

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

FEDERAL
ELECTION
COMMISSION

JUL 15 2 15 PM '96

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. C00153213 FL/09 052996 F 450
ANTHONY C SAMARKOS
MIKE BILIRAKIS FOR CONGRESS
P O BOX 1077
TARPON SPRINGS FL 34688

A
C

2. FEC IDENTIFICATION NUMBER
100595-C00153213

3. IS THIS REPORT AN AMENDMENT?
☐ YES ☒ NO

4. TYPE OF REPORT

- ☐ April 15 Quarterly Report ☐ Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- ☒ July 15 Quarterly Report ☐ Thirtieth day report following the General Election on _____
in the State of _____
- ☐ October 15 Quarterly Report ☐ Termination Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid-Year Report (Non-election Year Only)

This report contains activity for ☒ Primary Election ☒ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
4-1-96 through 6-30-96		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	205724.75	239201.26
(b) Total Contribution Refunds (from Line 20(d))	—	255.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	205724.75	238946.26
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	52960.10	87078.18
(b) Total Offsets to Operating Expenditures (from Line 14)	—	33.57
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	52960.10	87044.61
8. Cash on Hand at Close of Reporting Period (from Line 27)	455876.52	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	—	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	—	

For further information
contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Type or Print Name of Treasurer
ANTHONY C. SAMARKOS

Signature of Treasurer
Anthony C. Samarkos

Date
7-11-96

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

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full)

MIKE BILIRAKIS FOR CONGRESS COON3213

Report Covering the Period:

From: 4-1-96

To: 6-30-96

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Calendar Year-To-Date	
11. CONTRIBUTIONS (other than loans) FROM:				
(a) Individuals/Persons Other Than Political Committees				11(a)(I)
(i) Itemized (use Schedule A)		69912.85		11(a)(II)
(ii) Unitemized		23549.00		11(a)(III)
(iii) Total of contributions from individuals		93461.85	118807.85	11(b)
(b) Political Party Committees		187.90	187.90	11(c)
(c) Other Political Committees (such as PACs)		112075.00	120205.51	11(d)
(d) The Candidate				11(e)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))		205724.75	239201.26	12
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES				13(a)
13. LOANS:				13(b)
(a) Made or Guaranteed by the Candidate				13(c)
(b) All Other Loans				
(c) TOTAL LOANS (add 13(a) and (b))				14
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)			33.57	15
15. OTHER RECEIPTS (Dividends, Interest, etc.)		7000.94	7213.32	16
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		212725.69	246448.15	
II. DISBURSEMENTS				
17. OPERATING EXPENDITURES		52960.10	87078.18	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES				18
19. LOAN REPAYMENTS:				19(a)
(a) Of Loans Made or Guaranteed by the Candidate				19(b)
(b) Of All Other Loans				19(c)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))				20(a)
20. REFUNDS OF CONTRIBUTIONS TO:				20(b)
(a) Individuals/Persons Other Than Political Committees			255.00	20(c)
(b) Political Party Committees				20(d)
(c) Other Political Committees (such as PACs)				
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))			255.00	21
21. OTHER DISBURSEMENTS		990.00	2020.00	22
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)		53950.10	89353.18	

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 297100.93	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$ 212725.69	24
25. SUBTOTAL (add Line 23 and Line 24)	\$ 509826.62	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$ 53950.10	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$ 455876.52	27

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 21
FOR LINE NUMBER
11(a) (1)

CONTRIBUTIONS FROM INDIVIDUALS PERSONS OTHER THAN POLITICAL COMM.

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

NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code <i>EMANUEL S. ALFIERIS</i> <i>2449 W. ELLERY</i> <i>FRESNO CA. 93711</i> Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer <i>KMPH-TV-26</i> Occupation <i>MANAGER</i> Aggregate Year-to-Date <i>> \$ 250 -</i>	Date (month, day, year) <i>5-15-96</i>	Amount of Each Receipt this Period <i>250.00</i>
B. Full Name, Mailing Address and ZIP Code <i>GARTH R. ANCIER</i> <i>9211 HAZEN DR</i> <i>BEVERLY HILLS CA 90210</i> Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer <i>WARNER BROS.</i> Occupation <i>BROADCASTING</i> Aggregate Year-to-Date <i>> \$ 500 -</i>	Date (month, day, year) <i>5-15-96</i>	Amount of Each Receipt this Period <i>500.00</i>
C. Full Name, Mailing Address and ZIP Code <i>NICOLAOS BISSIAS</i> <i>4202 MESA VISTA</i> <i>LA CANADA CA. 91011</i> Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer <i>CONRAD'S REST</i> Occupation <i>CEO</i> Aggregate Year-to-Date <i>> \$ 500 -</i>	Date (month, day, year) <i>5-15-96</i>	Amount of Each Receipt this Period <i>500.00</i>
D. Full Name, Mailing Address and ZIP Code <i>JOHN F. CARPENTER</i> <i>2727 W. BLUFF AVE #109</i> <i>FRESNO CA. 93711</i> Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer <i>KMPH TV</i> Occupation <i>GEN. MANAGER</i> Aggregate Year-to-Date <i>> \$ 500 -</i>	Date (month, day, year) <i>5-15-96</i>	Amount of Each Receipt this Period <i>500.00</i>
E. Full Name, Mailing Address and ZIP Code <i>GARY R. CHAPMAN</i> <i>79 RIDGE RD.</i> <i>BRISTOL R. I. 02809</i> Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer <i>LIN TELEVISION</i> Occupation <i>BROADCASTING</i> Aggregate Year-to-Date <i>> \$ 500 -</i>	Date (month, day, year) <i>5-15-96</i>	Amount of Each Receipt this Period <i>500.00</i>
F. Full Name, Mailing Address and ZIP Code <i>PETER W. CONNELL</i> <i>440 S. GULFVIEW BLVD #1802N</i> <i>CLEARWATER FL 34630</i> Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer <i>—</i> Occupation <i>RETIRED</i> Aggregate Year-to-Date <i>> \$ 300 -</i>	Date (month, day, year) <i>4-30-96</i>	Amount of Each Receipt this Period <i>300.00</i>
G. Full Name, Mailing Address and ZIP Code <i>CHRIS DAGLAS</i> <i>15924 AURORA CREST DR.</i> <i>WHITTIER CA 90605</i> Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer <i>—</i> Occupation <i>RETIRED</i> Aggregate Year-to-Date <i>> \$ 250 -</i>	Date (month, day, year) <i>5-15-96</i>	Amount of Each Receipt this Period <i>250.00</i>

SUBTOTAL of Receipts This Page (optional)

2800.00

TOTAL This Period (last page this line number only)

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V

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2

FOR LINE NUMBER 11 (a) (1)

CONTRIBUTIONS FROM INDIVIDUALS PERSONS OTHER THAN POLITICAL COMM.

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code ROBERT A. DALY 10761 BELLAGIO RD. LOS ANGELES CA 90077 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer WARNER BROS. Occupation EXECUTIVE Aggregate Year-to-Date > \$ 500 -	Date (month, day, year) 5-13-96	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code KARL F. DAVIS 108 FATH CT. FOLSOM CA 95630 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer TELECASTING Occupation LOCAL MARKETING MGR Aggregate Year-to-Date > \$ 200 -	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 200.00
C. Full Name, Mailing Address and ZIP Code RANDALL E. DAVIS 211 WOODLAND TERRACE ALEXANDRIA VA 22302 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer STUNTZ & DAVIS Occupation ATTORNEY Aggregate Year-to-Date > \$ 500 -	Date (month, day, year) 5-13-96	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code ROBERT E. DENTON 290 E. MERRITT TULARE CA. 93274 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer PAPPAS TELECASTING Occupation PROPERTY MGR. Aggregate Year-to-Date > \$ 200 -	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 200.00
E. Full Name, Mailing Address and ZIP Code DALE P. DIRKS 711 SECOND ST NE #200 WASHINGTON DC 20002 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer HEALTH & MEDICINE P Occupation CONSULTANT Aggregate Year-to-Date > \$ 0 -	Date (month, day, year) 5-13-96	Amount of Each Receipt this Period 200.00
F. Full Name, Mailing Address and ZIP Code ANN L. DREXEL 1009 TARAY DE AVILA TAMPA FL 33613 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer SELF Occupation INVESTOR Aggregate Year-to-Date > \$ 500 -	Date (month, day, year) 5-19-96	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code GEORGE W. ETHERIDGE JR. 3599 WOODRIDGE PL. PALM HARBOR FL 34684 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer SELF Occupation Aggregate Year-to-Date > \$ 1000 -	Date (month, day, year) 4-8-96	Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

W

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 3 OF 21

FOR LINE NUMBER 11 (a) (1)

CONTRIBUTIONS FROM INDIVIDUALS PERSONS OTHER THAN POLITICAL COMMITTEE

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS CODIV3213

A. Full Name, Mailing Address and ZIP Code LISA O. ETHERIDGE 3599 WOODRIDGE PL. PALM HARBOR FL 34684 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer — Occupation HOME MAKER Aggregate Year-to-Date > \$ 1000 —	Date (month, day, year) 4-8-96	Amount of Each Receipt this Period 1000.00
B. Full Name, Mailing Address and ZIP Code ANDREW EVANGELATOS 3426 WHITE ROSE WAY ENCINO CA 91436 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer SELF Occupation ATTORNEY Aggregate Year-to-Date > \$ NO —	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code DR MICHAEL A. FLORIO 325 S. WILLIS ST VISALIA CA 93291 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer SELF Occupation PHYSICIAN Aggregate Year-to-Date > \$ 500 —	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code DR ROGER S. COLOMB 18 WINSTON DR BELLEAIRE FL 34616 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer SELF Occupation PHYSICIAN Aggregate Year-to-Date > \$ NO —	Date (month, day, year) 4-5-96	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code DR. JAMES R. GUADAGNI 11324 AVE 272 VISALIA CA 93277 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer SELF Occupation PHYSICIAN Aggregate Year-to-Date > \$ 500 —	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code NICHOLAS HARITON 4145 WOODCLIFF RD. SHERMAN OAKS CA 91403 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer BEST EFFORT 6114 WROTE LETTER 7/1 " " CERTIFIED Occupation Aggregate Year-to-Date > \$ 250 —	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code WILLIAM H. HECHT 2502 W. MEREDITH VIENNA VA 22180 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer HECHT SPENSER & ASSOC. Occupation GOVT RELATIONS Aggregate Year-to-Date > \$ 1000 —	Date (month, day, year) 5-20-96	Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

3750.00

TOTAL This Period (last page this line number only)

W

W

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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FOR LINE NUMBER
11 (A) (1)

CONTRIBUTIONS FROM INDIVIDUALS / PERSONS OTHER THAN POLITICAL COMMITTEE.

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code FRANK J. HIGNEY 6745 N. CATALINA AVE. TUCSON AZ 85718 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer KALIL & CO. Occupation MEDIA BROKER Aggregate Year-to-Date > \$ 200	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code FRANK C. KALIL 4741 E. INA RD. TUCSON AZ 85718 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer KALIL & CO. Occupation MEDIA BROKER Aggregate Year-to-Date > \$ 200	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code DR JAMES G KALLINS 9756 DOWNEY SANFORD BRIDGE RD. DOWNEY CA 90240 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer SELF Occupation PHYSICIAN Aggregate Year-to-Date > \$ 1000	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 1000.00
D. Full Name, Mailing Address and ZIP Code NICHOLAS KALLINS 9756 DOWNEY SANFORD BRIDGE RD. DOWNEY CA 90240 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer SELF Occupation ATTORNEY Aggregate Year-to-Date > \$ 500	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code COSMAS KAPANTZOS 2313 RALSTON LN. REDONDO BEACH CA 90278 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer SELF Occupation RESTAURANTEUR Aggregate Year-to-Date > \$ 200	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code MANUEL KASTRENAKES 1780 McCAULEY RD. CLEARWATER FL 34615 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer SELF Occupation AUTOBODY SHOP Aggregate Year-to-Date > \$ NO	Date (month, day, year) 4-20-96 4-20-96	Amount of Each Receipt this Period 250.00 500.00
G. Full Name, Mailing Address and ZIP Code JAMIE KELLNER 7921 NORTH GATE AVE CANYON PARK CA 91304 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer W.B. TELEVISION NETWORK Occupation CEO Aggregate Year-to-Date > \$ 500	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

CONTRIBUTIONS FROM INDIVIDUALS PERSONS OTHER THAN POLITICAL COMMITTEE

Use separate schedule(s)
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Detailed Summary Page

PAGE 5 OF 21

FOR LINE NUMBER 11 (A) (1)

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code DALE P. KELLY 777 W. POLSON CLOVIS CA 93612 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer PAPPASTELECASTING Occupation BROADCAST ENGINEER Aggregate Year-to-Date > \$ 250	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code JOHN KOKOLAKIS 103 BUENA VISTA DR. DUNEDIN FL 34698 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer KOKOLAKIS CONSTRUCTION Occupation PRES. Aggregate Year-to-Date > \$ SEE BELOW	Date (month, day, year) 4-20-96	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code JOHN KOKOLAKIS 103 BUENA VISTA DR. DUNEDIN FL 34698 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer KOKOLAKIS CONSTRUCTION Occupation PRES Aggregate Year-to-Date > \$ 500 + 224.85 IN-KIND	Date (month, day, year) 4-20-96	Amount of Each Receipt this Period 224.85 POSTAGE + FOOD IN-KIND
D. Full Name, Mailing Address and ZIP Code PETE KYPREOS 2241 N. GREEN VALLEY PKWY HENDERSON NV 89014 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer GREENS SUPPER CLUB Occupation OWNER Aggregate Year-to-Date > \$ SEE BELOW	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 1000.00
E. Full Name, Mailing Address and ZIP Code PETE KYPREOS 2241 N. GREEN VALLEY PKWY HENDERSON N.V 89014 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer GREENS SUPPER CLUB Occupation OWNER Aggregate Year-to-Date > \$ N/A	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code A. KYPRIANIDES 4219 COOLIDGE AVE. LOS ANGELES CA 90066 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer SELF Occupation INVESTOR Aggregate Year-to-Date > \$ 250	Date (month, day, year) 5-21-96	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code DR GEORGE S. LAVENSON JR. 609 W. ACEQUIA #C VISALIA FL 93291 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer SELF Occupation PHYSICIAN Aggregate Year-to-Date > \$ 500	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

