Transaction ID : A-CF32398**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 2546 45th Street

City State Zip Code  
Highland IN 46322-2605

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 23 / 2013

**Transaction ID : A-CF32406**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 1627 Wagner Road

City State Zip Code  
Glenview IL 60025-2364

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

Name of Employer Occupation  
Telion Contracting Developer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**550**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 27 / 2013

**Transaction ID : A-CF32538**

Amount of Each Receipt this Period  
**300**

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

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

**1050.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 81
	<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)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Konstantinos Chaniotakis**

Mailing Address 1627 Wagner Road

City State Zip Code  
Glenview IL 60025-2364

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

Name of Employer Occupation  
Telion Contracting Developer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**550**

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 27 / 2013

**Transaction ID : A-CF32539**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 4118 W Platt Street

City State Zip Code  
Tampa FL 33609-3812

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

Name of Employer Occupation  
Hendry Corporation VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2013

**Transaction ID : A-CF32399**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 19 Windward Island

City State Zip Code  
Clearwater FL 33767-2322

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

Name of Employer Occupation  
Cobbe Dental Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 28 / 2013

**Transaction ID : A-CF32410**

Amount of Each Receipt this Period  
**250**

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

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

**750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 81
	<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)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**David Cunningham**

Mailing Address 1150 SW 43rd Place

City Ocala State FL Zip Code 34471-7504

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

Name of Employer: Advanced Urology Specialists Occupation: Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2013

**Transaction ID : A-CF32438**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 507 NW 9th Avenue

City Crystal River State FL Zip Code 34428-3811

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

Name of Employer: Advanced Urology Specialists Occupation: Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2013

**Transaction ID : A-CF32431**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 507 NW 9th Avenue

City Crystal River State FL Zip Code 34428-3811

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

Name of Employer: Advanced Urology Specialists Occupation: Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2013

**Transaction ID : A-CF32432**

Amount of Each Receipt this Period  
**500**

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

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

**1500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 81
	<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)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Desautel**

Mailing Address 2837 S Circle Drive

City Inverness State FL Zip Code 34450-6956

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

Name of Employer: Advanced Urology Specialists Occupation: Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **500**

Date of Receipt: **11 / 13 / 2013**

**Transaction ID : A-CF32433**

Amount of Each Receipt this Period: **500**

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

Mailing Address 521 Mandalay Avenue Apt. 902

City Clearwater State FL Zip Code 33767-1795

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

Name of Employer: Radiology Associates of Clearwater Occupation: physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **2500**

Date of Receipt: **12 / 27 / 2013**

**Transaction ID : A-CF32537**

Amount of Each Receipt this Period: **500**

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

Mailing Address 2847 Cobblestone Drive

City Palm Harbor State FL Zip Code 34684-1655

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

Name of Employer: Precision Orthopedics Occupation: president

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **5100**

Date of Receipt: **12 / 27 / 2013**

**Transaction ID : A-CF32536**

Amount of Each Receipt this Period: **1350**

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

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

**2350.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 81
	<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)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lisa O. Etheridge**

Mailing Address 2847 Cobblestone Drive

City State Zip Code  
Palm Harbor FL 34684-1655

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

Name of Employer Occupation  
n/a homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**12 / 27 / 2013**

**Transaction ID : A-CF32535**

Amount of Each Receipt this Period  
**1100**

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

Mailing Address 2300 N Commerce Parkway  
Suite 307

City State Zip Code  
Weston FL 33326-3256

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

Name of Employer Occupation  
Self Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**12 / 30 / 2013**

**Transaction ID : A-CF32573**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address 901 N Venetian Drive

City State Zip Code  
Miami Beach FL 33139-1014

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

Name of Employer Occupation  
self-employed attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 26 / 2013**

**Transaction ID : A-CF32465**

Amount of Each Receipt this Period  
**500**

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

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

**2600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 81
	<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)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ralph Horn**

Mailing Address 2601 S Bayshore Drive

City Miami State FL Zip Code 33133-5417

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

Name of Employer: Horn Eichenwald Investments Occupation: Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **1000**

Date of Receipt: **12 / 30 / 2013**

**Transaction ID : A-CF32574**

Amount of Each Receipt this Period: **1000**

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

Mailing Address 4330 S Manhattan Avenue

City Tampa State FL Zip Code 33611-1304

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

Name of Employer: Hoye's Pharmacy Occupation: Pharmacist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **2000**

Date of Receipt: **11 / 08 / 2013**

**Transaction ID : A-CF32420**

Amount of Each Receipt this Period: **2000**

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

Mailing Address 1600 N Oak Street Apt. 1431

City Arlington State VA Zip Code 22209-2768

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

Name of Employer: Roberti+White LLC Occupation: Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **500**

Date of Receipt: **12 / 06 / 2013**

**Transaction ID : A-CF32543**

Amount of Each Receipt this Period: **500**

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

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

**3500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 81
	<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)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Paul Jo**

Mailing Address 750 SW 63rd Street Road

City Ocala State FL Zip Code 34471-7485

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

Name of Employer Advanced Urology Specialists Occupation Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 13 / 2013

**Transaction ID : A-CF32430**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 915 SE 5th Street

City Ocala State FL Zip Code 34471-2303

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

Name of Employer Advanced Urology Specialists Occupation Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 13 / 2013

**Transaction ID : A-CF32436**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 134 Buena Vista Drive N

City Dunedin State FL Zip Code 34698-3304

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

Name of Employer J. Kokolakis Contracting, Inc. Occupation president

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : A-CF32467**

Amount of Each Receipt this Period  
**2600**

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

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

**3600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 81
	<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)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael S Kosmas**

Mailing Address 7309 Shady Glen Drive

City Columbia State MD Zip Code 21046-1212

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

Name of Employer Kelley Drye & Warren LLP Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : A-CF32461**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 21141 NE 21st Place

City Miami State FL Zip Code 33179-1621

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

Name of Employer House of Travel Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : A-CF32575**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address 2626 Gulf To Bay Boulevard

City Clearwater State FL Zip Code 33759-3901

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

Name of Employer Perkins Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 28 / 2013

**Transaction ID : A-CF32408**

Amount of Each Receipt this Period  
**1000**

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

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

**2500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 81
	<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)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**David Lindsay**

Mailing Address 1330 West Avenue  
Apt. 2405

City Miami Beach State FL Zip Code 33139-0910

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

Name of Employer **CBRE** Occupation **Real Estate Appraiser**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 30 / 2013**

**Transaction ID : A-CF32571**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address 1930 Westleigh Drive

City Glenview State IL Zip Code 60025-7620

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

Name of Employer **Kraft** Occupation **Finance**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 01 / 2013**

**Transaction ID : A-CF32415**

Amount of Each Receipt this Period  
**300**

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

Mailing Address 4827 Gardens Run

City Ellenton State FL Zip Code 34222-7299

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

Name of Employer **Perkins Restaurant** Occupation **Managing Partner**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 28 / 2013**

**Transaction ID : A-CF32411**

Amount of Each Receipt this Period  
**300**

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

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

**1600.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 81
	<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)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Tiffany Moore**

Mailing Address 417 Quackenbos Street NW

City Washington State DC Zip Code 20011-1307

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

Name of Employer Self Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 18 / 2013

**Transaction ID : A-CF32470**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 4932 Saint Croix Drive

City Tampa State FL Zip Code 33629-4831

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

Name of Employer Spine & Orthopedic Center Occupation Surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 09 / 2013

**Transaction ID : A-CF32486**

Amount of Each Receipt this Period  
**2500**

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

Mailing Address 320 Brown Street Apt. G

City Philadelphia State PA Zip Code 19123-2254

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

Name of Employer Greenwood Racing Occupation CMO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : A-CF32576**

Amount of Each Receipt this Period  
**1000**

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

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

**3750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 81
	<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)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Paul Parrish**

Mailing Address 2617 W Watrous Avenue

City Tampa State FL Zip Code 33629-5346

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

Name of Employer Quarles & Brady LLP Occupation Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2013

