

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 19 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 TASSO MANESSIS 60 OLD FARM RD SCARSDALE NY 10583	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	PAN GREGORIAN ENTERPRISES	6-28-96	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	PRES.	> \$ 200	250.00

B. Full Name, Mailing Address and ZIP Code CHARLES MARANGODAKIS 50 VIDONI DR. MT SINAI NY 11766	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	MARANGOS CONSTRUCTION	6-28-96	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	CONTRACTOR	> \$ 100	500.00

C. Full Name, Mailing Address and ZIP Code DR LAD T. MENORCA 6365 MILLSTONE DR. NEW PORT RICHEY FL 34655	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	SELF	6-28-96	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	UROLOGIST	> \$ 300	300.00

D. Full Name, Mailing Address and ZIP Code DR CHARLES R. MODICA PO BOX 3947 BOYNTON BEACH FL 33424-3947	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	ST GEORGE SCHOOL OF MEDICINE	6-24-96	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	DOCTOR	> \$ 1000	1000.00

E. Full Name, Mailing Address and ZIP Code NIKOS MOULIARIS 32-02 QUEENS BLVD. L.I.C. NY 11101	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	MANA PRODUCTS	6-28-96	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	PRES.	> \$ 1000	1000.00

F. Full Name, Mailing Address and ZIP Code JEFFREY L. MULLENS 229 BARTON AVE PALM BEACH FL 33480	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	STEEL HECTOR + DAVIS	6-28-96	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	ATTORNEY	> \$ 700	250.00

G. Full Name, Mailing Address and ZIP Code FRANK A. NEWMAN 820 S. BAYSIDE DR. TAMPA FL 33609	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	ECKERD CORP	6-28-96	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
	CEO	> \$ 300	300.00

SUBTOTAL of Receipts This Page (optional)	3700.00
TOTAL This Period (last page this line number only)	

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