224.85
3000.00

TOTAL This Period (last page this line number only)

✓

✓

SCHEDULE A

ITEMIZED RECEIPTS

CONTRIBUTIONS FROM INDIVIDUALS PERSONS OTHER THAN POLITICAL COMMITTEE

Use separate schedule(s)
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Detailed Summary Page

PAGE 6 OF 21

FOR LINE NUMBER 11 (a) (1)

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code NORMAN F. LENT SR. 555 13th ST. NW #305E WASHINGTON DC 20004 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer LENT & SCRIVNER Occupation CONSULTANT Aggregate Year-to-Date > \$ 400	Date (month, day, year) 4-29-96	Amount of Each Receipt this Period 400.00
B. Full Name, Mailing Address and ZIP Code NORMAN F. LENT III 1504 N. COLONIAL CT. ARLINGTON VA 22209 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer LENT & SCRIVNER Occupation CONSULTANT Aggregate Year-to-Date > \$ 220	Date (month, day, year) 4-29-96	Amount of Each Receipt this Period 220.00
C. Full Name, Mailing Address and ZIP Code JERRY LODGE 1821 LAS VEGAS BLVD N N. LAS VEGAS NV 89030 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer JERRY'S NUGGET Occupation CO-OWNER Aggregate Year-to-Date > \$ SEE BELOW	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 1000.00
D. Full Name, Mailing Address and ZIP Code JERRY LODGE 1821 LAS VEGAS BLVD N. N. LAS VEGAS NV 89030 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer JERRY'S NUGGET Occupation CO-OWNER Aggregate Year-to-Date > \$ 2000	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 1000.00
E. Full Name, Mailing Address and ZIP Code MILTON MALTZ 17701 SHAKER BLVD. SHAKER HEIGHTS OH 44120 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer MALRITE COMMUNICATIONS Occupation EXEC. Aggregate Year-to-Date > \$ 1000	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 1000.00
F. Full Name, Mailing Address and ZIP Code BARRY M. MEYER 445 N. LAYTON WAY LOS ANGELES CA 90049 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer WARNER BROS. Occupation EXEC. Aggregate Year-to-Date > \$ 500	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code J. PATRICK MICHAELS JR. PO BOX 22578 TAMPA FL 33622 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer COMMUNICATIONS EQUITY Occupation FINANCE EXEC Aggregate Year-to-Date > \$ 1000	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

5120.00

TOTAL This Period (last page this line number only)

W

W

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 21

FOR LINE NUMBER

11 (a) (1)

CONTRIBUTIONS FROM INDIVIDUALS / PERSONS OTHER THAN POLITICAL COMMITTEE.

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code JOHN C. MITCHELL 9952 DEVONSHIRE OMAHA NE 68114 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer SELF Occupation ATTORNEY Aggregate Year-to-Date > \$ 500 -	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code ROBERT E. MITCHELL 13915 SAN ANTONIO DR. NORWALK CA 90650 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer WARNER BROS. Occupation BROADCASTING Aggregate Year-to-Date > \$ 1000 -	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 1000.00
C. Full Name, Mailing Address and ZIP Code DR THOMAS F. MITTS 17331 AVE 304 VISALIA CA 93292 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer SELF Occupation PHYSICIAN Aggregate Year-to-Date > \$ 1000 -	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 1000.00
D. Full Name, Mailing Address and ZIP Code JOHN J. MOFFITT 3717 WYNNEWOOD DR GREENSBORO NC 27408 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer PAPPAS TELECASTING Occupation GEN. MGR. Aggregate Year-to-Date > \$ 250 -	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code WILMA A. PANOS 73 PRINCEVILLE LN LAS VEGAS NV 89113 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer — Occupation HOMEMAKER Aggregate Year-to-Date > \$ 500 -	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code HARRY J. PAPPAS 500 S. CHINOWTH VISALIA CA. 93277 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer PAPPAS TELECASTING Occupation BROADCASTER Aggregate Year-to-Date > \$ SEE BELOW	Date (month, day, year) 4-25-96	Amount of Each Receipt this Period 170.00 FOOD IN-KIND
G. Full Name, Mailing Address and ZIP Code HARRY J. PAPPAS 500 S. CHINOWTH VISALIA CA 93277 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer PAPPAS TELECASTING Occupation BROADCASTER Aggregate Year-to-Date > \$ 1000 - + MD IR	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

IN-KIND

170.00
420.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER
11 (a) (1)

CONTRIBUTIONS FROM INDIVIDUALS PERSONS OTHER THAN POLITICAL COMMITTEE

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code STELLA A. PAPPAS 500 S. CHINDWIT VISALIA CA 93277 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer — Occupation HOMEMAKER Aggregate Year-to-Date > \$1000-	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 1000.00
B. Full Name, Mailing Address and ZIP Code NOULA PAPPAS 627 E SHEPHERD FRESNO CA 93720 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer — Occupation HOMEMAKER Aggregate Year-to-Date > \$500-	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code CHARLES W PFAFF 1672 E PORTLAND FRESNO CA 93720 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer KMPH TV Occupation LOCAL MARKETING MGR Aggregate Year-to-Date > \$250-	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code NICK POULOS 7802 SYLVAN DR. HUDSON FL 34667 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer INN ON THE GULF Occupation OWNER Aggregate Year-to-Date > \$300-	Date (month, day, year) 6-15-96	Amount of Each Receipt this Period 300.00
E. Full Name, Mailing Address and ZIP Code STEPHEN M. RABR 917 N 149 ST. OMAHA NE 68154 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer KPTM TV Occupation SALES MGR Aggregate Year-to-Date > \$250-	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code ROBERT J RADCLIFF PO BOX 291070 TAMPA FL 33687-1070 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer TAMPA MACHINERY AUCTION Occupation PRES Aggregate Year-to-Date > \$1000-	Date (month, day, year) 6-7-96	Amount of Each Receipt this Period 1000.00
G. Full Name, Mailing Address and ZIP Code Q. B. RADCLIFF PO BOX 291070 TAMPA FL 33687-1070 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer — Occupation HOMEMAKER Aggregate Year-to-Date > \$1000-	Date (month, day, year) 6-7-96	Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

4300.00

TOTAL This Period (last page this line number only)

X

X

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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CONTRIBUTIONS FROM INDIVIDUALS PERSONS OTHER THAN POLITICAL COMM.

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code SAMAD S. RASHID 3621 SUGAR LOAF LN. VALRICO FL 32994 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer HALTERUSA CORP. Occupation PRES. Aggregate Year-to-Date > \$1000	Date (month, day, year) 4-19-96	Amount of Each Receipt this Period 1000.00
B. Full Name, Mailing Address and ZIP Code RICHARD T. ROBERTSON 1531 LINDACREST DR. BEVERLY HILLS CA 90210 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer WARNER BROS. Occupation PRES. Aggregate Year-to-Date > \$500	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code EDWARD A. ROMANO 10451 VALLEY SPRING LN TOLUCA LAKE CA 91602 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer WARNER BROS. Occupation CHIEF FINANCIAL OFFICER Aggregate Year-to-Date > \$500	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code FRANK J. SAVAGE 324 ROSEMARIE PL MAYPOINT CA 94065 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer PAPPAS TELECASTING Occupation MARKETING MGR. Aggregate Year-to-Date > \$250	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code DR PETER SCAMAGAS 7344 N. WARREN AVE FRESNO CA 93711 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer — Occupation RETIRED Aggregate Year-to-Date > \$500	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code JOHN A. SCHULMAN 4000 WARNER BLVD. BURBANK CA 91522 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer SELF Occupation ATTORNEY Aggregate Year-to-Date > \$500	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code MICHAEL S. SCRIVNER 555 13 ST. NW #305 E WASHINGTON DC 20004 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer LENTA SCRIVNER Occupation CONSULTANT Aggregate Year-to-Date > \$380	Date (month, day, year) 4-29-96	Amount of Each Receipt this Period 380.00

SUBTOTAL of Receipts This Page (optional)

3630.00

TOTAL This Period (last page this line number only)

W

W

SCHEDULE A

ITEMIZED RECEIPTS

CONTRIBUTIONS FROM INDIVIDUALS PERSONS OTHER THAN POLITICAL COMMITTEE

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TERRY SEMEL 9460 WILSHIRE BLVD #600 BEVERLY HILLS CA 90212	WARNER BROS. CHAIRMAN/CEO	5-15-96	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 500 -		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HOWARD H. SHIER 9360 JONES ST OMAHA NE 68114	KPTM TV GEN. MGR	5-15-96	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 500 -		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HARRY SIAFARIS 8424 BEVERLY BLVD LOS ANGELES CA 90048	JAN'S RESTAURANT OWNER	5-15-96	200.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 200 -		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DR. GORDON N. SMITH 3412 BORDER LINKS DR. VISALIA CA 93291	SELF PHYSICIAN	5-15-96	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 500 -		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WAYNE T. SMITH 530 PRIMROSE WAY LOUISVILLE KY 40206	HUMANA INC. PRES.	5-6-96	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 500 -		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PETER G STAMAS 959 BAYSHORE DR. TARPON SPRINGS FL 34689	STAMAS BOATS PRES.	4-20-96	300.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 300 -		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOUS STAVROS 1 BEACH DR SE #203/4 ST PETERSBURG FL 33701	- RETIRED	5-11-96	1000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 1000 -		

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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SCHEDULE A

ITEMIZED RECEIPTS

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FOR LINE NUMBER 11 (a) (1)

CONTRIBUTIONS FROM INDIVIDUALS PERSONS OTHER THAN POLITICAL COMMITTEE

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code SUSAN STAMIS 2288 TRAFALGAR CT. HENDERSON NV 89014 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer — Occupation HOMEMAKER Aggregate Year-to-Date > \$ SEE BELOW	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 1000.00
B. Full Name, Mailing Address and ZIP Code SUSAN STAMIS 2288 TRAFALGAR CT. HENDERSON NV 89014 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer — Occupation HOMEMAKER Aggregate Year-to-Date > \$ 2000	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 1000.00
C. Full Name, Mailing Address and ZIP Code DEBORAH STEELMAN 8523 GEORGETOWN PIKE MCLEAN VA 22102 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer SELF Occupation ATTORNEY Aggregate Year-to-Date > \$ 500	Date (month, day, year) 4-25-96	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code KATHY THEOFILOS 17877 WAYNE RD ODESSA FL 33454 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer — Occupation HOMEMAKER Aggregate Year-to-Date > \$ 500	Date (month, day, year) 4-20-96	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code DR. REESE E. THOMPSON 2910 S. CHURCH VISALIA CA 93277 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer SELF Occupation PHYSICIAN Aggregate Year-to-Date > \$ 500	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code ELLIOT TROSHINSKY VOOMEDIA PL SACRAMENTO CA 95811 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer PAPPAS TELECASTING Occupation GEN MGR. Aggregate Year-to-Date > \$ 200	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 200.00
G. Full Name, Mailing Address and ZIP Code TOM COVERDEN 4782 WELLESLEY DR WOODBRIDGE VA 22192 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer BEST EFFORT 618 WROTE LETTER 7/1 " " CERTIFIED Occupation Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6-8-96	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

4250.00

TOTAL This Period (last page this line number only)

X

X

SCHEDULE A

ITEMIZED RECEIPTS

CONTRIBUTIONS FROM INDIVIDUALS / PERSONS OTHER THAN POLITICAL COMMITTEE

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code PETER W. VASILION 608 YARMOUTH RD PALOS VERDES EST. CA 90274 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer CORSARO DISTRIBUTING Occupation PRES/CEO Aggregate Year-to-Date > \$ 250	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code ARIS ANAGNOS 8124 W 3 ST #200 LOS ANGELES CA 90048 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer SELF Occupation REALTOR Aggregate Year-to-Date > \$ SEE BELOW	Date (month, day, year) 4-26-96	Amount of Each Receipt this Period 200.00 FOOD & RE-FRESHMENTS IN-KIND
C. Full Name, Mailing Address and ZIP Code ARIS ANAGNOS 8124 W 3 ST #200 LOS ANGELES CA 90048 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer SELF Occupation REALTOR Aggregate Year-to-Date > \$ 500 + 200 - I.K.	Date (month, day, year) 5-15-96	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code CONSTANTINE KULIAS 306 DRIFTWOOD DR. W. PALM HARBOR FL 34683 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer SELF Occupation PRINTER Aggregate Year-to-Date > \$ 93 - I.K.	Date (month, day, year) 4-20-96	Amount of Each Receipt this Period 93.00 PRINTING IN-KIND
E. Full Name, Mailing Address and ZIP Code MARTHA ANN GIBBONS 615 S. OAKLAND ST. ARLINGTON VA 22204 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer LAIDLAW INC. Occupation DIR. FEDERAL AFFAIRS Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6-8-96	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code EMANUEL KOROLAKIS 3922 MACOMB ST. NW WASHINGTON DC 20016 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer — Occupation RETIRED Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6-8-96	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code WALLY MILLER 1430 WEST 215 20 LAGRANGE IN 46761 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer MMM-INVEST INC. Occupation CEO-OPERATIONS Aggregate Year-to-Date > \$ 1000	Date (month, day, year) 6-8-96	Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

IN-KIND

293.00
2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

CONTRIBUTIONS FROM INDIVIDUALS / PERSONS OTHER THAN POLITICAL COM..