**Transaction ID : A-CF32397**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 4101 Cathedral Avenue NW Apt. 707

City Washington State DC Zip Code 20016-3598

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

Name of Employer EM Rahal & Co Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : A-CF32547**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 7362 SE 12th Circle

City Ocala State FL Zip Code 34480-6650

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

Name of Employer Advanced Urology Specialists Occupation Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2013

**Transaction ID : A-CF32437**

Amount of Each Receipt this Period  
**500**

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

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

**1500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 81
	<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)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Gary Regoli**

Mailing Address 4119 Presidents Boulevard

City State Zip Code  
Palm Harbor FL 34685-1067

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

Name of Employer Occupation  
Achieva Credit Union President/CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 21 / 2013

**Transaction ID : A-CF32513**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 1639 NW 11th Road

City State Zip Code  
Gainesville FL 32605-5319

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

Name of Employer Occupation  
University of Florida Dean of Pharmacy

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 19 / 2013

**Transaction ID : A-CF32469**

Amount of Each Receipt this Period  
**100**

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

Mailing Address 1961 Edgewater Drive

City State Zip Code  
Mount Dora FL 32757-6947

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

Name of Employer Occupation  
Advanced Urology Specialists Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 13 / 2013

**Transaction ID : A-CF32429**

Amount of Each Receipt this Period  
**500**

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

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

**850.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 81
	<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)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Manuel A Seneriz**

Mailing Address 11668 W Waterway Drive

City Homosassa State FL Zip Code 34448-3361

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

Name of Employer: Advanced Urology Specialists Occupation: Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **500**

Date of Receipt: **11 / 13 / 2013**

**Transaction ID : A-CF32434**

Amount of Each Receipt this Period: **500**

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

Mailing Address 6955 N Karlov Avenue

City Lincolnwood State IL Zip Code 60712-4604

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

Name of Employer: Devon Realty Occupation: Realtor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **500**

Date of Receipt: **11 / 08 / 2013**

**Transaction ID : A-CF32423**

Amount of Each Receipt this Period: **500**

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

Mailing Address 1711 SE 34th Lane

City Ocala State FL Zip Code 34471-6782

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

Name of Employer: Advanced Urology Specialists Occupation: Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **500**

Date of Receipt: **11 / 13 / 2013**

**Transaction ID : A-CF32435**

Amount of Each Receipt this Period: **500**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Harry Tchira**

Mailing Address **644 W 51st Terrace**

City **Miami Beach** State **FL** Zip Code **33140-2617**

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

Name of Employer **Darnel, Inc** Occupation **Executive**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 30 / 2013**

**Transaction ID : A-CF32577**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address **Hamilton Square - 5th Floor  
600 Fourteenth Street, NW**

City **Washington** State **DC** Zip Code **20005**

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

Name of Employer **Valente & Associates** Occupation **President**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1320.98**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 02 / 2013**

**Transaction ID : A-IF32563**

Amount of Each Receipt this Period  
**482.8**

Inkind: Food and beverage

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

Mailing Address **172 E Davis Boulevard**

City **Tampa** State **FL** Zip Code **33606-3514**

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

Name of Employer **FloodGate Medical, Inc.** Occupation **Business Development Specialist**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 16 / 2013**

**Transaction ID : A-CF32400**

Amount of Each Receipt this Period  
**250**

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

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

**1732.80**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 81
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Adam Wieder**

Mailing Address 400 Alton Road  
Apt. 1710

City Miami Beach State FL Zip Code 33139-6746

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

Name of Employer DP Distribution Occupation VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : A-CF32578**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**Hunton & Williams (partners)**

Mailing Address 951 E Byrd Street

City Richmond State VA Zip Code 23219-4040

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

Name of Employer Hunton & Williams Occupation Partners (allocation on file)

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2013

**Transaction ID : A-CF32612**

Amount of Each Receipt this Period  
 1000

Contribution from Partnership. Partners exceeding reporting threshold itemized as memos.

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

Mailing Address 267 Bal Cross Drive

City Bal Harbour State FL Zip Code 33154-1318

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

Name of Employer PosterMedia Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : A-CF32583**

Amount of Each Receipt this Period  
 1000

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 81
	<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)  
**Bilirakis for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Anthony Wolfinbarger**

Mailing Address 11880 28th Street N  
Suite 200

City Saint Petersburg State FL Zip Code 33716-1824

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

Name of Employer Infuserve America Occupation Pharmacy Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 08 / 2013**

**Transaction ID : A-CF32422**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 147 Briarwood N

City Oak Brook State IL Zip Code 60523-8718

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

Name of Employer Oak Brook Real Estate Occupation Realtor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**10 / 23 / 2013**

**Transaction ID : A-CF32405**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 5903 N Harlem Avenue

City Chicago State IL Zip Code 60631-2305

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

Name of Employer Self Occupation Restaurant owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 01 / 2013**

**Transaction ID : A-CF32414**

Amount of Each Receipt this Period  
**500**

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

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

**1000.00**

**39345.36**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**AFLAC Incorporated PAC**

Mailing Address 1932 Wynnton Road

City Columbus State GA Zip Code 31999-0001

FEC ID number of contributing federal political committee. **C** C00034157

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 24 / 2013

**Transaction ID : A-CF32533**

Amount of Each Receipt this Period  
 500

**B.** Full Name (Last, First, Middle Initial)  
**Amer Financial Services Association PAC**

Mailing Address 919 18th Street NW  
Suite 300

City Washington State DC Zip Code 20006-5526

FEC ID number of contributing federal political committee. **C** C00038604

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : A-CF32463**

Amount of Each Receipt this Period  
 500

**C.** Full Name (Last, First, Middle Initial)  
**American Academy of Dermatology Assoc. PAC**

Mailing Address 1350 I Stret, N.W., Suite 880

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00359539

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 09 / 2013

**Transaction ID : A-CF32495**

Amount of Each Receipt this Period  
 1000

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

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

2000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 1120 Connecticut Avenue NW  
Suite 600

City Washington State DC Zip Code 20036-3971

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : A-CF32451**

Amount of Each Receipt this Period  
1500

**B.** Full Name (Last, First, Middle Initial)  
**American Bankers Association PAC**

Mailing Address 1120 Connecticut Avenue NW  
Suite 600

City Washington State DC Zip Code 20036-3971

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 15 / 2013

**Transaction ID : A-CF32498**

Amount of Each Receipt this Period  
1500

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

Mailing Address 1111 N Fairfax Street

City Alexandria State VA Zip Code 22314-1484

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 21 / 2013

**Transaction ID : A-CF32510**

Amount of Each Receipt this Period  
1000

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**American Principles PAC**

Mailing Address 20533 Biscayne Boulevard  
Suite 250

City Miami State FL Zip Code 33180-1529

FEC ID number of contributing federal political committee. **C** C00492579

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : A-CF32560**

Amount of Each Receipt this Period  
250

**B.** Full Name (Last, First, Middle Initial)  
**American Psychological Association Practice Organization (APAPO-PAC)**

Mailing Address PO Box 65353

City Washington State DC Zip Code 20035-5353

FEC ID number of contributing federal political committee. **C** C00522094

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : A-CF32459**

Amount of Each Receipt this Period  
1000

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

Mailing Address 1300 Morris Drive  
Suite 100

City Chesterbrook State PA Zip Code 19087-5559

FEC ID number of contributing federal political committee. **C** C00400929

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : A-CF32462**

Amount of Each Receipt this Period  
500

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Association of Private Sector Colleges and Universities**

Mailing Address 1101 Connecticut Avenue NW  
Suite 900

City Washington State DC Zip Code 20036-4346

FEC ID number of contributing federal political committee. **C** C00213066

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 19 / 2013

**Transaction ID : A-CF32501**

Amount of Each Receipt this Period  
 1000

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

Mailing Address 7101 Wisconsin Avenue  
Suite 1300

City Bethesda State MD Zip Code 20814-4866

FEC ID number of contributing federal political committee. **C** C00327569

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : A-CF32453**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
**AZ PAC - Zeneca Inc**

