

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bilirakis for Congress

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

Mailing Address 6416 Maclaurin Drive

City Tampa State FL Zip Code 33647

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

Name of Employer Teco Energy, Inc. Occupation executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 0 6

Transaction ID: C-2888-00Kp02

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1741 N. Hickory Gate Drive

City Dunedin State FL Zip Code 34698

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

Name of Employer n/a Occupation retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 2 / 2 0 0 6

Transaction ID: C-2928-00mQ01

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address P.O. Box 20047

City St. Petersburg State FL Zip Code 33742

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

Name of Employer Rose Radiology Occupation physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 6

Transaction ID: C-2995-003106

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **850.00**

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