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code BEVERLY AUSTIN 4617 SAN MIGUEL TAMPA FL 33629 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer — Occupation HOMEMAKER Aggregate Year-to-Date > \$ 350.	Date (month, day, year) 6-20-96	Amount of Each Receipt this Period 350.00
B. Full Name, Mailing Address and ZIP Code DAN W. CARLISLE 426 ST ANDREWS DR. BELLEAIR FL. 34616 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer CARLISLE MOTORS Occupation CHAIRMAN Aggregate Year-to-Date > \$ 350	Date (month, day, year) 6-22-96	Amount of Each Receipt this Period 350.00
C. Full Name, Mailing Address and ZIP Code EDWARD DROSTE 1700 McMULLEN BOOTH RD CLEARWATER FL 34619 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer SEE BELOW Occupation — Aggregate Year-to-Date > \$ SEE BELOW	Date (month, day, year) 6-22-96	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code EDWARD DROSTE 1700 McMULLEN BOOTH RD. CLEARWATER FL. 34619 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer PROVIDENT/MONT/HOOTERS Occupation CO-OWNER Aggregate Year-to-Date > \$ 700.	Date (month, day, year) 6-22-96	Amount of Each Receipt this Period 200.00
E. Full Name, Mailing Address and ZIP Code DANIEL A. ENGELHARDT PO BOX 17562 CLEARWATER FL 34622 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer HALLMARK DEV. INC. Occupation PRES. Aggregate Year-to-Date > \$ 350	Date (month, day, year) 6-22-96	Amount of Each Receipt this Period 350.00
F. Full Name, Mailing Address and ZIP Code W. DAVID FOSTER 1812 BARN DOWL WAY PALM HARBOR FL 34683 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer ABLEST SERVICE CORP. Occupation PRES Aggregate Year-to-Date > \$ 450.	Date (month, day, year) 6-21-96	Amount of Each Receipt this Period 350.00
G. Full Name, Mailing Address and ZIP Code ALBERT A. FOX JR 2138 CALIFORNIA ST. N.W. #307 WASHINGTON DC 20008 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer ROWAN BLEWITT/INC Occupation PRINCIPAL Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6-14-96	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2600.00

SCHEDULE A

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CONTRIBUTIONS FROM INDIVIDUALS / PERSONS OTHER THAN POLITICAL COM.

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code
CAROLINE GRAZUL
PO BOX 3278
SPRING HILL FL 34611-0964Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date

Date (month,
day, year)Amount of Each
Receipt this Period

6-21-96

350.00

RETIRED

B. Full Name, Mailing Address and ZIP Code
RONALD W. HAPANDWILZ
1150 CLEVELAND ST #420
CLEARWATER FL 34615Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date

Date (month,
day, year)Amount of Each
Receipt this Period

6-21-96

350.00

THE HRH GROUP

INS. AGENT

C. Full Name, Mailing Address and ZIP Code
LTC ARLENE W. JONES
14215 CYPRESS TERR.
TAMPA FL 33624Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date

Date (month,
day, year)Amount of Each
Receipt this Period

6-22-96

175.00

RETIRED

D. Full Name, Mailing Address and ZIP Code
MARY KALOGERIS
3478 FOREST RD
BETHEL PK PA 15102Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date

Date (month,
day, year)Amount of Each
Receipt this Period

6-18-96

500.00

HOMEMAKER

E. Full Name, Mailing Address and ZIP Code
ROGER KUMAR SR.
PO BOX 314
OLDSMAR FL 34677Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date

Date (month,
day, year)Amount of Each
Receipt this Period

6-20-96

350.00

CAVARIER PACKAGING

EXEC

F. Full Name, Mailing Address and ZIP Code
DR WILLIAM T. STAFFORD
206 HARBOR VIEW LN.
LARGO FL 34640Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date

Date (month,
day, year)Amount of Each
Receipt this Period

6-18-96

1000.00

SELF

PHYSICIAN

G. Full Name, Mailing Address and ZIP Code
DR. JAMES V. STELNICKI
249 DOGWOOD TRACE
TARPON SPRINGS FLReceipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date

Date (month,
day, year)Amount of Each
Receipt this Period

8-19-96

350.00

SELF

PODIATRIST

SUBTOTAL of Receipts This Page (optional)

3075.00

TOTAL This Period (last page this line number only)

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SCHEDULE A

ITEMIZED RECEIPTS

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CONTRIBUTIONS FROM INDIVIDUALS PERSONS OTHER THAN POLITICAL COMMITTEE

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code THOMAS V. STOOKEY 1005 DICKENS AVE TAMPA FL 33629 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer COASTAL CONSTRUCTION Occupation PRES Aggregate Year-to-Date > \$ 350	Date (month, day, year) 6-24-96	Amount of Each Receipt this Period 350.00
B. Full Name, Mailing Address and ZIP Code FRED A. THOMAS 730 ELDORADO AVE. CLEARWATER FL 34630 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer PINCH A PENNY Occupation OWNER Aggregate Year-to-Date > \$ 350	Date (month, day, year) 6-14-96	Amount of Each Receipt this Period 350.00
C. Full Name, Mailing Address and ZIP Code LILLIAN TODD 1405 WESTLAKE BLVD. PALM HARBOR FL 34683 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer — Occupation RETIRED Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6-18-96	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code DR R.R. VIJAY 4 COLUMBIA DR #830 TAMPA FL 33606 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer SELF Occupation SURGEON Aggregate Year-to-Date > \$ 350	Date (month, day, year) 6-20-96	Amount of Each Receipt this Period 350.00
E. Full Name, Mailing Address and ZIP Code BARBARA WALKER 2300 WETHERINGTON RD CLEARWATER FL 34625 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer — Occupation HOMEMAKER Aggregate Year-to-Date > \$ 850	Date (month, day, year) 6-19-96	Amount of Each Receipt this Period 350.00
F. Full Name, Mailing Address and ZIP Code WARREN A. WILSON III 3042 GEGGER CT. CLEARWATER FL 34621 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer SELF Occupation ATTORNEY Aggregate Year-to-Date > \$ 350	Date (month, day, year) 6-15-96	Amount of Each Receipt this Period 350.00
G. Full Name, Mailing Address and ZIP Code WILEY REIN & FIELDING 1776 K ST. NW WASHINGTON DC 20006 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer PARTNERSHIP Occupation — Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6-5-96	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER 11 (a) (1)

CONTRIBUTIONS FROM INDIVIDUALS PERSONS OTHER THAN POLITICAL COMMITTEE

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

NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code DR WILLIAM ATKINSON 100 KLOSTERMAN RD PALM HARBOR FL 34684 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer PHYSICIAN Occupation Aggregate Year-to-Date > \$ 350 -	Date (month, day, year) 6-28-96	Amount of Each Receipt this Period 350.00
B. Full Name, Mailing Address and ZIP Code JAMES L. BROADHEAD 982 LAKE HOUSE DR S N. PALM BEACH FL 33408 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer FLORIDA POWER Occupation CHAIRMAN OF BOARD Aggregate Year-to-Date > \$ 1000 -	Date (month, day, year) 6-28-96	Amount of Each Receipt this Period 1000.00
C. Full Name, Mailing Address and ZIP Code MIKE S. BUCKNER 777 S. FLAGLER DR #1900 W. PALM BEACH FL 33401 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer STEEL RECTOR DAVIS Occupation ATTORNEY Aggregate Year-to-Date > \$ 250 -	Date (month, day, year) 6-28-96	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code DR. FLORENTIA CHRISTODOULIDOU 21-26 BROADWAY L.I.C., N.Y 11106 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer SELF Occupation PHYSICIAN Aggregate Year-to-Date > \$ 300 -	Date (month, day, year) 6-28-96	Amount of Each Receipt this Period 300.00
E. Full Name, Mailing Address and ZIP Code DR. FREDERICK L. COX PO BOX 578 ODESSA FL 33556 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer SELF Occupation ENDO DONTIST Aggregate Year-to-Date > \$ 250 -	Date (month, day, year) 6-26-96	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code DENNIS P. COYLE 405 EAGLETON COVE WAY PALM BEACH GARDENS FL 33418 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer FLA. POWER + LIGHT Occupation GEN. COUNCIL Aggregate Year-to-Date > \$ 500 -	Date (month, day, year) 6-28-96	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code K.M. DAVIS 9540 NW 10 ST. PLANTATION FL 33322 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer FLA. POWER + LIGHT Occupation V.P. ACCOUNTING Aggregate Year-to-Date > \$ 250 -	Date (month, day, year) 6-28-96	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

2900.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER 11 (A) (1)

CONTRIBUTIONS FROM INDIVIDUALS / PERSONS OTHER THAN POLITICAL COMMITTEE

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code PAUL J EVANSON 12087 TURTLE BEACH RD. N. PALM BEACH FL 33408 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer FL. POWER LIGHT Occupation PRES. Aggregate Year-to-Date > \$1000	Date (month, day, year) 6-28-96	Amount of Each Receipt this Period 1000.00
B. Full Name, Mailing Address and ZIP Code LESLIE J. GELBER 10148 SE WHITE PELICAN WAY TEQUESTA FL 33469 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer ESI ENERGY Occupation PRES. Aggregate Year-to-Date > \$500	Date (month, day, year) 6-28-96	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code LAWRENCE J. KELLEHER 700 UNIVERSE BLVD. JUNO BEACH FL 33408 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer FL POWER LIGHT Occupation SR VP HUMAN RESOURCES Aggregate Year-to-Date > \$500	Date (month, day, year) 6-28-96	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code JAMES T. KELLY 19337 US 19 N #500 CLEARWATER FL 34624 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer LIN CARE INC. Occupation PRES. Aggregate Year-to-Date > \$1000	Date (month, day, year) 6-28-96	Amount of Each Receipt this Period 1000.00
E. Full Name, Mailing Address and ZIP Code DR EARL KENDALL 500 BLUFF VIEW DR. BELLAIR BLUFFS FL 34640 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer RADIOLOG Y ASSOC. Occupation RADIOLOGIST Aggregate Year-to-Date > \$300	Date (month, day, year) 6-25-96	Amount of Each Receipt this Period 300.00
F. Full Name, Mailing Address and ZIP Code RUSSELL A. KIMBALL 1546 EXCALIBUR DR. CLEARWATER FL 34624 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer SHERATON SAND KEY Occupation GEN. MGR. Aggregate Year-to-Date > \$300	Date (month, day, year) 6-29-96	Amount of Each Receipt this Period 300.00
G. Full Name, Mailing Address and ZIP Code S. CURTIS KISER 14 PETERSON LANE PALM HARBOR FL 34683 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer HOLLAND KNIGHT Occupation ATTORNEY Aggregate Year-to-Date > \$300	Date (month, day, year) 6-28-96	Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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CONTRIBUTIONS FROM INDIVIDUALS PERSONS OTHER THAN POLITICAL COMMITTEE

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID A. LANNING 8300 1ST PL N LARGO FL 34643	PROFESSIONAL SYSTEMS Occupation PRES	6-29-96	350.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 350		
B. Full Name, Mailing Address and ZIP Code JOHN M. LELEKIS 200 DSCOLA RD. MELLEAIR FL 34616	ECKERD CORP Occupation MGR.	6-28-96	350.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 350		
C. Full Name, Mailing Address and ZIP Code LARRY J. LASETER 117 CHATHAM CT. BOYNTON BEACH FL 33436	FL. POWER & LIGHT Occupation ANALYSIS DIR. OF QUAL. PLANNING &	6-28-96	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 500		
D. Full Name, Mailing Address and ZIP Code JOHN W. LITTLE III 216 BLOOMFIELD DR. W. PALM BEACH FL 33405	STEEL HECTOR DAVIS Occupation ATTY	6-28-96	250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 250		
E. Full Name, Mailing Address and ZIP Code JOHN P. MCCORKLE 16030 GULF BLVD. ST. PETERSBURG FL 33708	— Occupation RETIRED	6-25-96	350.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 350		
F. Full Name, Mailing Address and ZIP Code MARK W. MACONI 31111 US HWY 19 N PALM HARBOR FL 34684	MARK MACONI INC. Occupation PRES.	6-26-96	350.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 350		
G. Full Name, Mailing Address and ZIP Code DR WILLIAM S. MAISTRELLIS 306 SPOTTISWOODE CT. CLEARWATER FL 34616	SELF Occupation SURGEON	6-28-96	350.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 350		

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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Detailed Summary PagePAGE 19 OF 21
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CONTRIBUTIONS FROM INDIVIDUALS PERSONS OTHER THAN POLITICAL COMMITTEE

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS CDD153213

A. Full Name, Mailing Address and ZIP Code TASSO MANESSIS 60 OLD FARM RD SCARSDALE NY 10583 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer PAN GREGORIAN ENTERPRISES Occupation PRES. Aggregate Year-to-Date > \$200	Date (month, day, year) 6-28-96	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code CHARLES MARANGODAKIS 50 VIDONI DR. MT SINAI NY 11766 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer MARANGOS CONSTRUCTION Occupation CONTRACTOR Aggregate Year-to-Date > \$500	Date (month, day, year) 6-28-96	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code DR LAD T. MENORCA 6365 MILLSTONE DR. NEW PORT RICHEY FL 34655 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer SELF Occupation UROLOGIST Aggregate Year-to-Date > \$300	Date (month, day, year) 6-28-96	Amount of Each Receipt this Period 300.00
D. Full Name, Mailing Address and ZIP Code DR CHARLES R. MODICA PO BOX 3947 BOYNTON BEACH FL 33424-3947 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer ST GEORGE SCHOOL OF MEDICINE Occupation DOCTOR Aggregate Year-to-Date > \$1000	Date (month, day, year) 6-24-96	Amount of Each Receipt this Period 1000.00
E. Full Name, Mailing Address and ZIP Code NIKOS MOULIARIS 32-02 QUEENS BLVD. L.I.C. NY 11101 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer MANA PRODUCTS Occupation PRES. Aggregate Year-to-Date > \$1000	Date (month, day, year) 6-28-96	Amount of Each Receipt this Period 1000.00
F. Full Name, Mailing Address and ZIP Code JEFFREY L. MULLENS 229 BARTON AVE PALM BEACH FL 33480 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer STEEL HECTOR + DAVIS Occupation ATTORNEY Aggregate Year-to-Date > \$700	Date (month, day, year) 6-28-96	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code FRANK A. NEWMAN 820 S. MAYSIDE DR. TAMPA FL 33609 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer ECKARD CORP Occupation CEO Aggregate Year-to-Date > \$300	Date (month, day, year) 6-28-96	Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)

3700.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

CONTRIBUTIONS FROM INDIVIDUALS / PERSONS OTHER THAN POLITICAL COM.