Mailing Address 1800 Concord Pike  
PO Box 15438

City Wilmington State DE Zip Code 19805

FEC ID number of contributing federal political committee. **C** C00279455

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 27 / 2013

**Transaction ID : A-CF32542**

Amount of Each Receipt this Period  
 1000

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Bayer Corporation PAC**

Mailing Address 100 Bayer Road

City Pittsburgh State PA Zip Code 15205-9707

FEC ID number of contributing federal political committee. **C** C00281162

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 24 / 2013

**Transaction ID : A-CF32526**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**BluePAC- Blue Cross and Blue Shield Association PAC**

Mailing Address 1310 G Street NW  
Front 12

City Washington State DC Zip Code 20005-3007

FEC ID number of contributing federal political committee. **C** C00194746

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : A-CF32464**

Amount of Each Receipt this Period  
 500

**C.** Full Name (Last, First, Middle Initial)  
**Boston Scientific Corp PAC**

Mailing Address 1 Boston Scientific Place

City Natick State MA Zip Code 01760-1536

FEC ID number of contributing federal political committee. **C** C00357863

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : A-CF32561**

Amount of Each Receipt this Period  
 500

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 1701 John F Kennedy Boulevard

City Philadelphia State PA Zip Code 19103-2838

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 09 / 2013

**Transaction ID : A-CF32493**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**Commonwealth Altadis, Inc PAC**

Mailing Address 5900 N Andrews Avenue Suite 1100

City Ft Lauderdale State FL Zip Code 33309-2354

FEC ID number of contributing federal political committee. **C** C00455600

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1500

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : A-CF32548**

Amount of Each Receipt this Period  
 1500

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

Mailing Address 975 F Street NW Suite 300

City Washington State DC Zip Code 20004-1459

FEC ID number of contributing federal political committee. **C** C00477653

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 19 / 2013

**Transaction ID : A-CF32505**

Amount of Each Receipt this Period  
 1000

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A. CTIA - The Wireless Association PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1400 16th Street NW  
 Suite 600  
 City Washington State DC Zip Code 20036-2225  
 FEC ID number of contributing federal political committee. **C** C00262295  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : A-CF32529**  
 Amount of Each Receipt this Period  
 1000

**B. EMD Serono PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Technology Place  
 City Rockland State MA Zip Code 02370-1071  
 FEC ID number of contributing federal political committee. **C** C00258236  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 500

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : A-CF32532**  
 Amount of Each Receipt this Period  
 500

**C. Enterprise Holdings, Inc PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 Corporate Park Drive  
 City Saint Louis State MO Zip Code 63105-4204  
 FEC ID number of contributing federal political committee. **C** C00219642  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 5000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 24 / 2013  
**Transaction ID : A-CF32524**  
 Amount of Each Receipt this Period  
 5000

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

6500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Express Scripts, Inc. PAC**

Mailing Address 1 Express Way

City Saint Louis State MO Zip Code 63121-1824

FEC ID number of contributing federal political committee. **C C00365072**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : A-CF32457**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**Florida Municipal Electric Assn., Inc. PAC**

Mailing Address PO Box 10114

City Tallahassee State FL Zip Code 32302-2114

FEC ID number of contributing federal political committee. **C C00377754**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 09 / 2013

**Transaction ID : A-CF32487**

Amount of Each Receipt this Period  
 500

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

Mailing Address 1299 Pennsylvania Avenue NW

City Washington State DC Zip Code 20004-2400

FEC ID number of contributing federal political committee. **C C00024869**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2013

**Transaction ID : A-CF32503**

Amount of Each Receipt this Period  
 2000

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 345 Park Avenue

City State Zip Code  
New York NY 10154-0004

FEC ID number of contributing federal political committee. **C** C00451153

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : A-CF32562**

Amount of Each Receipt this Period  
2500

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

Mailing Address 79 TW Alexander Drive  
4101 Research Commons

City State Zip Code  
Research Triangle Park NC 27709

FEC ID number of contributing federal political committee. **C** C00464958

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2013

**Transaction ID : A-CF32527**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**Grocery Manufacturers Association PAC**

Mailing Address 1350 I Street NW  
Suite 300

City State Zip Code  
Washington DC 20005-3377

FEC ID number of contributing federal political committee. **C** C00250068

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2013

**Transaction ID : A-CF32523**

Amount of Each Receipt this Period  
1000

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

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

4500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 101 Constitution Avenue NW

City Washington State DC Zip Code 20001-2133

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2013

**Transaction ID : A-CF32481**

Amount of Each Receipt this Period  
 2500

**B.** Full Name (Last, First, Middle Initial)  
**Kelley Drye & Warren LLP, PAC**

Mailing Address 3050 K Street NW  
Suite 400

City Washington State DC Zip Code 20007-5100

FEC ID number of contributing federal political committee. **C** C00301929

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : A-CF32454**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
**Laboratory Corporation of America Holdings PAC**

Mailing Address 231 Maple Avenue

City Burlington State NC Zip Code 27215-5848

FEC ID number of contributing federal political committee. **C** C00314997

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : A-CF32452**

Amount of Each Receipt this Period  
 1500

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 301 Laboratory Road

City State Zip Code  
Oak Ridge TN 37830-6912

FEC ID number of contributing federal political committee. **C C00546234**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 24 / 2013

**Transaction ID : A-CF32531**

Amount of Each Receipt this Period  
500

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

Mailing Address 1550 Crystal Drive # 300

City State Zip Code  
Arlington VA 22202-4135

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 27 / 2013

**Transaction ID : A-CF32541**

Amount of Each Receipt this Period  
1000

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

Mailing Address 539 S Main Street

City State Zip Code  
Findlay OH 45840-3229

FEC ID number of contributing federal political committee. **C C00496307**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : A-CF32450**

Amount of Each Receipt this Period  
5000

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

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

6500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 2111 McDonalds Drive

City: Oak Brook    State: IL    Zip Code: 60523-5500

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

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: \_\_\_\_\_

Date of Receipt: **12 / 31 / 2013**

**Transaction ID : A-CF32557**

Amount of Each Receipt this Period: **1000**

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

Mailing Address 901 E Cary Street

City: Richmond    State: VA    Zip Code: 23219-4063

FEC ID number of contributing federal political committee: **C C00225342**

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: \_\_\_\_\_

Date of Receipt: **12 / 09 / 2013**

**Transaction ID : A-CF32488**

Amount of Each Receipt this Period: **250**

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

Mailing Address 1301 Concord Terrace

City: Sunrise    State: FL    Zip Code: 33323-2843

FEC ID number of contributing federal political committee: **C C00469205**

Name of Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: \_\_\_\_\_

Date of Receipt: **12 / 09 / 2013**

**Transaction ID : A-CF32489**

Amount of Each Receipt this Period: **2500**

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

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

**3750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A. National Association of Broadcasters PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1771 N Street NW

City Washington State DC Zip Code 20036-2800

FEC ID number of contributing federal political committee. **C C00009985**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : A-CF32456**

Amount of Each Receipt this Period  
 1000

**B. National Beer Wholesalers PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1101 King Street Suite 600

City Alexandria State VA Zip Code 22314-2965

FEC ID number of contributing federal political committee. **C C00144766**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2013

**Transaction ID : A-CF32502**

Amount of Each Receipt this Period  
 2500

**C. National Cable and Telecom. Association PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 25 Massachusetts Avenue NW Suite 100

City Washington State DC Zip Code 20001-1434

FEC ID number of contributing federal political committee. **C C00010082**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **6000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : A-CF32455**

Amount of Each Receipt this Period  
 1000

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A. National Cable and Telecom. Association PAC**

Full Name (Last, First, Middle Initial)  
National Cable and Telecom. Association PAC