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code ARMANDO J. OLIVERA 1200 S. GREENWAY DR. CORAL GABLES FL 33134 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer FL POWER + LIGHT Occupation VP POWER DELIVERY Aggregate Year-to-Date > \$500	Date (month, day, year) 6-28-96	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code PANAYIOTIS PAPANICOLAOU 44 89 ST BROOKLYN NY 11209 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer JF CONTRACTING Occupation OWNER Aggregate Year-to-Date > \$200	Date (month, day, year) 6-28-96	Amount of Each Receipt this Period 200.00
C. Full Name, Mailing Address and ZIP Code THOMAS F. PLUNKETT 19751 S.W. 79 CT. MIAMI FL 33189 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer FL POWER + LIGHT Occupation PRES. NUCLEAR DIV. Aggregate Year-to-Date > \$500	Date (month, day, year) 6-28-96	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code ANTONIO RODRIGUEZ 130 N RIVER DR. W. JUPITER FL 33458 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer FLORIDA POWER Occupation VP Aggregate Year-to-Date > \$500	Date (month, day, year) 6-28-96	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code ROBERT E. STEWART JR. 1160 MANOR CT. FL LAUDERDALE FL 33326 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer FL. POWER + LIGHT Occupation VP MARKETING Aggregate Year-to-Date > \$500	Date (month, day, year) 6-28-96	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code ANDREA S G. TZAKIS 19 SAMANA DR. MIAMI FL 33133 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer UNIV. OF MIAMI Occupation PROFESSOR OF SURGERY Aggregate Year-to-Date > \$500	Date (month, day, year) 6-27-96	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code C.D. WOODY 176 HARBOURSIDE CIRCLE JUPITER FL 33477 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer FL. POWER + LIGHT Occupation SR VP POWER GENERATION Aggregate Year-to-Date > \$500	Date (month, day, year) 6-28-96	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

CONTRIBUTIONS FROM INDIVIDUALS / PERSONS OTHER THAN POLITICAL COMMITTEE

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

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code THOMAS R. WOOLSEY 12015 SW 88 AVE MIAMI FL 33176 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer STEEL HECTOR + DAVIS Occupation ATTY Aggregate Year-to-Date > \$ 200	Date (month, day, year) 6-28-96	Amount of Each Receipt this Period 200.00
B. Full Name, Mailing Address and ZIP Code MICHAEL W. YACKIRA 102 SANDAOURNE LANE PALM BEACH GARDENS 33418 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer FL. POWER + LIGHT Occupation SR VP FINANCE CFO Aggregate Year-to-Date > \$ 100	Date (month, day, year) 6-28-96	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 700.00

TOTAL This Period (last page this line number only) 69912.85

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER 11 (b)

CONTRIBUTIONS FROM PARTY COMMITTEES

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code

NATIONAL REPUBLICAN CONGRESSIONAL COMM.
320 FIRST ST. S.E.
WASHINGTON DC 20003

Name of Employer

N/A

Date (month, day, year)

4-3-96

Amount of Each Receipt this Period

187.90

SATELLITE FEED
IN-KIND

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 187.90 I-K

B. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$

C. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$

D. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$

E. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

IN-KIND

TOTAL This Period (last page this line number only)

187.90

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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

NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code

AANA CRNA PAC
222 S. PROSPECT AVE
PARK RIDGE IL 60068

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

5-13-96

500.00

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$ 500 -

B. Full Name, Mailing Address and ZIP Code

ABBOTT LABORATORIES BETTER
RT 137 + WAUKEGAN RD. FUND PAC
ABBOTT PARK IL 60064

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

4-18-96

1000.00

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$ 1000 -

C. Full Name, Mailing Address and ZIP Code

ACRE ACTION COMM. FOR RURAL ELEC-
4301 WILSON BLVD. TRIFICATION PAC
ARLINGTON VA 22203

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

5-2-96

500.00

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$ 500 -

D. Full Name, Mailing Address and ZIP Code

AETNA LIFE & CASUALTY PAC
151 FARMINGTON AVE.
HARTFORD CT 06106

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

6-5-96

500.00

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$ 500 -

E. Full Name, Mailing Address and ZIP Code

AGC PAC
1957 E ST. NW
WASHINGTON DC 20006

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

5-11-96

500.00

Occupation

Receipt For:

☐ Primary☒ General☐ Other (specify):

Aggregate Year-to-Date > \$ 500 -

F. Full Name, Mailing Address and ZIP Code

AMERICAN AMBULANCE FEDERAL PAC
1301 CONNECTICUT AVE N.W.
WASHINGTON DC 20036

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

6-5-96

500.00

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$ 1000 -

G. Full Name, Mailing Address and ZIP Code

AMERICAN BANKERS ASSOC PAC
1120 CONNECTICUT AVE NW
WASHINGTON DC 20036

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

5-13-96

1000.00

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$ 1000 -

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code

AMERICAN DENTAL PAC
1111 14 ST NW #1100
WASHINGTON DC 20005

Name of Employer

Date (month,
day, year)

4-26-96

Amount of Each
Receipt this Period

1000.00

Occupation

5-18-96

2000.00

6-25-96

1000.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$4000.00

B. Full Name, Mailing Address and ZIP Code

THE AMERICAN DIETETIC ASSOC.
1226 EYE ST NW #1250 PAC
WASHINGTON DC 20005

Name of Employer

Date (month,
day, year)

5-24-96

Amount of Each
Receipt this Period

1000.00

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$1000.00

C. Full Name, Mailing Address and ZIP Code

AAHAPAC - AMERICAN HOSPITAL ASSOC.
1 N. FRANKLIN
CHICAGO IL 60606

Name of Employer

Date (month,
day, year)

4-29-96

Amount of Each
Receipt this Period

1000.00

Occupation

6-20-96

1500.00

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$2500.00

D. Full Name, Mailing Address and ZIP Code

AHMPAC - AMERICAN HOTEL + MOTEL
1201 NEW YORK AVENUE 6 FL. ASSOC.
WASHINGTON DC 20005

Name of Employer

Date (month,
day, year)

5-13-96

Amount of Each
Receipt this Period

350.00

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$350.00

E. Full Name, Mailing Address and ZIP Code

AMERICAN INSTITUTE OF CERTIFIED
PUBLIC ACCOUNTANTS EFFECTIVE LEGIS.
1455 PENNSYLVANIA AVENUE N.W. COMM. PAC
WASHINGTON DC 20004

Name of Employer

Date (month,
day, year)

5-13-96

Amount of Each
Receipt this Period

1500.00

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$1500.00

F. Full Name, Mailing Address and ZIP Code

AMERICAN MARITIME OFFICERS VOL.
650 4TH AVE. POL. FUND
BROOKLYN N.Y. 11232

Name of Employer

Date (month,
day, year)

5-11-96

Amount of Each
Receipt this Period

1000.00

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$1000.00

G. Full Name, Mailing Address and ZIP Code

AMERICAN OCCUPATIONAL THERAPY
PO BOX 31220 ASSOC PAC
BETHESDA MD 20824-1220

Name of Employer

Date (month,
day, year)

6-5-96

Amount of Each
Receipt this Period

500.00

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$500.00

SUBTOTAL of Receipts This Page (optional)

10850.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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

PAGE **3** OF **21**

FOR LINE NUMBER
11c

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

NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code
AMERICAN PHARMACEUTICAL ASSOC PAC
2215 CONSTITUTION AVE N.W.
WASHINGTON DC 20037

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

✓ 2-23-96

1000.00

Occupation

Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Aggregate Year-to-Date **> \$1000 -**

B. Full Name, Mailing Address and ZIP Code
AMERICAN SOCIETY OF ANESTHESIOLOGISTS PAC
120 N. NORTHWEST HWY.
PARK RIDGE IL 60068

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

4-25-96

1000.00

✓ 2-24-96

1000.00

Occupation

Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Aggregate Year-to-Date **> \$2000 -**

C. Full Name, Mailing Address and ZIP Code
THE AMERICAN SOCIETY OF PLASTIC & RE-CONSTRUCTIVE SURGEONS PAC
444 E. ALGONQUIN RD.
ARLINGTON HHTS IL 60005

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

✓ 1-13-96

1000.00

Occupation

Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Aggregate Year-to-Date **> \$1000 -**

D. Full Name, Mailing Address and ZIP Code
AMOCO PAC
200 E RANDOLPH DR.
CHICAGO IL 60601

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

✓ 2-24-96

✓ 800.00

Occupation

Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Aggregate Year-to-Date **> \$700 -**

E. Full Name, Mailing Address and ZIP Code
ARTHUR ANDERSEN
1666 K ST. NW
WASHINGTON DC 20006

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

4-26-96

1000.00

Occupation

Receipt For: ☐ Primary ☒ General

☐ Other (specify):

Aggregate Year-to-Date **> \$1000 -**

F. Full Name, Mailing Address and ZIP Code
ASSOC. FOR THE ADVANCEMENT OF PSYCHOLOGY PAC
PO BOX 38129
COLORADO SPRINGS CO 80937-8129

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

4-25-96

1000.00

Occupation

Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Aggregate Year-to-Date **> \$1000 -**

G. Full Name, Mailing Address and ZIP Code
ASSOCIATION OF AMERICAN RAILROADS PAC
50 F ST. NW
WASHINGTON DC 20001

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

✓ 5-11-96

✓ 800.00

Occupation

Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Aggregate Year-to-Date **> \$700 -**

SUBTOTAL of Receipts This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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112

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code

AVON FUND FOR RESPONSIBLE GOV'T PAC
9 W 51 ST
NEW YORK, N.Y. 10019

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

4-25-96

✓ 100.00

Occupation

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$ **✓ 100 -**

B. Full Name, Mailing Address and ZIP Code

BGE PAC - BALTIMORE GAS & ELECTRIC
PO BOX 1475 ROOM 11412
BALTIMORE MD 21203

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

✓ 5-13-96

✓ 100.00

Occupation

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$ **✓ 100 -**

C. Full Name, Mailing Address and ZIP Code

BARNETT PEOPLE FOR BETTER GOV'T INC
FEDERAL PAC
50 N. LAURA ST.
JACKSONVILLE FL 32202

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

✓ 5-11-96

✓ 100.00

6-25-96

✓ 25.00

Occupation

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$ **✓ 100 -**

D. Full Name, Mailing Address and ZIP Code

BAXTER HEALTHCARE CORP PAC
1 BAXTER PARKWAY
DEERFIELD IL 60015

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

✓ 5-2-96

✓ 1000.00

Occupation

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$ **✓ 1000 -**

E. Full Name, Mailing Address and ZIP Code

BROWNS BUILDERS PAC
PO BOX 3
HOUSTON TX 77001-0003

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

✓ 5-13-96

✓ 1000.00

Occupation

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$ **✓ 1000 -**

F. Full Name, Mailing Address and ZIP Code

BELL SOUTH TELECOMMUNICATIONS
600 N 19 ST 12 FL. FEDERAL PAC
BIRMINGHAM AL 35203

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

✓ 5-13-96

✓ 100.00

Occupation

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$ **✓ 100 -**

G. Full Name, Mailing Address and ZIP Code

CF INDUSTRIES EMPLOYEES GOOD
GOV'T FUND PAC
1 SALEM LAKE DR.
LONG GROVE IL 60047

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

✓ 5-24-96

✓ 100.00

Occupation

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$ **✓ 100 -**

SUBTOTAL of Receipts This Page (optional)

✓ 1025.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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

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11C

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

NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code
CEPAC - CHEVRON EMPLOYEES PAC
575 MARKET ST #908
SAN FRANCISCO CA 94105

Receipt For: ☐ Other (specify): ☐ Primary ☒ General

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > \$ 500 -

5-13-96

500.00 ✓

B. Full Name, Mailing Address and ZIP Code
CHRYSLER POLITICAL SUPPORT COMM.
12000 CHRYSLER DR.
HIGHLAND PARK MI 48288

Receipt For: ☐ Other (specify): ☒ Primary ☐ General

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > \$ 500 -

5-6-96

500.00 ✓

C. Full Name, Mailing Address and ZIP Code
CIGNA CORPORATION
1650 MARKET ST.
PHILADELPHIA PA 19192

Receipt For: ☐ Other (specify): ☒ Primary ☐ General

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > \$ 500 -

5-13-96

500.00 ✓

D. Full Name, Mailing Address and ZIP Code
CITICORP VOLUNTARY POL. FUND - FEDERAL
1101 PENNSYLVANIA AVE N.W. PAC
WASHINGTON DC 20004

Receipt For: ☐ Other (specify): ☒ Primary ☐ General

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > \$ 500 -

5-11-96

500.00 ✓

E. Full Name, Mailing Address and ZIP Code
CIVIC ACTION FUND - LORAL CORP PAC
1210 MASSILLON RD
AKRON OH 44315

Receipt For: ☐ Other (specify): ☒ Primary ☐ General

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > \$ 500 -

4-25-96

500.00 ✓

F. Full Name, Mailing Address and ZIP Code
CIVIC INVOLVEMENT PROGRAM PAC
3044 W. GRAND BLVD.
DETROIT MI 48202

Receipt For: ☐ Other (specify): ☒ Primary ☐ General

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > \$ 500 -

6-5-96

500.00

G. Full Name, Mailing Address and ZIP Code
COCA-COLA ENTERPRISES INC. EMPLOYEE
NON PARTISAN COMM. FOR GOOD GOV'T PAC
PO BOX 1778
ATLANTA GA 30301

Receipt For: ☐ Other (specify): ☒ Primary ☐ General

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > \$ 500 -

4-5-96

500.00 ✓

SUBTOTAL of Receipts This Page (optional)

3500.00

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

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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112

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code
PATH PAC - COLLEGE OF AMERICAN
1350 1 ST NW #190 PATHOLOGISTS PAC
WASHINGTON DC 20005

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

5-13-96

1000.00

Occupation

Aggregate Year-to-Date **> \$ 1000 -**

B. Full Name, Mailing Address and ZIP Code
CONAGRA GOOD GOV'T ASSOC PAC
1 CONAGRA DR.
OMAHA NE 68102

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

5-6-96

500.00

Occupation

Aggregate Year-to-Date **> \$ 500 -**

C. Full Name, Mailing Address and ZIP Code
CAPFAC COOPERATIVE OF AMERICAN
PHYSICIANS FEDERAL ACT-Comm
3550 WILSHIRE BLVD #1800
LOS ANGELES CA 90010

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

5-13-96

500.00

Occupation

Aggregate Year-to-Date **> \$ 500 -**

D. Full Name, Mailing Address and ZIP Code
COOPERS & LYBRAND PAC
1800 M ST NW
WASHINGTON DC 20036

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

5-2-96

500.00

Occupation

Aggregate Year-to-Date **> \$ 500 -**

E. Full Name, Mailing Address and ZIP Code
COSMETIC TOILETRY & FRAGRANCE
1101 17 ST NW #300 ASSOC PAC
WASHINGTON DC 20036

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

4-25-96

500.00

Occupation

Aggregate Year-to-Date **> \$ 500 -**

F. Full Name, Mailing Address and ZIP Code
CSX TRANSPORTATION INC PAC
1931 PENNSYLVANIA AVE NW #50
WASHINGTON DC 20004

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

5-11-96

500.00

Occupation

Aggregate Year-to-Date **> \$ 500 -**

G. Full Name, Mailing Address and ZIP Code
DEALERS ELECTION ACT COMM-NATIONAL
AUTOMOBILE DEALERS ASSOC. PAC
8400 WESTPARK DR.
MCLEAN VA 22102

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

6-5-96

500.00

Occupation

Aggregate Year-to-Date **> \$ 500 -**

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

4000.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code
EDPAC - DETROIT EDISON PAC FEDERAL
2000 SECOND AVE.
DETROIT MI 48226

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

6-8-96

Amount of Each
Receipt this Period

500.00

Occupation

Aggregate Year-to-Date **> \$ 500 -**

B. Full Name, Mailing Address and ZIP Code
EMPLOYEES FEDERAL PAC CAROLINA POWER
PO BOX 1710 CPB 2025
RALEIGH NC 27602

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

6-8-96

Amount of Each
Receipt this Period

500.00

Occupation

Aggregate Year-to-Date **> \$ 500 -**

C. Full Name, Mailing Address and ZIP Code
ENGPAC - EMPLOYEES OF NORTHROP
GRUMMAN CORP PAC
1234 6 ST. #204
SANTA MONICA CA 90401

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

6-5-96

Amount of Each
Receipt this Period

500.00

Occupation

Aggregate Year-to-Date **> \$ 500 -**

D. Full Name, Mailing Address and ZIP Code
ENRON PAC
1400 SMITH #EB 4505
HOUSTON TX 77002

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

5-24-96

Amount of Each
Receipt this Period

500.00

Occupation

Aggregate Year-to-Date **> \$ 500 -**

E. Full Name, Mailing Address and ZIP Code
EIA - ENVIRONMENTAL INDUSTRY ASSOC
WASTE PAC
4301 CONNECTICUT AVENUE #300
WASHINGTON DC 20008

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

6-8-96

Amount of Each
Receipt this Period

500.00

Occupation

Aggregate Year-to-Date **> \$ 500 -**

F. Full Name, Mailing Address and ZIP Code
ERNST & YOUNG PAC
1225 CONNECTICUT AVENUE #600
WASHINGTON DC 20036

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

5-6-96

Amount of Each
Receipt this Period

1000.00

Occupation

Aggregate Year-to-Date **> \$ 1000 -**

G. Full Name, Mailing Address and ZIP Code
EXPAC EXXON CORP PAC
PO BOX 2180
HOUSTON TX 77252-2180

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

5-13-96

Amount of Each
Receipt this Period

500.00

Occupation

Aggregate Year-to-Date **> \$ 500 -**

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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

NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code
FIRST UNION EMPLOYEES GOOD GOVT
1 FIRST UNION PLAZA "F" FUND PAC
CHARLOTTE NC 28288

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

5-6-96

1000.00

Occupation

Aggregate Year-to-Date **> \$ 1000**

B. Full Name, Mailing Address and ZIP Code
FPL PAC - FLORIDA POWER & LIGHT PAC
700 UNIVERSE BLVD.
JUNO BEACH FL. 33408

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

6-8-96

500.00

Occupation

Aggregate Year-to-Date **> \$ 500**

C. Full Name, Mailing Address and ZIP Code
FOOD PAC - FOOD MARKETING INSTITUTE
800 CONNECTICUT AVENUE N.W. #500
WASHINGTON DC 20006

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

5-6-96

1000.00

Occupation

Aggregate Year-to-Date **> \$ 1000**

D. Full Name, Mailing Address and ZIP Code
FORD MOTOR CO. CIVIC ACTION FUND
THE AMERICAN ROAD
DETROIT MI 48121

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

5-24-96

500.00

Occupation

Aggregate Year-to-Date **> \$ 500**

E. Full Name, Mailing Address and ZIP Code
GOLDEN STATE PAC
11355 W. OLYMPIC BLVD 2ND FL.
LOS ANGELES CA 90064

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

6-5-96

500.00

Occupation

Aggregate Year-to-Date **> \$ 500**

F. Full Name, Mailing Address and ZIP Code
HARRIS FEPA
MELBOURNE FL 32919

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

6-5-96

1500.00

Occupation

Aggregate Year-to-Date **> \$ 1500**

G. Full Name, Mailing Address and ZIP Code
HUEPAC - HEADQUARTERS UNIT EMPLOYEES
PAC OF THE DOW CHEMICAL CO.
2020 DOW CENTER
MIDLAND MI 48640

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

5-22-96

500.00

Occupation

Aggregate Year-to-Date **> \$ 500**

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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112

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code
HOLLAND + KNIGHT COMM FOR EFFECTIVE
GOV'T PAC
2100 PENNSYLVANIA AVE NW #400
WASHINGTON DC 20037

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date > \$ **500**

5-13-96

500.00

B. Full Name, Mailing Address and ZIP Code
HFPAC - HONEYWELL FLORIDA PAC
11601 ROOSEVELT BLVD.
ST PETERSBURG FL 33716

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date > \$ **500**

5-13-96

500.00

C. Full Name, Mailing Address and ZIP Code
JOHNSON + JOHNSON EMPLOYEE'S GOOD
GOV'T FUND PAC
1 JOHNSON + JOHNSON PLAZA
NEW BRUNSWICK N.J 08933

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date > \$ **500**

6-5-96

500.00

D. Full Name, Mailing Address and ZIP Code
KING + SPALDING NONPARTISAN COMM. FOR
191 PEACHTREE ST. GOOD GOV'T PAC
ATLANTA GA 30303

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date > \$ **500**

6-5-96

500.00

E. Full Name, Mailing Address and ZIP Code
MANUFACTURED HOUSING INSTITUTE PAC
174V JEFF DAVIS HWY
ARLINGTON VA 22202

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date > \$ **500**

5-13-96

500.00

F. Full Name, Mailing Address and ZIP Code
MERCK PAC: 2LS
601 PENNSYLVANIA AVE NW #200
WASHINGTON DC 20004

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date > \$ **1000**

5-2-96

1000.00

G. Full Name, Mailing Address and ZIP Code
MERRILL LYNCH PAC
3000 K ST NW #620
WASHINGTON DC 20007

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date > \$ **500**

5-13-96

500.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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

PAGE **10** OF **21**

FOR LINE NUMBER
11C

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

NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code
MET-LIFE-METROPOLITAN LIFE INS CO.
EMPLOYEES' POL PARTICIPATION FUND A
1620 L ST NW #800
WASHINGTON DC 20036

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

6-8-96

Amount of Each
Receipt this Period

500.00

Occupation

Aggregate Year-to-Date **> \$ 500**

B. Full Name, Mailing Address and ZIP Code
MISSISSIPPI POWER CO FEDERAL PAC
PO BOX 4079
GULFPORT MS 39501

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

5-18-96

Amount of Each
Receipt this Period

250.00

Occupation

Aggregate Year-to-Date **> \$ 250**

C. Full Name, Mailing Address and ZIP Code
MORGAN STANLEY & CO INC BETTER GOVT
FUND PAC
120 AVENUE OF THE AMERICAS
NEW YORK N.Y. 10020

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

6-5-96

Amount of Each
Receipt this Period

3000.00

Occupation

Aggregate Year-to-Date **> \$ 3000**

D. Full Name, Mailing Address and ZIP Code
NATIONAL ASSOC FOR HOMEOWNERS PAC
519 C ST NE
WASHINGTON DC 20002

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

4-5-96

Amount of Each
Receipt this Period

1000.00

Occupation

Aggregate Year-to-Date **> \$ 1000**

E. Full Name, Mailing Address and ZIP Code
NALUPAC - THE NATIONAL ASSOC. OF LIFE
UNDERWRITERS PAC
1922 F ST NW
WASHINGTON DC 20006

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

5-13-96

Amount of Each
Receipt this Period

1000.00

Occupation

Aggregate Year-to-Date **> \$ 1000**

F. Full Name, Mailing Address and ZIP Code
NATIONAL COMM-TO PRESERVE SOCIAL SECURITY
+ MEDICARE PAC
2000 K ST NW #800
WASHINGTON DC 20006

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

4-25-96

Amount of Each
Receipt this Period

1000.00

Occupation

Aggregate Year-to-Date **> \$ 2000**

G. Full Name, Mailing Address and ZIP Code
NATIONAL ASSOC. OF WATER COMPANIES PAC
1725 K ST NW #1272
WASHINGTON DC 20006

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

5-2-96

Amount of Each
Receipt this Period

500.00

Occupation

Aggregate Year-to-Date **> \$ 500**

SUBTOTAL of Receipts This Page (optional)

8250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

Use separate schedule(s)
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Detailed Summary Page

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FOR LINE NUMBER 112

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

NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code NEMPAC - NATIONAL EMERGENCY MEDICINE PAC PO BOX 619911 DALLAS TX 75261-9911	Name of Employer Occupation	Date (month, day, year) 5-22-96	Amount of Each Receipt this Period 1000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 1000 -		
B. Full Name, Mailing Address and ZIP Code NATIONAL UTILITY CONTRACTORS ASSOC. LEGISLATIVE INFORMATION ACTION COM. 4301 FAIRFAX DR # 360 ARLINGTON VA 22203	Name of Employer Occupation	Date (month, day, year) 5-11-96	Amount of Each Receipt this Period 1000.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 1000 -		
C. Full Name, Mailing Address and ZIP Code NAUS PAC 5535 HEMPSTEAD WAY SPRINGFIELD VA 22151	Name of Employer Occupation	Date (month, day, year) 5-13-96	Amount of Each Receipt this Period 500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 500 -		
D. Full Name, Mailing Address and ZIP Code NEW YORK LIFE PAC 51 MADISON AVE NEW YORK N.Y. 10010	Name of Employer Occupation	Date (month, day, year) 5-6-96	Amount of Each Receipt this Period 500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 500 -		
E. Full Name, Mailing Address and ZIP Code NDMA PAC - NONPRESCRIPTION DRUG MANUFACTURERS ASSOC 1150 CONNECTICUT AVE NW WASHINGTON DC 20036	Name of Employer Occupation	Date (month, day, year) 4-19-96	Amount of Each Receipt this Period 500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 500 -		
F. Full Name, Mailing Address and ZIP Code NORFOLK SOUTHERN CORP GOOD GOVERNANCE PAC 3 COMMERCIAL PL NORFOLK VA 23510	Name of Employer Occupation	Date (month, day, year) 5-13-96	Amount of Each Receipt this Period 500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 500 -		
G. Full Name, Mailing Address and ZIP Code OXY PAC - OCCIDENTAL PETROLEUM CORP PAC 10889 WILSHIRE BLVD LOS ANGELES CA 90024	Name of Employer Occupation	Date (month, day, year) 6-5-96	Amount of Each Receipt this Period 500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 500 -		

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER
112

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code

PECO ENERGY CO FEDERAL PAC
2301 MARKET ST S-13-1
PHILADELPHIA PA 19103

Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Name of Employer

Date (month,
day, year)

6-8-96

Amount of Each
Receipt this Period

580.00

Occupation

Aggregate Year-to-Date > \$ 500 -

B. Full Name, Mailing Address and ZIP Code

PFIZER PAC
235 E 42 ST
NEW YORK NY 10017

Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Name of Employer

Date (month,
day, year)

5-2-96

Amount of Each
Receipt this Period

1000.00

Occupation

Aggregate Year-to-Date > \$ 1000 -

C. Full Name, Mailing Address and ZIP Code

PHYSICAL THERAPY PAC
1111 N. FAIRFAY ST
ALEXANDRIA VA 22314

Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Name of Employer

Date (month,
day, year)

4-19-96

Amount of Each
Receipt this Period

1000.00

Occupation

Aggregate Year-to-Date > \$ 1000 -

D. Full Name, Mailing Address and ZIP Code

PODIATRY PAC GENERAL FUND
9312 OLD GEORGETOWN RD
BETHESDA MD 20814

Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Name of Employer

Date (month,
day, year)

5-2-96

Amount of Each
Receipt this Period

1000.00

Occupation

Aggregate Year-to-Date > \$ 1000 -

E. Full Name, Mailing Address and ZIP Code

POWER PAC OF FLORIDA POWER CORP
PO BOX 14042
ST PETERSBURG FL 33733

Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Name of Employer

Date (month,
day, year)

6-8-96

Amount of Each
Receipt this Period

500.00

Occupation

Aggregate Year-to-Date > \$ SEE BELOW

F. Full Name, Mailing Address and ZIP Code

[Crossed out]

Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Name of Employer

Date (month,
day, year)

Occupation

Aggregate Year-to-Date > \$ -

Amount of Each
Receipt this Period

G. Full Name, Mailing Address and ZIP Code

PRINPAC - THE PRINCIPAL FINANCIAL
GROUP PAC
211 HIGH ST
DES MOINES IA 50392

Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Name of Employer

Date (month,
day, year)

5-13-96

Amount of Each
Receipt this Period

500.00

Occupation

Aggregate Year-to-Date > \$ 500 -

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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PAGE **13** OF **21**