Mailing Address 25 Massachusetts Avenue NW  
Suite 100

City Washington State DC Zip Code 20001-1434

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : A-CF32460**

Amount of Each Receipt this Period  
500

**B. Nickles Group PAC**

Full Name (Last, First, Middle Initial)  
Nickles Group PAC

Mailing Address 601 13th Street NW  
Suite 250 N

City Washington State DC Zip Code 20005-3807

FEC ID number of contributing federal political committee. **C** C00115972

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2013

**Transaction ID : A-CF32540**

Amount of Each Receipt this Period  
500

**C. Raytheon Political Action Committee**

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

Mailing Address 1100 Wilson Boulevard  
# 1500

City Arlington State VA Zip Code 22209-2249

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2013

**Transaction ID : A-CF32504**

Amount of Each Receipt this Period  
1000

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Smith And Nephew Inc PAC**

Mailing Address 7135 Goodlett Farms Parkway

City Cordova State TN Zip Code 38016-4909

FEC ID number of contributing federal political committee. **C C00374066**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 09 / 2013

**Transaction ID : A-CF32491**

Amount of Each Receipt this Period  
 500

**B.** Full Name (Last, First, Middle Initial)  
**Society of Interventional Radiology PAC (SIRPAC)**

Mailing Address 3975 Fair Ridge Drive Suite 400

City Fairfax State VA Zip Code 22033-2911

FEC ID number of contributing federal political committee. **C C00408435**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **6000**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : A-CF32458**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
**Society of Interventional Radiology PAC (SIRPAC)**

Mailing Address 3975 Fair Ridge Drive Suite 400

City Fairfax State VA Zip Code 22033-2911

FEC ID number of contributing federal political committee. **C C00408435**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **6000**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : A-CF32555**

Amount of Each Receipt this Period  
 4000

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A. Society of Interventional Radiology PAC (SIRPAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 3975 Fair Ridge Drive  
Suite 400

City State Zip Code  
Fairfax VA 22033-2911

FEC ID number of contributing federal political committee. **C C00408435**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**6000**

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 31 / 2013

**Transaction ID : A-CF32556**

Amount of Each Receipt this Period  
**1000**

**B. Sprint Nextel PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 12502 Sunrise Valley Drive

City State Zip Code  
Reston VA 20191-3438

FEC ID number of contributing federal political committee. **C C00392852**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 09 / 2013

**Transaction ID : A-CF32494**

Amount of Each Receipt this Period  
**1000**

**C. T-Mobile USA, Inc. PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 401 9th Street NW  
Suite 550

City State Zip Code  
Washington DC 20004-2141

FEC ID number of contributing federal political committee. **C C00361758**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 24 / 2013

**Transaction ID : A-CF32530**

Amount of Each Receipt this Period  
**1000**

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

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

**3000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A. Full Name (Last, First, Middle Initial)**  
**The Doctors Company Federal PAC**

Mailing Address 185 Greenwood Road

City Napa State CA Zip Code 94558-6270

FEC ID number of contributing federal political committee. **C C00300376**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : A-CF32580**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address 320 1st Street SE

City Washington State DC Zip Code 20003-1838

FEC ID number of contributing federal political committee. **C C00305805**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2013

**Transaction ID : A-CF32511**

Amount of Each Receipt this Period  
**5000**

**C. Full Name (Last, First, Middle Initial)**  
**United for Health (PAC)**

Mailing Address 9900 Bren Road E

City Minnetonka State MN Zip Code 55343-9664

FEC ID number of contributing federal political committee. **C C00274431**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2013

**Transaction ID : A-CF32525**

Amount of Each Receipt this Period  
**2500**

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

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

**8500.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 55 Glenlake Parkway

City Atlanta State GA Zip Code 30328-3474

FEC ID number of contributing federal political committee. **C C00064766**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 24 / 2013

**Transaction ID : A-CF32528**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**Verizon Communications Good Govt. Club**

Mailing Address 1300 I Street NW  
Lower 4

City Washington State DC Zip Code 20005-3314

FEC ID number of contributing federal political committee. **C C00186288**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 09 / 2013

**Transaction ID : A-CF32490**

Amount of Each Receipt this Period  
 2000

**C.** Full Name (Last, First, Middle Initial)  
**Verizon Communications Good Govt. Club**

Mailing Address 1300 I Street NW  
Lower 4

City Washington State DC Zip Code 20005-3314

FEC ID number of contributing federal political committee. **C C00186288**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 09 / 2013

**Transaction ID : A-CF32492**

Amount of Each Receipt this Period  
 1000

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Vertex Pharmaceuticals Inc PAC**

Mailing Address 1201 Maryland Avenue SW  
Suite 850

City Washington State DC Zip Code 20024-2259

FEC ID number of contributing federal political committee. **C** C00468660

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2250

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : A-CF32554**

Amount of Each Receipt this Period  
250

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634-1143

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2013

**Transaction ID : A-CF32499**

Amount of Each Receipt this Period  
2500

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

2750.00

76250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 81
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**The Catalyst Group RW, LLC**

Mailing Address 600 Pennsylvania Avenue SE  
Suite 330

City Washington State DC Zip Code 20003-6300

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
838.18

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2013

**Transaction ID : A-MF32428**

Amount of Each Receipt this Period  
838.18

Event expenses reimbursement

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....	838.18
<b>TOTAL</b> This Period (last page this line number only).....	838.18

**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 OF 81			
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial)  
**A. Amex Merchant Services, SE Remittance 24-02-18**

Mailing Address PO Box 53765

City Phoenix State AZ Zip Code 85072-3765

Purpose of Disbursement Fundraising: Online processing fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 08 / 2013

Amount of Each Disbursement this Period: 7.95

Transaction ID : B-E-32473

Category/Type: 003

Full Name (Last, First, Middle Initial)  
**B. Amex Merchant Services, SE Remittance 24-02-18**

Mailing Address PO Box 53765

City Phoenix State AZ Zip Code 85072-3765

Purpose of Disbursement Fundraising: Online processing fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 15 / 2013

Amount of Each Disbursement this Period: 36.58

Transaction ID : B-E-32474

Category/Type: 003

Full Name (Last, First, Middle Initial)  
**C. Amex Merchant Services, SE Remittance 24-02-18**

Mailing Address PO Box 53765

City Phoenix State AZ Zip Code 85072-3765

Purpose of Disbursement Fundraising: Online processing fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 09 / 2013