FOR LINE NUMBER

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code PRUDENTIAL SECURITIES PAC 199 WATER ST NEW YORK N.Y. 10038	Name of Employer Occupation	Date (month, day, year) 5-24-96	Amount of Each Receipt this Period 500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 500		
B. Full Name, Mailing Address and ZIP Code PSAPAC - PUBLIC SECURITIES ASSOC PAC 1445 NEW YORK AVE NW #800 WASHINGTON DC 20005	Name of Employer Occupation	Date (month, day, year) 6-5-96	Amount of Each Receipt this Period 500.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 500		
C. Full Name, Mailing Address and ZIP Code RESPONSIBLE GOVERNMENT COMM. OF 500 BAYFRONT PL WY PENSACOLA FL 32501	Name of Employer Occupation	Date (month, day, year) 5-18-96	Amount of Each Receipt this Period 250.00
Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 250		
D. Full Name, Mailing Address and ZIP Code RPR PAC - RHONE POULENC RORER PAC PO BOX 1200 COLLEGEVILLE PA 19426	Name of Employer Occupation	Date (month, day, year) 5-13-96	Amount of Each Receipt this Period 1000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 2500		
E. Full Name, Mailing Address and ZIP Code SHAW PITMAN POTTS & TROWBRIDGE PAC 2300 N ST NW WASHINGTON DC 20037	Name of Employer Occupation	Date (month, day, year) 5-13-96	Amount of Each Receipt this Period 500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 500		
F. Full Name, Mailing Address and ZIP Code SOFT DRINK PAC 1101 16 ST NW WASHINGTON DC 20036	Name of Employer Occupation	Date (month, day, year) 5-13-96	Amount of Each Receipt this Period 500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 500		
G. Full Name, Mailing Address and ZIP Code SOUTHERN CALIFORNIA EDISON CO. EMPLOYEES FEDERAL CITIZENSHIP RESPONSIBILITY GROUP PAC 2244 WALNUT GROVE AVE ROSEMead CA 91770	Name of Employer Occupation	Date (month, day, year) 6-8-96	Amount of Each Receipt this Period 500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 500		

SUBTOTAL of Receipts This Page (optional)

3750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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FOR LINE NUMBER

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

11C

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code

SOUTHERN COMPANY SERVICES PAC
64 PERIMETER CENTER E.
ATLANTA GA 30346

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

5-18-96

250.00

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$250 -

B. Full Name, Mailing Address and ZIP Code

SOUTHERN NUCLEAR EMPLOYEES PAC
P.O. BOX 1295
BIRMINGHAM AL 35201

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

5-18-96

250.00

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$250 -

C. Full Name, Mailing Address and ZIP Code

SUN PAC
1801 MARKET ST.
PHILADELPHIA PA 19103

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

6-5-96

500.00

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$500 -

D. Full Name, Mailing Address and ZIP Code

TELEVISION & RADIO PAC
1771 N STREET NW
WASHINGTON DC 20036

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

5-15-96

1000.00

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$1000 -

E. Full Name, Mailing Address and ZIP Code

TENNECO EMPLOYEES GOOD GOV'T FUND
PO BOX 2511
HOUSTON TX 77252

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

5-13-96

1000.00

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$1000 -

F. Full Name, Mailing Address and ZIP Code

TEPAC - TAMPA ELECTRIC PAC
702 N. FRANKLIN
TAMPA FL 33602

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

5-13-96

1000.00

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$1000 -

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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FOR LINE NUMBER

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code

TIME WARNER INC PAC
75 ROCKEFELLER PLAZA
NEW YORK, N.Y. 10019

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Receipt For:

☐ Primary☒ General☐ Other (specify):

Aggregate Year-to-Date > \$ 1000 -

5-6-96

1000.00

B. Full Name, Mailing Address and ZIP Code

UNION PACIFIC FUND FOR EFFECTIVE
555 13TH NW #400 GOV'T PAC
WASHINGTON DC 20004

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$ 500 -

6-5-96

500.00

C. Full Name, Mailing Address and ZIP Code

UROLOGIC ASSOC OF CLINICAL
UROLOGISTS PAC
1111 PLAZA DR #100
SCHAMBURG IL 60173

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Receipt For:

☐ Primary☒ General☐ Other (specify):

Aggregate Year-to-Date > \$ 1000 -

6-5-96

1000.00

D. Full Name, Mailing Address and ZIP Code

USAA GROUP PAC
USAA BLDG.
SAN ANTONIO TX 78288

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$ 500 -

5-6-96

500.00

E. Full Name, Mailing Address and ZIP Code

VHAPAC - VOLUNTARY HOSPITALS OF
AMERICA INC PAC
110 CONNECTICUT AVENUE NW #800
WASHINGTON DC 20036

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$ 1000 -

5-2-96

1000.00

F. Full Name, Mailing Address and ZIP Code

CPPAC - CROP PROTECTION PAC
1156 15TH ST NW #900
WASHINGTON DC 20005

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$ 500 -

5-13-96

500.00

G. Full Name, Mailing Address and ZIP Code

EASMAN KODAK CO. EMPLOYEE PAC
343 STATE ST
ROCHESTER N.Y. 14650

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Receipt For:

☐ Primary☒ General☐ Other (specify):

Aggregate Year-to-Date > \$ 1000 -

5-13-96

1000.00

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code
GENERAL ELECTRIC Co. PAC.
1299 PENNSYLVANIA AVE NW #1100
WASHINGTON DC 2000K

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date > \$ **500**

5-13-96

500.00

B. Full Name, Mailing Address and ZIP Code
HMRPAC - HOECHST MARION ROUSSEL
PO BOX 9627
KANSAS CITY MO 6413K-0627

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date > \$ **1000**

5-13-96

1000.00

C. Full Name, Mailing Address and ZIP Code
IPALCO ENTERPRISES INC.
25 MONUMENT CIRCLE
INDIANAPOLIS IN 46204

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date > \$ **500**

5-13-96

500.00

D. Full Name, Mailing Address and ZIP Code
NF PAC - THE NATIONAL FOOD PROCESS
1133 20th ST NW
WASHINGTON DC 20036

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date > \$ **500**

5-13-96

500.00

E. Full Name, Mailing Address and ZIP Code
PEAT MARWICK PAC
PO BOX 18254
WASHINGTON DC 20036

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date > \$ **500**

5-13-96

500.00

F. Full Name, Mailing Address and ZIP Code
THE PROCTOR + GAMBLE Co GOOD
1 PROCTOR + GAMBLE PLAZA
CINCINNATI OH 45202

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date > \$ **500**

5-13-96

500.00

G. Full Name, Mailing Address and ZIP Code
THE PRUDENTIAL INS Co. OF AMERICA
NEWARK N.J. 07101

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date > \$ **500**

5-23-96

500.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

Use separate schedule(s)
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11C

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code WEXLER GROUP PAC 1317 F ST NW #600 WASHINGTON DC 20004 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500 -	Date (month, day, year) 5-13-96	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code WILLCO PAC - THE WILLIAMS COMPANIES 1 WILLIAMS CENTER TULSA OK 74103 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500 -	Date (month, day, year) 5-24-96	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code WINSTON L STAWN PAC 1400 L ST. N.W. WASHINGTON DC 20005 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500 -	Date (month, day, year) 5-13-96	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code ZENECA INC. PAC CONCORD PIKE + MURPHY RD. WILMINGTON DE 19897 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500 -	Date (month, day, year) 5-24-96	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code AMERICAN MARITIME OFFICERS RE- 650 4TH AVE. TIREES ASSOC PAC BROOKLYN N.Y. 11232 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000 -	Date (month, day, year) 5-11-96	Amount of Each Receipt this Period 1000.00
F. Full Name, Mailing Address and ZIP Code MCGRATH FOR CONGRESS COMM. 1225 EYE ST NW #825 WASHINGTON DC 20005 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500 -	Date (month, day, year) 5-11-96	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code ASTAPAC - AMERICAN SOCIETY OF 1101 KING ST #200 TRAVEL AGENTS PAC ALEXANDRIA VA 22314 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500 -	Date (month, day, year) 6-8-96	Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)

3700.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

11C

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

NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code

ADAPAC-AMERICAN DPTOMETRIC PAC
1505 PRINCE ST. #300
ALEXANDRIA VA 22314

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

6-15-96

500.00

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$500

B. Full Name, Mailing Address and ZIP Code

HOGAN & HARTSON
555 13th ST NW
WASHINGTON DC 20004

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

6-15-96

500.00

Occupation

Receipt For:

☐ Primary☒ General☐ Other (specify):

Aggregate Year-to-Date > \$500

C. Full Name, Mailing Address and ZIP Code

ICCL PAC-INTERNATIONAL COUNCIL OF
CRUISE LINES PAC
1211 CONNECTICUT AVENUE #800
WASHINGTON DC 20036

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

6-15-96

500.00

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$500

D. Full Name, Mailing Address and ZIP Code

NATIONAL MARINE MANUFACTURERS PAC
3050 K ST NW #145
WASHINGTON DC 20007

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

6-15-96

500.00

Occupation

Receipt For:

☐ Primary☒ General☐ Other (specify):

Aggregate Year-to-Date > \$500

E. Full Name, Mailing Address and ZIP Code

PIAPAC-PROFESSIONAL INSURANCE
AGENTS PAC
400 N. WASHINGTON ST.
ALEXANDRIA VA 22314

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

6-15-96

500.00

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$500

F. Full Name, Mailing Address and ZIP Code

PAC-ASHLAND ILL PAC FOR EMPLOYEES
PO BOX 391
ASHLAND KY 41114

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

6-14-96

500.00

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$500

G. Full Name, Mailing Address and ZIP Code

OSTEO PATHIC PAC
PO BOX 23340
WASHINGTON DC 20026

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

6-14-96

4500.00

Occupation

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$4500

SUBTOTAL of Receipts This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code
AUCTION MARKETS PAC OF THE CHICAGO
141 W. JACKSON BOARD OF TRADE
CHICAGO IL 60604

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

6-20-96

500.00

Occupation

Aggregate Year-to-Date > \$ 500 -

B. Full Name, Mailing Address and ZIP Code

DECHTEL PAC
PO BOX 193965
SAN FRANCISCO CA 94119

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

6-20-96

500.00

Occupation

Aggregate Year-to-Date > \$ 500 -

C. Full Name, Mailing Address and ZIP Code

THE COMMITTEE FOR RESPONSIBLE
GOV'T (FED) PAC
PO BOX 26666 DTRP 20
RICHMOND VA 23261

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

6-20-96

500.00

Occupation

Aggregate Year-to-Date > \$ 500 -

D. Full Name, Mailing Address and ZIP Code

DTR PAC - DELOITTE & TOUCHE FEDERAL
1001 PENNSYLVANIA AVE NW #300N
WASHINGTON DC 20004

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

6-19-96

500.00

Occupation

Aggregate Year-to-Date > \$ 500 -

E. Full Name, Mailing Address and ZIP Code

NYNEX FEDERAL PAC 1
1300 I ST. NW #400W
WASHINGTON DC 20005

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

6-18-96

500.00

Occupation

Aggregate Year-to-Date > \$ 500 -

F. Full Name, Mailing Address and ZIP Code

PEAT MARWICK PAC
PO BOX 18254
WASHINGTON DC 20036

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

6-20-96

500.00

Occupation

Aggregate Year-to-Date > \$ 500 -

G. Full Name, Mailing Address and ZIP Code

BAYPAC - BAYER CORPORATION
BAYER ROAD
PITTSBURGH PA 15205

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

6-24-96

1000.00

Occupation

Aggregate Year-to-Date > \$ 1000 -

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code CIBA-GEIGY EMPLOYEE GOOD GOVT FUND PAC 1747 PENNSYLVANIA AVE NW WASHINGTON DC 20006 Receipt For: ☐ Other (specify): ☐ Primary ☒ General	Name of Employer Occupation Aggregate Year-to-Date > \$500-	Date (month, day, year) 6-24-96	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code FREEPORT-McMORAN INC CITIZEN- SHIP COMM. PAC 50 F ST NW #1050 WASHINGTON DC 20001 Receipt For: ☐ Other (specify): ☒ Primary ☐ General	Name of Employer Occupation Aggregate Year-to-Date > \$500-	Date (month, day, year) 6-24-96	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code GMAPAC-GROCERY MANUFACTURERS OF AMERICA INC PAC 1010 WISCONSIN AVE NW #900 WASHINGTON DC 20007 Receipt For: ☐ Other (specify): ☒ Primary ☐ General	Name of Employer Occupation Aggregate Year-to-Date > \$500-	Date (month, day, year) 6-24-96	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code McDONNELL DOUGLAS EMPLOYEES' PAC 1735 JEFFERSON DAVIS HWY #1200 ARLINGTON VA 22202 Receipt For: ☐ Other (specify): ☐ Primary ☒ General	Name of Employer Occupation Aggregate Year-to-Date > \$500-	Date (month, day, year) 6-24-96	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code VERNER LIIPFERT, BERNARD, McPHERSON & HAND PAC 901 N ST NW #700 WASHINGTON DC 20005 Receipt For: ☐ Other (specify): ☒ Primary ☐ General	Name of Employer Occupation Aggregate Year-to-Date > \$750-	Date (month, day, year) 6-27-96	Amount of Each Receipt this Period 750.00
F. Full Name, Mailing Address and ZIP Code CARE PAC-BLUE CROSS BLUE SHIELD 1310 G ST NW 12FL WASHINGTON DC 20005 Receipt For: ☐ Other (specify): ☒ Primary ☐ General	Name of Employer Occupation Aggregate Year-to-Date > \$1000-	Date (month, day, year) 6-28-96	Amount of Each Receipt this Period 1000.00
G. Full Name, Mailing Address and ZIP Code FLORIDA POWER & LIGHT PAC 700 UNIVERSE BLVD. JUNO BEACH FL 33408 Receipt For: ☐ Other (specify): ☒ Primary ☐ General	Name of Employer Occupation Aggregate Year-to-Date > \$4000-	Date (month, day, year) 6-28-96	Amount of Each Receipt this Period 4000.00

SUBTOTAL of Receipts This Page (optional)

7750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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FOR LINE NUMBER

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code
BELLSOUTH TELECOMMUNICATIONS FED PAC
675 W PEACHTREE ST NE # 36066
ATLANTA GA 30335

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

6-29-96

2000.00

Occupation

Aggregate Year-to-Date > \$ 2000.00

B. Full Name, Mailing Address and ZIP Code
AMERICAN VETERINARY MEDICAL ASSOC PAC
1101 VERMONT AVENUE NW # 710
WASHINGTON DC 20005

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

6-28-96

1000.00

Occupation

Aggregate Year-to-Date > \$ 1000.00

C. Full Name, Mailing Address and ZIP Code
JACK ECKERD CORP PAC
PO BOX 4689
CLEARWATER FL 34618-4689

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

6-28-96

500.00

Occupation

Aggregate Year-to-Date > \$ 500.00

D. Full Name, Mailing Address and ZIP Code
OUTBACK STEAKHOUSE INC PAC
510 N RED ST # 204
TAMPA FL 33609

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

6-28-96

1750.00

Occupation

Aggregate Year-to-Date > \$ 1750.00

E. Full Name, Mailing Address and ZIP Code
LIFE INS PAC AMERICAN COUNCIL OF LIFE INS.
1001 PENNSYLVANIA AVE NW
WASHINGTON DC 20004