Amount of Each Disbursement this Period: 7.95

Transaction ID : B-E-32552

Category/Type: 003

**SUBTOTAL** of Disbursements This Page (optional)..... 52.48

**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 45 OF 81			
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Amex Merchant Services, SE Remittance 24-02-18</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address PO Box 53765		Amount of Each Disbursement this Period 3.04
City Phoenix	State AZ	Zip Code 85072-3765
Purpose of Disbursement Fundraising: Online processing fees	Category/ Type 003	
Candidate Name	Transaction ID : B-E-32553	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Aristotle International, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2013
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 2400
City Washington	State DC	Zip Code 20003-1164
Purpose of Disbursement Campaign software	Category/ Type 001	
Candidate Name	Transaction ID : B-E-32367	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2013
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 241.96
City Washington	State DC	Zip Code 20003-1801
Purpose of Disbursement Campaign Event: Food and beverage	Category/ Type 007	
Candidate Name	Transaction ID : B-E-32394	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2645.00
<b>TOTAL</b> 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 46 OF 81			
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 397.86 <b>Transaction ID : B-E-32448</b>
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Campaign Event: Food and beverage Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 282 <b>Transaction ID : B-E-32508</b>
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Campaign Event: Food and beverage Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2013
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 365.85 <b>Transaction ID : B-E-32509</b>
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement Campaign Event: Food and beverage Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1045.71
<b>TOTAL</b> 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 OF 81			
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Chase Cardmember Service</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address PO Box 15153			Amount of Each Disbursement this Period 5366.98
City Wilmington	State DE	Zip Code 19886-5153	Transaction ID : B-E-32401
Purpose of Disbursement see memo entries		001 Category/ Type	
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Marriott Hotel</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 1535 Broadway			Amount of Each Disbursement this Period 876.82
City New York	State NY	Zip Code 10036-4077	Transaction ID : B-S-1357
Purpose of Disbursement Lodging		002 Category/ Type	
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Chase Cardmember Service(10/25/13)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>c. Chase Cardmember Service</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address PO Box 15153			Amount of Each Disbursement this Period 6.47
City Wilmington	State DE	Zip Code 19886-5153	Transaction ID : B-S-1384
Purpose of Disbursement Fees		001 Category/ Type	
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Chase Cardmember Service(10/25/13)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5366.98
<b>TOTAL</b> 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 48 OF 81			
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ampco Parking</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 5503 W Spruce Street		Amount of Each Disbursement this Period 81
City Tampa	State FL	
Zip Code 33607-5923	Purpose of Disbursement Parking garage fees	<b>Transaction ID : B-S-1363</b>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(10/25/13)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Public Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 38800 Us Highway 19 N		Amount of Each Disbursement this Period 273.29
City Tarpon Spgs	State FL	
Zip Code 34689-3961	Purpose of Disbursement Storage unit	<b>Transaction ID : B-S-1382</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(10/25/13)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Kindle Subscription Services c/o Amazon.com</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address PO Box 81226		Amount of Each Disbursement this Period 21.62
City Seattle	State WA	
Zip Code 98108-1300	Purpose of Disbursement Subscriptions	<b>Transaction ID : B-S-1383</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(10/25/13)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 49 OF 81	
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Kindle Subscription Services c/o Amazon.com</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address PO Box 81226		Amount of Each Disbursement this Period 0.99
City Seattle	State WA	
Zip Code 98108-1300	Purpose of Disbursement Subscriptions	<b>Transaction ID : B-S-1344</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(10/25/13)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cosi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 1647 20th Street NW		Amount of Each Disbursement this Period 349.9
City Washington	State DC	
Zip Code 20009-1099	Purpose of Disbursement Food and beverage	<b>Transaction ID : B-S-1385</b>
Candidate Name	007 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(10/25/13)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Office Depot #95</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 26277 Us Highway 19 N		Amount of Each Disbursement this Period 36.71
City Clearwater	State FL	
Zip Code 33761-3587	Purpose of Disbursement Office supplies	<b>Transaction ID : B-S-1360</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(10/25/13)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 50 OF 81			
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Starconferencing.com</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address PO Box 404351		Amount of Each Disbursement this Period 20.85
City Atlanta	State GA Zip Code 30384-4351	
Purpose of Disbursement Conference call line	Category/Type 001	<b>Transaction ID : B-S-1355</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(10/25/13)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Office Depot #647</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 40545 Us Highway 19 N		Amount of Each Disbursement this Period 29.95
City Tarpon Springs	State FL Zip Code 34689-4833	
Purpose of Disbursement Office supplies	Category/Type 001	<b>Transaction ID : B-S-1356</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(10/25/13)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Office Depot #647</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 40545 Us Highway 19 N		Amount of Each Disbursement this Period 27.53
City Tarpon Springs	State FL Zip Code 34689-4833	
Purpose of Disbursement Office supplies	Category/Type 001	<b>Transaction ID : B-S-1368</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(10/25/13)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 51 OF 81	
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address PO Box 619612		Amount of Each Disbursement this Period 109.9
City Dallas	State TX	
Zip Code 75261-9612	Purpose of Disbursement Airfare	Transaction ID : B-S-1366
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Chase Cardmember Service(10/25/13)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address PO Box 619612		Amount of Each Disbursement this Period 109.9
City Dallas	State TX	
Zip Code 75261-9612	Purpose of Disbursement Airfare	Transaction ID : B-S-1367
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Chase Cardmember Service(10/25/13)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. USAirways</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 7 Park Avenue		Amount of Each Disbursement this Period 340.9
City Pittsburgh	State PA	
Zip Code 15223-1728	Purpose of Disbursement Airfare	Transaction ID : B-S-1364
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Chase Cardmember Service(10/25/13)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 52 OF 81			
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. USAirways</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 7 Park Avenue		Amount of Each Disbursement this Period 340.9
City Pittsburgh	State PA Zip Code 15223-1728	
Purpose of Disbursement Airfare	Category/Type 002	<b>Transaction ID : B-S-1365</b>  <b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(10/25/13)
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USAirways</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 7 Park Avenue		Amount of Each Disbursement this Period 3
City Pittsburgh	State PA Zip Code 15223-1728	
Purpose of Disbursement Airfare	Category/Type 002	<b>Transaction ID : B-S-1373</b>  <b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(10/25/13)
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. USAirways</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 7 Park Avenue		Amount of Each Disbursement this Period 3
City Pittsburgh	State PA Zip Code 15223-1728	
Purpose of Disbursement Airfare	Category/Type 002	<b>Transaction ID : B-S-1374</b>  <b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(10/25/13)
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 53 OF 81			
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. USAirways</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 7 Park Avenue		Amount of Each Disbursement this Period 200
City Pittsburgh	State PA	
Zip Code 15223-1728	Purpose of Disbursement Airfare	<b>Transaction ID : B-S-1375</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(10/25/13)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USAirways</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 7 Park Avenue		Amount of Each Disbursement this Period 200
City Pittsburgh	State PA	
Zip Code 15223-1728	Purpose of Disbursement Airfare	<b>Transaction ID : B-S-1376</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(10/25/13)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sprint</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address PO Box 4191		Amount of Each Disbursement this Period 424.35
City Carol Stream	State IL	
Zip Code 60197-4191	Purpose of Disbursement Cell phones	<b>Transaction ID : B-S-1346</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(10/25/13)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 54 OF 81			
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 323.9
City Chicago State IL Zip Code 60666-0100	Purpose of Disbursement Airfare 002 Category/Type	
Candidate Name		<b>Transaction ID : B-S-1369</b>  <b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(10/25/13)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 323.9
City Chicago State IL Zip Code 60666-0100	Purpose of Disbursement Airfare 002 Category/Type	
Candidate Name		<b>Transaction ID : B-S-1370</b>  <b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(10/25/13)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 50
City Chicago State IL Zip Code 60666-0100	Purpose of Disbursement Airfare 002 Category/Type	
Candidate Name		<b>Transaction ID : B-S-1371</b>  <b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(10/25/13)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 55 OF 81	
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 50
City Chicago	State IL Zip Code 60666-0100	
Purpose of Disbursement Airfare	Category/Type 002	<b>Transaction ID : B-S-1372</b>  <b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(10/25/13)
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Rue 57</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 60 W 57th Street		Amount of Each Disbursement this Period 239.79
City New York	State NY Zip Code 10019-3953	
Purpose of Disbursement Food and beverage	Category/Type 007	<b>Transaction ID : B-S-1354</b>  <b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(10/25/13)
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. U.S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 303 Main Street		Amount of Each Disbursement this Period 5.6
City Safety Harbor	State FL Zip Code 34695-3672	
Purpose of Disbursement Postage	Category/Type 001	<b>Transaction ID : B-S-1358</b>  <b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(10/25/13)
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 56 OF 81	
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Stoneridge Group, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 4400 N Point Parkway Suite 190		Amount of Each Disbursement this Period 19.95
City Alpharetta State GA Zip Code 30022-2481	Purpose of Disbursement Website administration Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : B-S-1348</b>  <b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(10/25/13)

Full Name (Last, First, Middle Initial) <b>B. CreateSend.com Sutherland NSW</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 4400 N Point Parkway Suite 190		Amount of Each Disbursement this Period 99
City Alpharetta State GA Zip Code 30022-2481	Purpose of Disbursement Email distribution Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : B-S-1345</b>  <b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(10/25/13)

Full Name (Last, First, Middle Initial) <b>c. House Members Dining Room</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address US Capitol		Amount of Each Disbursement this Period 77.75
City Washington State DC Zip Code 20515-0001	Purpose of Disbursement Food and beverage Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : B-S-1362</b>  <b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(10/25/13)

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 57 OF 81			
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. ExxonMobil</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 5030 Connecticut Avenue NW Jjz Enterprise 4781936		Amount of Each Disbursement this Period 73.75
City Washington State DC Zip Code 20008-2023	Purpose of Disbursement Gas Category/Type 002	
Candidate Name		<b>Transaction ID : B-S-1377</b>  <b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(10/25/13)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ExxonMobil</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 5030 Connecticut Avenue NW Jjz Enterprise 4781936		Amount of Each Disbursement this Period 28.01
City Washington State DC Zip Code 20008-2023	Purpose of Disbursement Gas Category/Type 002	
Candidate Name		<b>Transaction ID : B-S-1359</b>  <b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(10/25/13)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Chase Cardmember Service</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 1891.53
City Wilmington State DE Zip Code 19886-5153	Purpose of Disbursement See memo entries Category/Type 001	
Candidate Name		<b>Transaction ID : B-E-32439</b>  Original vendors exceeding reporting threshold itemized as memo transactions.
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1891.53
<b>TOTAL</b> 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 58 OF 81			
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial)

**A. Public Storage**

Mailing Address 38800 Us Highway 19 N

City Tarpon Spgs State FL Zip Code 34689-3961

Purpose of Disbursement Storage unit

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 19 / 2013

Amount of Each Disbursement this Period: 273.29

Transaction ID : B-S-1404

**[MEMO ITEM]**  
Subitemization of Chase Cardmember Service(11/19/13)

Full Name (Last, First, Middle Initial)

**B. Pasco Economic Development**

Mailing Address 16506 Pointe Village Drive Suite 101

City Lutz State FL Zip Code 33558-5255

Purpose of Disbursement Event tickets

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 19 / 2013

Amount of Each Disbursement this Period: 30

Transaction ID : B-S-1392

**[MEMO ITEM]**  
Subitemization of Chase Cardmember Service(11/19/13)

Full Name (Last, First, Middle Initial)

**c. Office Depot #647**

Mailing Address 40545 Us Highway 19 N

City Tarpon Springs State FL Zip Code 34689-4833

Purpose of Disbursement Office supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 19 / 2013

Amount of Each Disbursement this Period: 62.04

Transaction ID : B-S-1396

**[MEMO ITEM]**  
Subitemization of Chase Cardmember Service(11/19/13)

**SUBTOTAL** of Disbursements This Page (optional)..... 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 81	
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Kindle Subscription Services c/o Amazon.com</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address PO Box 81226		Amount of Each Disbursement this Period 0.99
City Seattle	State WA	
Zip Code 98108-1300	Purpose of Disbursement Subscriptions	<b>Transaction ID : B-S-1386</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(11/19/13)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kindle Subscription Services c/o Amazon.com</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address PO Box 81226		Amount of Each Disbursement this Period 21.62
City Seattle	State WA	
Zip Code 98108-1300	Purpose of Disbursement Subscriptions	<b>Transaction ID : B-S-1405</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(11/19/13)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sprint</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address PO Box 4191		Amount of Each Disbursement this Period 322.62
City Carol Stream	State IL	
Zip Code 60197-4191	Purpose of Disbursement Cell phones	<b>Transaction ID : B-S-1390</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(11/19/13)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 60 OF 81			
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 355.6
City Dallas	State TX	
Zip Code 75235-1647	Purpose of Disbursement Airfare	Transaction ID : B-S-1400
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Chase Cardmember Service(11/19/13)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 25
City Dallas	State TX	
Zip Code 75235-1647	Purpose of Disbursement Airfare	Transaction ID : B-S-1401
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Chase Cardmember Service(11/19/13)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 25
City Dallas	State TX	
Zip Code 75235-1647	Purpose of Disbursement Airfare	Transaction ID : B-S-1402
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Chase Cardmember Service(11/19/13)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 61 OF 81			
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. ExxonMobil</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address 5030 Connecticut Avenue NW Jjz Enterprise 4781936		Amount of Each Disbursement this Period 72.65
City Washington State DC Zip Code 20008-2023	Purpose of Disbursement Gas	Transaction ID : B-S-1394
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Chase Cardmember Service(11/19/13)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address 3101 Florida 580 #1		Amount of Each Disbursement this Period 320.99
City Safety Harbor State FL Zip Code 34695	Purpose of Disbursement Cell phones	Transaction ID : B-S-1403
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Chase Cardmember Service(11/19/13)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. U.S. Post Office (Curlew City)</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address 30043 US Highway 19 N		Amount of Each Disbursement this Period 5.6
City Clearwater State FL Zip Code 33761-1032	Purpose of Disbursement Postage	Transaction ID : B-S-1399
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Chase Cardmember Service(11/19/13)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 62 OF 81	
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Stoneridge Group, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address 4400 N Point Parkway Suite 190		Amount of Each Disbursement this Period 19.95
City Alpharetta	State GA	Zip Code 30022-2481
Purpose of Disbursement Website maintenance	Category/Type 001	
Candidate Name	Transaction ID : B-S-1388	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(11/19/13)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Starconferencing.com</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address PO Box 404351		Amount of Each Disbursement this Period 20.85
City Atlanta	State GA	Zip Code 30384-4351
Purpose of Disbursement Conference call line	Category/Type 001	
Candidate Name	Transaction ID : B-S-1387	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(11/19/13)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. U.S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address 303 Main Street		Amount of Each Disbursement this Period 46
City Safety Harbor	State FL	Zip Code 34695-3672
Purpose of Disbursement Postage	Category/Type 001	
Candidate Name	Transaction ID : B-S-1391	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(11/19/13)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 63 OF 81	
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial)  
**A. CreateSend.com Sutherland NSW**

Mailing Address 4400 N Point Parkway Suite 190

City Alpharetta State GA Zip Code 30022-2481

Purpose of Disbursement Email distribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 19 / 2013

Amount of Each Disbursement this Period: 99

Transaction ID : B-S-1389

**[MEMO ITEM]**  
Subitemization of Chase Cardmember Service(11/19/13)

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

Mailing Address PO Box 15153

City Wilmington State DE Zip Code 19886-5153

Purpose of Disbursement See memo entries

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 20 / 2013

Amount of Each Disbursement this Period: 3741.72

Transaction ID : B-E-32507

Original vendors exceeding reporting threshold itemized as memo transactions.

Full Name (Last, First, Middle Initial)  
**c. Ampco Parking**

Mailing Address 5503 W Spruce Street

City Tampa State FL Zip Code 33607-5923

Purpose of Disbursement Parking fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 20 / 2013