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

6-29-96

500.00

Occupation

Aggregate Year-to-Date > \$ 500.00

F. Full Name, Mailing Address and ZIP Code
NATIONAL RESTAURANT ASSOC.
1200 17th ST NW
WASHINGTON DC 20036-3097

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

6-29-96

500.00

Occupation

Aggregate Year-to-Date > \$ 500.00

G. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

6250.00

TOTAL This Period (last page this line number only)

11207.50

SCHEDULE A

ITEMIZED RECEIPTS

OTHER RECEIPTS - INTEREST

Use separate schedule(s)
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FOR LINE NUMBER 15

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS COON 3213

A. Full Name, Mailing Address and ZIP Code NATIONS BANK 116 S. PINELLAS AVE. TARPON SPRINGS FL. 34689	Name of Employer N/A Occupation	Date (month, day, year) 4-30-96 5-31-96 4-30-96	Amount of Each Receipt this Period 61.69 92.50 99.46
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 253.65		
B. Full Name, Mailing Address and ZIP Code SUN TRUST BANK NATURE COAST BROOKSVILLE FL. 34601	Name of Employer N/A Occupation	Date (month, day, year) 5-14-96	Amount of Each Receipt this Period 686.49
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 686.49		
C. Full Name, Mailing Address and ZIP Code BARNETT BANK OF PINELLAS 203 E. TARPON AVE. TARPON SPRINGS FL. 34689	Name of Employer N/A Occupation	Date (month, day, year) 5-14-96	Amount of Each Receipt this Period 650.39
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 650.39		
D. Full Name, Mailing Address and ZIP Code BARNETT BANK OF PASCO 4539 BARTELT RD. HOLIDAY FL. 34690	Name of Employer N/A Occupation	Date (month, day, year) 5-14-96	Amount of Each Receipt this Period 4245.38
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 4245.38		
E. Full Name, Mailing Address and ZIP Code FIRST NATIONAL BANK OF PASCO 13315 US HWY 301 DADE CITY, FL. 33525	Name of Employer NA Occupation	Date (month, day, year) 6-26-96	Amount of Each Receipt this Period 1165.03
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$ 1165.03		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

7000.94

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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FOR LINE NUMBER 17

OPERATING EXPENDITURES

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C 001V3213

A. Full Name, Mailing Address and ZIP Code HOLIDAY MINI STORAGE 3118 US 19 N HOLIDAY FL 34691	Purpose of Disbursement RENT Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4-1-96 5-1-96 6-1-96	Amount of Each Disbursement This Period 64.66 64.66 64.66
B. Full Name, Mailing Address and ZIP Code COLONIAL STORAGE 38800 US 19 N TARPON SPRINGS FL 34689	Purpose of Disbursement RENT Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4-1-96 5-1-96 6-1-96	Amount of Each Disbursement This Period 46.01 46.01 46.01
C. Full Name, Mailing Address and ZIP Code DOUG CRUM PO BOX 4516 CLEARWATER FL 34618-4516	Purpose of Disbursement COMPUTER CONSULTANT Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4-1-96 5-1-96 6-1-96	Amount of Each Disbursement This Period 100.00 100.00 100.00
D. Full Name, Mailing Address and ZIP Code P. CRITIKOS 731 TESSIER DR. TARPON SPRINGS FL 34689	Purpose of Disbursement BOOKKEEPER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4-1-96 5-1-96 6-1-96	Amount of Each Disbursement This Period 449.75 449.75 449.75
E. Full Name, Mailing Address and ZIP Code NATION'S BANK 116 S. PINELLAS AVE. TARPON SPRINGS FL 34689	Purpose of Disbursement PAYROLL TAXES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4-1-96 5-1-96 6-1-96	Amount of Each Disbursement This Period 134.10 134.10 134.10
F. Full Name, Mailing Address and ZIP Code P. CRITIKOS 731 TESSIER DR. TARPON SPRINGS FL 34689	Purpose of Disbursement MILEAGE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4-1-96 5-3-96	Amount of Each Disbursement This Period 38.60 43.36
G. Full Name, Mailing Address and ZIP Code FLORIDA UNEMPLOYMENT COMP. FUND BUREAU OF TAX TALLAHASSEE FL 32399-0111	Purpose of Disbursement UNEMPLOYMENT INS. Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4-3-96	Amount of Each Disbursement This Period 2.10
H. Full Name, Mailing Address and ZIP Code CONGRESSIONAL FCU PO BOX 23271 WASHINGTON DC 20026-3271	Purpose of Disbursement TRAVEL 900.40 CONSTITUENTS 444.02 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4-3-96	Amount of Each Disbursement This Period 1344.42
I. Full Name, Mailing Address and ZIP Code C. LUHIA 903 S. PINELLAS AVE. TARPON SPRINGS FL 34689	Purpose of Disbursement PRINTING Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4-3-96 5-15-96 6-6-96	Amount of Each Disbursement This Period 100.16 932.22 410.91

SUBTOTAL of Disbursements This Page (optional)

5255.33

TOTAL This Period (last page this line number only)

✓

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

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FOR LINE NUMBER

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OPERATING EXPENDITURES

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NAME OF COMMITTEE (In Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DINDS REST. 604 ATHENS ST TARPON SPRINGS FL 34689	CONSTITUENTS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4-3-96	28.95
B. Full Name, Mailing Address and ZIP Code POSTMASTER TARPON SPRINGS FL 34689	POSTAGE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4-5-96 4-20-96 4-8-96	21.00 64.00 8.12
C. Full Name, Mailing Address and ZIP Code PETTY CASH - P. CRITIKOS 731 TESSIER DR TARPON SPRINGS FL 34689	Purpose of Disbursement POSTAGE 6 - VOLUNTEERS 64.62 MISC. 14.83 - CONSTITUENTS 32.82 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4-5-96	118.27
D. Full Name, Mailing Address and ZIP Code GTE FLORIDA P.O. BOX 31122 TAMPA FL 33631-3122	TELEPHONE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4-5-96 5-3-96 6-6-96	49.77 42.88 52.71
E. Full Name, Mailing Address and ZIP Code INTERNATIONAL HOUSE OF TRAVEL 40962 US 19 N TARPON SPRINGS FL 34689	TRAVEL - FUND RAISER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4-24-96 4-25-96	182.40 42.20
F. Full Name, Mailing Address and ZIP Code JIM SMITH PROPERTY APPRAIS. P.O. BOX 1957 CLEARWATER FL 34617-1957	LISTS + MAPS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4-8-96	24.65
G. Full Name, Mailing Address and ZIP Code JAMES MADISON INSTITUTE 2017 DELTA BLVD # 102 TALLAHASSEE FL 32302	TICKETS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4-19-96	200.00
H. Full Name, Mailing Address and ZIP Code LEMON TREE 2519 McMULLEN BOOTH RD. CLEARWATER FL 34621	VETERANS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4-20-96	71.12
I. Full Name, Mailing Address and ZIP Code PAPPAS REST. 10 W. DODECANESE BLVD TARPON SPRINGS FL 34689	CONSTITUENTS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4-20-96 5-14-96 6-12-96	29.43 8.56 150.39

SUBTOTAL of Disbursements This Page (optional)

1094.45

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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FOR LINE NUMBER 17

OPERATING EXPENDITURES

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code FED EX PO BOX 1140 MEMPHIS TN 38101-1140	Purpose of Disbursement EXPRESS MAIL Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4-20-96 5-9-96 6-13-96	Amount of Each Disbursement This Period 10.00 37.50 103.75
B. Full Name, Mailing Address and ZIP Code THE MARBLE PRINTING CO. 800 COMMERCE DR. UPPER MARLBORO MD 20772	Purpose of Disbursement PRINTING-FUND RAISER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4-20-96	Amount of Each Disbursement This Period 1650.00
C. Full Name, Mailing Address and ZIP Code THE CAPITOL HILL CLUB 300 FIRST ST. WASHINGTON DC 20003	Purpose of Disbursement CONSTITUENTS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4-20-96 6-6-96 6-17-96	Amount of Each Disbursement This Period 294.51 75.27 225.94
D. Full Name, Mailing Address and ZIP Code A-DWENS 733 CHARLOTTE AVE. TARPON SPRINGS FL 34689	Purpose of Disbursement COMPUTER OPERATOR Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4-22-96 5-22-96 6-25-96	Amount of Each Disbursement This Period 169.70 169.70 169.70
E. Full Name, Mailing Address and ZIP Code HARRY PAPPAS 500 S. CHINOWETH VISALIA CA 93277	Purpose of Disbursement FOOD & GRATIVITY-FUND RAISER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4-29-96 4-29-96	Amount of Each Disbursement This Period 145.00 100.00
F. Full Name, Mailing Address and ZIP Code REPUBLICAN CLUB OF UPPER PINELAS 1014 TEAL POINTE RD. TARPON SPRINGS FL 34689	Purpose of Disbursement DUES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4-23-96	Amount of Each Disbursement This Period 10.00
G. Full Name, Mailing Address and ZIP Code KALLY JULIAS 306 DRIFTWOOD DR. W PALM HARBOR FL 34683	Purpose of Disbursement COOK + CATERER-FUND RAISER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4-25-96 5-20-96	Amount of Each Disbursement This Period 500.00 960.00
H. Full Name, Mailing Address and ZIP Code HOLIDAY FLORIST 2030 US 19 HOLIDAY FL 34691	Purpose of Disbursement CONSTITUENTS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4-26-96	Amount of Each Disbursement This Period 71.55
I. Full Name, Mailing Address and ZIP Code HARRIS DEMOPULOS PO BOX 315 ALDIE VA 22001	Purpose of Disbursement MUSIC-FUND RAISER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5-1-96	Amount of Each Disbursement This Period 600.00

SUBTOTAL of Disbursements This Page (optional)

✓ 292.92

TOTAL This Period (last page this line number only)

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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OPERATING EXPENDITURES

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KIKILIS FLORIST 417 S. PINELLAS AVE. TARPON SPRINGS FL 34689	CONSTITUENTS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-1-96	37.46
PETTY CASH - P. CRITIKOS 731 TESSIER DR. TARPON SPRINGS FL 34689	PURPOSE OF DISBURSEMENT TICKETS 25.00 - CONSTITUENTS 3.00 POSTAGE 4.83 - STAT. SUP. 66.01 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-2-96	98.84
P. CRITIKOS 731 TESSIER DR. TARPON SPRINGS FL 34689	PURPOSE OF DISBURSEMENT VIDEOS - 29.66 STAT. SUP. - 5.06 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-2-96	34.72
SECRETARY OF STATE ROOM 1801 THE CAPITOL TALLAHASSEE FL 32399-0250	FILING FEE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-3-96	10000.00
EXECUTIVE JET AVIATION 625 N. HAMILTON RD. COLUMBUS OH. 43219-1825	AIR FARE 1/3 FUND RAISER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-5-96	557.00
RAMADA INN 4805 BROWNS BORO RD. LOUISVILLE KY 40207	LODGINGS 1/3 FUND RAISER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-5-96	819.34
REPUBLICAN PARTY OF FLORIDA PO BOX 311 TALLAHASSEE FL 32302	TICKETS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-5-96	25.00
CAPITOL HILL CLUB 300 1ST ST. WASHINGTON DC 20003	FOOD - STEERING COMM. Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-7-96	330.68
POSTMASTER TARPON SPRINGS FL 34689	POSTAGE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-9-96 5-15-96 5-20-96	25.60 64.00 100.00

SUBTOTAL of Disbursements This Page (optional)

12106.64

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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OPERATING EXPENDITURES

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code PHI ALPHA DELTA FRATERNITY PO BOX 33562 GRANADA HILLS CA 91394-0217	Purpose of Disbursement DUES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5-14-96	Amount of Each Disbursement This Period 50.00
B. Full Name, Mailing Address and ZIP Code THE TAMPA TRIBUNE PO BOX 30085 TAMPA FL 33630	Purpose of Disbursement SUBSCRIPTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5-15-96	Amount of Each Disbursement This Period 83.46
C. Full Name, Mailing Address and ZIP Code LE MISTRAL 223 PENNSYLVANIA AVE SE WASHINGTON DC 20003	Purpose of Disbursement FOOD - 4/23 FUND RAISER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5-15-96	Amount of Each Disbursement This Period 1358.67
D. Full Name, Mailing Address and ZIP Code SAM'S CLUB 4330 US 19 NEW PORT RICHEY FL 34662	Purpose of Disbursement COMPUTER SUPPLIES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5-16-96	Amount of Each Disbursement This Period 147.39
E. Full Name, Mailing Address and ZIP Code AMERICAN LEGION POST 173 PO BOX 3193 HOLIDAY FL 34690	Purpose of Disbursement ADVERTISING Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5-20-96	Amount of Each Disbursement This Period 10.00
F. Full Name, Mailing Address and ZIP Code KALLY HARVARD 848 MONTEREY DR ST. PETERSBURG FL 33704	Purpose of Disbursement ASST. COOK - FUND RAISER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5-20-96	Amount of Each Disbursement This Period 480.00
G. Full Name, Mailing Address and ZIP Code MARIA HARVARD 848 MONTEREY DR. ST PETERSBURG FL 33704	Purpose of Disbursement DECORATOR - FUND RAISER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5-20-96	Amount of Each Disbursement This Period 150.00
H. Full Name, Mailing Address and ZIP Code POSTMASTER TARPON SPRINGS FL 34689	Purpose of Disbursement POSTAGE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5-22-96 5-29-96 6-7-96	Amount of Each Disbursement This Period 1339.66 100.00 243.20
I. Full Name, Mailing Address and ZIP Code P. CRITIKOS 731 TESSIER DR. TARPON SPRINGS FL 34689	Purpose of Disbursement VOLUNTEERS - 50.22 STAT. SUPPLIES 21.63 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5-22-96	Amount of Each Disbursement This Period 71.85

SUBTOTAL of Disbursements This Page (optional)

4034.23

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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OPERATING EXPENDITURES