Amount of Each Disbursement this Period: 9

Transaction ID : B-S-1436

**[MEMO ITEM]**  
Subitemization of Chase Cardmember Service(12/20/13)

**SUBTOTAL** of Disbursements This Page (optional)..... 3741.72

**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 64 OF 81	
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address PO Box 660108		Amount of Each Disbursement this Period 272.17
City Dallas	State TX	
Zip Code 75266-0108	Purpose of Disbursement Cell phones	<b>Transaction ID : B-S-1421</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(12/20/13)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Public Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 38800 Us Highway 19 N		Amount of Each Disbursement this Period 273.29
City Tarpon Spgs	State FL	
Zip Code 34689-3961	Purpose of Disbursement Storage Unit	<b>Transaction ID : B-S-1428</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(12/20/13)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. House Gift Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 15 Independence Avenue SW		Amount of Each Disbursement this Period 91.1
City Washington	State DC	
Zip Code 20515-0001	Purpose of Disbursement Host Gift	<b>Transaction ID : B-S-1433</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(12/20/13)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 65 OF 81			
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. House Gift Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 15 Independence Avenue SW		Amount of Each Disbursement this Period 28.3
City Washington State DC Zip Code 20515-0001	Purpose of Disbursement Host Gift	Transaction ID : B-S-1434
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Chase Cardmember Service(12/20/13)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kindle Subscription Services c/o Amazon.com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address PO Box 81226		Amount of Each Disbursement this Period 0.99
City Seattle State WA Zip Code 98108-1300	Purpose of Disbursement Subscriptions	Transaction ID : B-S-1407
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Chase Cardmember Service(12/20/13)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Kindle Subscription Services c/o Amazon.com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address PO Box 81226		Amount of Each Disbursement this Period 21.62
City Seattle State WA Zip Code 98108-1300	Purpose of Disbursement Subscriptions	Transaction ID : B-S-1430
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of Chase Cardmember Service(12/20/13)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 66 OF 81			
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Starconferencing.com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address PO Box 404351		Amount of Each Disbursement this Period 20.85
City Atlanta	State GA Zip Code 30384-4351	
Purpose of Disbursement Conference call line	Category/Type 001	<b>Transaction ID : B-S-1412</b>  <b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(12/20/13)
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Office Depot #95</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 26277 Us Highway 19 N		Amount of Each Disbursement this Period 33.15
City Clearwater	State FL Zip Code 33761-3587	
Purpose of Disbursement Office supplies	Category/Type 001	<b>Transaction ID : B-S-1427</b>  <b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(12/20/13)
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Office Depot #95</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 26277 Us Highway 19 N		Amount of Each Disbursement this Period 29.95
City Clearwater	State FL Zip Code 33761-3587	
Purpose of Disbursement Office supplies	Category/Type 001	<b>Transaction ID : B-S-1432</b>  <b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(12/20/13)
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 67 OF 81	
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. U.S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 850 E Lime Street		Amount of Each Disbursement this Period 7.45
City Tarpon Springs	State FL Zip Code 34689-9998	
Purpose of Disbursement Postage	Category/Type 001	<b>Transaction ID : B-S-1417</b>  <b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(12/20/13)
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address PO Box 619612		Amount of Each Disbursement this Period 407.8
City Dallas	State TX Zip Code 75261-9612	
Purpose of Disbursement Airfare	Category/Type 002	<b>Transaction ID : B-S-1414</b>  <b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(12/20/13)
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address PO Box 619612		Amount of Each Disbursement this Period 407.8
City Dallas	State TX Zip Code 75261-9612	
Purpose of Disbursement Airfare	Category/Type 002	<b>Transaction ID : B-S-1415</b>  <b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(12/20/13)
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 68 OF 81			
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sprint</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address PO Box 4191		Amount of Each Disbursement this Period 313.08
City Carol Stream	State IL	
Zip Code 60197-4191	Purpose of Disbursement Cell phones	<b>Transaction ID : B-S-1410</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(12/20/13)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USAirways</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 7 Park Avenue		Amount of Each Disbursement this Period 25
City Pittsburgh	State PA	
Zip Code 15223-1728	Purpose of Disbursement Airfare	<b>Transaction ID : B-S-1429</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(12/20/13)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. USAirways</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 7 Park Avenue		Amount of Each Disbursement this Period 178.3
City Pittsburgh	State PA	
Zip Code 15223-1728	Purpose of Disbursement Airfare	<b>Transaction ID : B-S-1431</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(12/20/13)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 69 OF 81			
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. USAirways</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 7 Park Avenue		Amount of Each Disbursement this Period 228.3
City Pittsburgh	State PA	Zip Code 15223-1728
Purpose of Disbursement Airfare	Category/Type 002	
Candidate Name	Transaction ID : B-S-1438	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(12/20/13)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 30674 US Highway 19 N		Amount of Each Disbursement this Period 279.98
City Palm Harbor	State FL	Zip Code 34684-4411
Purpose of Disbursement Car rental	Category/Type 002	
Candidate Name	Transaction ID : B-S-1425	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(12/20/13)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Conrad Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 1395 Brickell Avenue		Amount of Each Disbursement this Period 10.9
City Miami	State FL	Zip Code 33131-3353
Purpose of Disbursement Lodging	Category/Type 002	
Candidate Name	Transaction ID : B-S-1440	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(12/20/13)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 70 OF 81	
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Conrad Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 1395 Brickell Avenue		Amount of Each Disbursement this Period 179.67
City Miami State FL Zip Code 33131-3353	Purpose of Disbursement Lodging 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : B-S-1441  [MEMO ITEM] Subitemization of Chase Cardmember Service(12/20/13)
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Conrad Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 1395 Brickell Avenue		Amount of Each Disbursement this Period 226.03
City Miami State FL Zip Code 33131-3353	Purpose of Disbursement Lodging 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : B-S-1442  [MEMO ITEM] Subitemization of Chase Cardmember Service(12/20/13)
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Conrad Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 1395 Brickell Avenue		Amount of Each Disbursement this Period 10.9
City Miami State FL Zip Code 33131-3353	Purpose of Disbursement Lodging 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : B-S-1445  [MEMO ITEM] Subitemization of Chase Cardmember Service(12/20/13)
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 71 OF 81	
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. U.S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 303 Main Street		Amount of Each Disbursement this Period 46
City State Zip Code Safety Harbor FL 34695-3672	Purpose of Disbursement Postage	
Candidate Name	Category/Type 001	Transaction ID : B-S-1426
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(12/20/13)

Full Name (Last, First, Middle Initial) <b>B. The Stoneridge Group, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 4400 N Point Parkway Suite 190		Amount of Each Disbursement this Period 19.95
City State Zip Code Alpharetta GA 30022-2481	Purpose of Disbursement Website maintenance	
Candidate Name	Category/Type 001	Transaction ID : B-S-1411
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(12/20/13)

Full Name (Last, First, Middle Initial) <b>c. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 3101 Florida 580 #1		Amount of Each Disbursement this Period 28.08
City State Zip Code Safety Harbor FL 34695	Purpose of Disbursement Cell phones	
Candidate Name	Category/Type 001	Transaction ID : B-S-1409
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		<b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(12/20/13)

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 72 OF 81	
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. CreateSend.com Sutherland NSW</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013
Mailing Address 4400 N Point Parkway Suite 190		Amount of Each Disbursement this Period 99
City Alpharetta	State GA Zip Code 30022-2481	
Purpose of Disbursement Email distribution	Category/Type 004	<b>Transaction ID : B-S-1408</b>  <b>[MEMO ITEM]</b> Subitemization of Chase Cardmember Service(12/20/13)
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Chase Paymentech</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2013
Mailing Address PO Box 6600		Amount of Each Disbursement this Period 84.64
City Hagerstown	State MD Zip Code 21741-6600	
Purpose of Disbursement Fundraising: Online processing fees	Category/Type 003	<b>Transaction ID : B-E-32471</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Chase Paymentech</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2013
Mailing Address PO Box 6600		Amount of Each Disbursement this Period 59.41
City Hagerstown	State MD Zip Code 21741-6600	
Purpose of Disbursement Fundraising: Online processing fees	Category/Type 003	<b>Transaction ID : B-E-32476</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	144.05
<b>TOTAL</b> 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 73 OF 81	
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Chase Paymentech</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address PO Box 6600		Amount of Each Disbursement this Period 65.71 <b>Transaction ID : B-E-32551</b>
City Hagerstown	State MD	
Zip Code 21741-6600	Purpose of Disbursement Fundraising: Online processing fees	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ER Grace Consulting LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address PO Box 897		Amount of Each Disbursement this Period 2400 <b>Transaction ID : B-E-32445</b>
City Safety Harbor	State FL	
Zip Code 34695-0897	Purpose of Disbursement Financial and Admin Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. ER Grace Consulting LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address PO Box 897		Amount of Each Disbursement this Period 99.44 <b>Transaction ID : B-E-32446</b>
City Safety Harbor	State FL	
Zip Code 34695-0897	Purpose of Disbursement Travel: Mileage	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2565.15
<b>TOTAL</b> 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 74 OF 81			
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. ER Grace Consulting LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address PO Box 897			Amount of Each Disbursement this Period 3420
City Safety Harbor	State FL	Zip Code 34695-0897	Transaction ID : B-E-32479
Purpose of Disbursement Financial and Admin Consulting		Category/ Type 001	
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. ER Grace Consulting LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address PO Box 897			Amount of Each Disbursement this Period 97.75
City Safety Harbor	State FL	Zip Code 34695-0897	Transaction ID : B-E-32480
Purpose of Disbursement Travel: Mileage		Category/ Type 002	
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>c. Forefront Resources</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2013
Mailing Address 507 Lauterbach Street			Amount of Each Disbursement this Period 28.8
City Frostproof	State FL	Zip Code 33843-2434	Transaction ID : B-E-32522
Purpose of Disbursement Business cards		Category/ Type 001	
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3546.55
<b>TOTAL</b> 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 75 OF 81			
	<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)  
**Bilirakis for Congress**