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code THE CONGRESSIONAL CLUB 2001 NEW HAMPSHIRE AVE NW WASHINGTON DC 20009	Purpose of Disbursement CONSTITUENTS-BOOKBOOKS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5-22-96	Amount of Each Disbursement This Period 300.00
B. Full Name, Mailing Address and ZIP Code TAMPA REPUBLICAN WOMEN FEDERATED 4726 N. HABANA AVE. TAMPA FL 33614	Purpose of Disbursement TICKETS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5-23-96	Amount of Each Disbursement This Period 50.00
C. Full Name, Mailing Address and ZIP Code PALM SHRINE #25 PO BOX 971 NEW PORT RICHEY FL 34666	Purpose of Disbursement DUES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5-23-96	Amount of Each Disbursement This Period 21.04
D. Full Name, Mailing Address and ZIP Code PETTY CASH - P. CRITIKOS 731 TESSIER DR. TARPON SPRINGS FL 34689	Purpose of Disbursement POSTAGE - 51.29 TICKETS - 39.61 MISC. 4.82 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5-24-96	Amount of Each Disbursement This Period 95.72
E. Full Name, Mailing Address and ZIP Code MILITARY RETIREE NEWS PO BOX 13969 TAMPA FL 33681-3969	Purpose of Disbursement ADVERTISING Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5-24-96	Amount of Each Disbursement This Period 215.00
F. Full Name, Mailing Address and ZIP Code VOITURE LOCALE #541 2120 MORNINGSIDE DR. SAFETY HARBOR FL 34685	Purpose of Disbursement DUES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-6-96	Amount of Each Disbursement This Period 36.00
G. Full Name, Mailing Address and ZIP Code NRCC 320 FIRST ST SE WASHINGTON DC 20003	Purpose of Disbursement INCUMBENT SUPPORT FUND Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-6-96	Amount of Each Disbursement This Period 6500.00
H. Full Name, Mailing Address and ZIP Code POSTMASTER TARPON SPRINGS FL 34689	Purpose of Disbursement POSTAGE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-7-96 6-8-96 6-12-96	Amount of Each Disbursement This Period 100.00 33.12 160.00
I. Full Name, Mailing Address and ZIP Code C. LULIAS 903 S. PINELLAS AVE. TARPON SPRINGS FL 34689	Purpose of Disbursement PRINTING Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-7-96 6-25-96 6-27-96	Amount of Each Disbursement This Period 250.62 224.70 265.36

SUBTOTAL of Disbursements This Page (optional)

8251.56

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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OPERATING EXPENDITURES

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code P. CRITIKOS 731 TESSIER DR TARPON SPRINGS	Purpose of Disbursement MILEAGE (MAY) Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-1-96 6-10-96	Amount of Each Disbursement This Period 44.49 40.77
B. Full Name, Mailing Address and ZIP Code JOHN CONKHIN 437E BOYER ST TARPON SPRINGS FL 34689	Purpose of Disbursement CLEANUP COORDINATORS MEETING Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-9-96	Amount of Each Disbursement This Period 100.00
C. Full Name, Mailing Address and ZIP Code TARPON SPRINGS POWER SQUADRON 1816 GEORGIA AVE. PALM HARBOR FL 34683	Purpose of Disbursement DUES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-11-96	Amount of Each Disbursement This Period 44.30
D. Full Name, Mailing Address and ZIP Code PETTY CASH - P. CRITIKOS 731 TESSIER DR TARPON SPRINGS FL 34689	Purpose of Disbursement TRAVEL 2.00 VOLUNTEERS 65.75 - TICKETS 20.00 CONSTITUENTS 45.00 - POSTAGE 5.31 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-13-96	Amount of Each Disbursement This Period 138.06
E. Full Name, Mailing Address and ZIP Code CONGRESSIONAL F.C.U. PO BOX 23267 WASHINGTON DC 20026-3267	Purpose of Disbursement TRAVEL 663.00 CONSTITUENTS 902.70 FUND RAISER 334.47 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-13-96	Amount of Each Disbursement This Period 1900.17
F. Full Name, Mailing Address and ZIP Code POSTMASTER TARPON SPRINGS FL 34689	Purpose of Disbursement POSTAGE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-15-96	Amount of Each Disbursement This Period 60.06
G. Full Name, Mailing Address and ZIP Code MIKE BILIRAKIS 304 DRIFTWOOD DR W PALM HARBOR FL 34689	Purpose of Disbursement POSTAGE 77.74 TELEPHONE - 50.50 PRINTING 66.00 TRAVEL 89.64 CONSTITUENTS 1208.49 FUND RAISER - 350.00 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-14-96	Amount of Each Disbursement This Period 1844.07
H. Full Name, Mailing Address and ZIP Code CONSTANTINE J. RAPTIS 4651 CANNA DR. LAS VEGAS NV 89122	Purpose of Disbursement FOOD & REFRESHMENTS FUND RAISER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-15-96	Amount of Each Disbursement This Period 937.40
I. Full Name, Mailing Address and ZIP Code CAPITOL HILL CLUB 300 1ST ST. SE WASHINGTON DC 20003	Purpose of Disbursement REFRESHMENTS + FOOD - FUND RAISER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-17-96	Amount of Each Disbursement This Period 5216.50

SUBTOTAL of Disbursements This Page (optional)

10325.82

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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OPERATING EXPENDITURES

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code MIKE BILIRAKIS 204 DRIFTWOOD DR W PALM HARBOR FL 34683	Purpose of Disbursement TICKETS 229.00 TRAVEL N.H. - FUNDRAISER 211.80 MISC. 72.99 - VOLUNTEERS 131.70 CONSTITUENTS - 196.86 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-17-96	Amount of Each Disbursement This Period 918.25
B. Full Name, Mailing Address and ZIP Code P. CRITIKOS 731 TESSIER DR. TARPON SPRINGS FL 34689	Purpose of Disbursement TONER + ENVELOPES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-19-96	Amount of Each Disbursement This Period 314.14
C. Full Name, Mailing Address and ZIP Code JOURNEYS TRAVEL 1115 N. DALE MABREY #102 LUTZ FL 33549	Purpose of Disbursement COORDINATOR TRAVEL Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-20-96	Amount of Each Disbursement This Period 164.00
D. Full Name, Mailing Address and ZIP Code PETTY CASH - P. CRITIKOS 731 TESSIER DR. TARPON SPRINGS FL 34689	Purpose of Disbursement TICKETS 7.00 POSTAGE 46.74 COORDINATORS 48.41 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-21-96	Amount of Each Disbursement This Period 102.65
E. Full Name, Mailing Address and ZIP Code PACT INC. 1111 MC MULLEN BOOTH RD. CLEARWATER FL 34619	Purpose of Disbursement DEPOSIT - FUND RAISER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-21-96	Amount of Each Disbursement This Period 300.00
F. Full Name, Mailing Address and ZIP Code WILLIAM TUCKER 1350 EYE ST NW #870 WASHINGTON DC 20005	Purpose of Disbursement 1/8 FUND RAISER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-27-96	Amount of Each Disbursement This Period 1834.35
G. Full Name, Mailing Address and ZIP Code THE BREAKERS PALM BEACH FL 33480	Purpose of Disbursement FUND RAISER - FOOD & REFRESH Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-29-96	Amount of Each Disbursement This Period 1092.02
H. Full Name, Mailing Address and ZIP Code MCNAIR TRAVEL 1703 DUKE ST. ALEXANDRIA VA 22314	Purpose of Disbursement 1/8 FUND RAISER - TRAVEL Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-29-96	Amount of Each Disbursement This Period 626.00
I. Full Name, Mailing Address and ZIP Code NRCC 320 FIRST ST SE WASHINGTON DC 20003	Purpose of Disbursement SATELLITE FEED Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4-3-96	Amount of Each Disbursement This Period 187.90 IN-KIND RECEIVED

SUBTOTAL of Disbursements This Page (optional)

IN-KIND

187.90
✓ 351.41

TOTAL This Period (last page this line number only)

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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OPERATING EXPENDITURES

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code ARIS ANAGNOS 8124 W 3 ST # 200 LOS ANGELES CA 90048	Purpose of Disbursement FUND RAISER FOOD + REFRESHMENTS Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4-26-96	Amount of Each Disbursement This Period 200.00 IN KIND RECEIVED
B. Full Name, Mailing Address and ZIP Code JOHN KOKOLAKIS 103 BUENA VISTA DR. DUNEDIN FL 34698	Purpose of Disbursement FUND RAISER POSTAGE + FOOD Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4-20-96	Amount of Each Disbursement This Period 224.85 IN KIND RECEIVED
C. Full Name, Mailing Address and ZIP Code HARRY J. PAPPAS 500 S. CHINOWTH VISALIA CA 93277	Purpose of Disbursement FUND RAISER - FOOD Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4-25-96	Amount of Each Disbursement This Period 170.00 IN KIND RECEIVED
D. Full Name, Mailing Address and ZIP Code CONSTANTINE LULIAS 306 DRIFTWOOD DR W. PALM HARBOR FL 34683	Purpose of Disbursement PRINTING Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4-20-96	Amount of Each Disbursement This Period 93.00 IN KIND RECEIVED
E. Full Name, Mailing Address and ZIP Code XXXXXXXXXXXXXXXXXXXX	Purpose of Disbursement XXXXXXXXXXXXXXXXXXXX Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) XXXX-XX-XX	Amount of Each Disbursement This Period XXXXXXXXXXXX
F. Full Name, Mailing Address and ZIP Code NATIONS BANK 116 S. PINELLAS AVE TARPON SPRINGS FL 34689	Purpose of Disbursement BANK CHARGES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4-30-96 5-31-96 6-30-96	Amount of Each Disbursement This Period 12.20 31.62 34.82
G. Full Name, Mailing Address and ZIP Code PAPPAS TELECASTING 500 S. CHINOWTH RD. VISALIA CA 93277	Purpose of Disbursement FUND RAISER - AIR TRAVEL Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4-8-96	Amount of Each Disbursement This Period 268.00
H. Full Name, Mailing Address and ZIP Code DOUG CRUM PO BOX 4516 CLEARWATER FL 34618-4516	Purpose of Disbursement COMPUTER RIBBON Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-24-96	Amount of Each Disbursement This Period 25.35
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

IN-KIND

687.85
371.99

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52960.10

SCHEDULE B

ITEMIZED DISBURSEMENTS

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OTHER DISBURSEMENTS - DONATION

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NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C 00N3213

A. Full Name, Mailing Address and ZIP Code REPUBLICAN CLUB OF UPPER PINELANDS 1014 TEAL POINTE RD TARPON SPRINGS FL 34689	Purpose of Disbursement DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4-23-96	Amount of Each Disbursement This Period 40.00
B. Full Name, Mailing Address and ZIP Code HILLSBOROUGH HUNGER FREE COALITION 5339 S. CR 579 SEFFNER FL 33584	Purpose of Disbursement DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4-23-96	Amount of Each Disbursement This Period 25.00
C. Full Name, Mailing Address and ZIP Code KNIGHTS OF COLUMBUS PO BOX 206 TARPON SPRINGS FL 34688-0206	Purpose of Disbursement DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5-1-96	Amount of Each Disbursement This Period 100.00
D. Full Name, Mailing Address and ZIP Code NEW PORT RICHEY SHRINE CLUB PO BOX 1991 NEW PORT RICHEY FL 34666-1991	Purpose of Disbursement DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-18-96	Amount of Each Disbursement This Period 25.00
E. Full Name, Mailing Address and ZIP Code CLEARWATER SHRINE CLUB PO BOX 1321 CLEARWATER FL 34617-1321	Purpose of Disbursement DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-78-96	Amount of Each Disbursement This Period 50.00
F. Full Name, Mailing Address and ZIP Code REPUBLICAN WOMEN OF TARPON SPRINGS PO BOX 1953 TARPON SPRINGS FL 34688-1953	Purpose of Disbursement DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-18-96	Amount of Each Disbursement This Period 50.00
G. Full Name, Mailing Address and ZIP Code ORDER OF THE EASTERN STAR 6324 WOODEN ST NEW PORT RICHEY FL 34663	Purpose of Disbursement DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-78-96	Amount of Each Disbursement This Period 25.00
H. Full Name, Mailing Address and ZIP Code V.F.W. HOLIDAY 4619 BARTELT RD. HOLIDAY FL 34690	Purpose of Disbursement DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-18-96	Amount of Each Disbursement This Period 25.00
I. Full Name, Mailing Address and ZIP Code AMERICAN LEGION #173 4550 BARTELT RD. HOLIDAY FL 34690	Purpose of Disbursement DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-78-96	Amount of Each Disbursement This Period 25.00

SUBTOTAL of Disbursements This Page (optional)

365.00

TOTAL This Period (last page this line number only)

✓

✓

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **2** OF **2**
FOR LINE NUMBER **21**

OTHER DISBURSEMENTS - DONATION

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

NAME OF COMMITTEE (in Full)

MIKE BILIRAKIS FOR CONGRESS C00153213

A. Full Name, Mailing Address and ZIP Code TARPON SPRINGS POWER SQUADRON 1816 GEORGIA AVE. PALM HARBOR FL 34683	Purpose of Disbursement DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-18-96	Amount of Each Disbursement This Period 25.00
B. Full Name, Mailing Address and ZIP Code AIR FORCE SERGEANTS PO BOX 50 TEMPLE HILLS MD 20797	Purpose of Disbursement DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-18-96	Amount of Each Disbursement This Period 25.00
C. Full Name, Mailing Address and ZIP Code AM VETS PO BOX 288 ODESSA FL 33556	Purpose of Disbursement DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-18-96	Amount of Each Disbursement This Period 25.00
D. Full Name, Mailing Address and ZIP Code TROA 4454 MITCHER RD. NEW PORT RICHEY FL 34662	Purpose of Disbursement DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-18-96	Amount of Each Disbursement This Period 25.00
E. Full Name, Mailing Address and ZIP Code TROA 591 PINE WARDLER WAY PALM HARBOR FL 34683	Purpose of Disbursement DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-18-96	Amount of Each Disbursement This Period 25.00
F. Full Name, Mailing Address and ZIP Code AR H J 1511 HUNTER LANE CLEARWATER FL 34624	Purpose of Disbursement DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-20-96	Amount of Each Disbursement This Period 100.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

625.00

TOTAL This Period (last page this line number only)

990.00

Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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Received from the House Office of Records
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DATE OF RECEIPT

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DATE OF RECEIPT

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and/or DATE OF RECEIPT

MBS

PREPARER

7-15-96

DATE PREPARED