**A. Forefront Resources**

Full Name (Last, First, Middle Initial)  
Mailing Address 507 Lauterbach Street

City Frostproof State FL Zip Code 33843-2434

Purpose of Disbursement  
Petition Card printing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
12 / 31 / 2013

Amount of Each Disbursement this Period  
177

Transaction ID : B-E-32549

Category/Type: 001

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

Full Name (Last, First, Middle Initial)  
Mailing Address 41 N Ring Avenue

City Tarpon Spgs State FL Zip Code 34689-4303

Purpose of Disbursement  
Accounting consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
10 / 02 / 2013

Amount of Each Disbursement this Period  
500

Transaction ID : B-E-32359

Category/Type: 001

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

Full Name (Last, First, Middle Initial)  
Mailing Address 41 N Ring Avenue

City Tarpon Spgs State FL Zip Code 34689-4303

Purpose of Disbursement  
Accounting consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
12 / 02 / 2013

Amount of Each Disbursement this Period  
500

Transaction ID : B-E-32477

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 1177.00

**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 76 OF 81			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Koulianos &amp; Associates, P.A.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 41 N Ring Avenue		Amount of Each Disbursement this Period 500
City Tarpon Spgs State FL Zip Code 34689-4303	Purpose of Disbursement Accounting consulting	Transaction ID : B-E-32478
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Red Pledge</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013
Mailing Address 4400 N Point Parkway Suite 190		Amount of Each Disbursement this Period 104.83
City Alpharetta State GA Zip Code 30022-2481	Purpose of Disbursement Fundraising: Online processing fees	Transaction ID : B-E-32472
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Red Pledge</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 4400 N Point Parkway Suite 190		Amount of Each Disbursement this Period 58.1
City Alpharetta State GA Zip Code 30022-2481	Purpose of Disbursement Fundraising: Online processing fees	Transaction ID : B-E-32475
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	662.93
<b>TOTAL</b> 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 77 OF 81	
	<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)  
**Bilirakis for Congress**

**A. Red Pledge**

Full Name (Last, First, Middle Initial)  
Mailing Address 4400 N Point Parkway  
Suite 190

City Alpharetta State GA Zip Code 30022-2481

Purpose of Disbursement  
Fundraising: Online processing fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
12 / 03 / 2013

Amount of Each Disbursement this Period  
65.45

Transaction ID : B-E-32550

Category/Type: 003

**B. The Catalyst Group RW, LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 600 Pennsylvania Avenue SE  
Suite 330

City Washington State DC Zip Code 20003-6300

Purpose of Disbursement  
Consulting - Fundraising

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
12 / 02 / 2013

Amount of Each Disbursement this Period  
2250

Transaction ID : B-E-32482

Category/Type: 001

**c. The Gula Graham Group**

Full Name (Last, First, Middle Initial)  
Mailing Address 499 S Capitol Street SW  
Suite 420

City Washington State DC Zip Code 20003-4027

Purpose of Disbursement  
Campaign Event: Event costs

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
12 / 09 / 2013

Amount of Each Disbursement this Period  
4626.45

Transaction ID : B-E-32485

Category/Type: 007

**SUBTOTAL** of Disbursements This Page (optional)..... 6941.90

**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 78 OF 81	
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Stoneridge Group, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2013
Mailing Address 4400 N Point Parkway Suite 190		Amount of Each Disbursement this Period 275 <b>Transaction ID : B-E-32366</b>
City Alpharetta State GA Zip Code 30022-2481	Purpose of Disbursement Advertising: Email distributions Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2013
Mailing Address Internal Revenue Service P.O. Box 804521		Amount of Each Disbursement this Period 2214 <b>Transaction ID : B-E-32447</b>
City Cincinnati State OH Zip Code 45280-4521	Purpose of Disbursement Payroll taxes Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Jacob J. Beckel</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2013
Mailing Address 5710 Hoover Boulevard		Amount of Each Disbursement this Period 827.53 <b>Transaction ID : B-I-32421</b>
City Tampa State FL Zip Code 33634-5339	Purpose of Disbursement Inkind: Food, beverage and facility rental Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3316.53
<b>TOTAL</b> 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 79 OF 81			
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Norman D Belson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2013
Mailing Address 1824 Northwood Drive		Amount of Each Disbursement this Period 170.05 <b>Transaction ID : B-I-32418</b>
City Clearwater	State FL Zip Code 33764-2462	
Purpose of Disbursement Inkind: Beverages		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Norman D Belson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2013
Mailing Address 1824 Northwood Drive		Amount of Each Disbursement this Period 314.98 <b>Transaction ID : B-I-32419</b>
City Clearwater	State FL Zip Code 33764-2462	
Purpose of Disbursement Inkind: Event supplies		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Erika R Grace</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013
Mailing Address PO Box 606		Amount of Each Disbursement this Period 1245.75 <b>Transaction ID : B-E-32360</b>
City Tarpon Springs	State FL Zip Code 34688-0606	
Purpose of Disbursement Administrative/Salary/Overhead: Salary		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1730.75
<b>TOTAL</b> 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 80 OF 81			
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial) <b>A. Erika R Grace</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013
Mailing Address PO Box 606		Amount of Each Disbursement this Period 158.77
City Tarpon Springs	State FL	
Zip Code 34688-0606	Purpose of Disbursement Travel: Mileage	<b>Transaction ID : B-E-32361</b>
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. John Grivizas</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2013
Mailing Address 3601 Allendale Drive		Amount of Each Disbursement this Period 600
City Holiday	State FL	
Zip Code 34691-3302	Purpose of Disbursement Campaign Event: Event food	<b>Transaction ID : B-E-32546</b>
Candidate Name	Category/ Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mark Valente</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address Hamilton Square - 5th Floor 600 Fourteenth Street, NW		Amount of Each Disbursement this Period 482.8
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Inkind: Food and beverage	<b>Transaction ID : B-I-32563</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1241.57
<b>TOTAL</b> This Period (last page this line number only).....	36069.88



**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 81 OF 81
	<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)  
**Bilirakis for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Farm Share</b>		M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 14125 SW 320th Street		Amount of Each Disbursement this Period
City Homestead State FL Zip Code 33033-5539		600
Purpose of Disbursement Charitable Donation: Donated food		Transaction ID : B-E-32496
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		012
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. National Republican Congressional Committee</b>		M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address 320 1st Street SE		Amount of Each Disbursement this Period
City Washington State DC Zip Code 20003-1838		30000
Purpose of Disbursement Political Contribution: Excess funds		Transaction ID : B-E-32393
Candidate Name		Category/Type
National Republican Congressional Committee		011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. National Republican Congressional Committee</b>		M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address 320 1st Street SE		Amount of Each Disbursement this Period
City Washington State DC Zip Code 20003-1838		20000
Purpose of Disbursement Political Contribution: Excess funds		Transaction ID : B-E-32484
Candidate Name		Category/Type
National Republican Congressional Committee		011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	50600.00
<b>TOTAL</b> This Period (last page this line number only).....	50600.00