

PLEASE JOIN

Jeffrey S. Grove D.O.
Eugene DiBetta D.O.
Michael Markou D.O.

(Host Committee in formation)

for a fundraising reception benefiting

Congressman Gus M. Bilirakis

Republican - Florida 12th District

Saturday, July 25, 2026 from 6pm-8pm

The Grove Residence

Address disclosed upon RSVP

RSVP to Erika Grace at 727-216-6495 or Erika@BilirakisforCongress.com

<https://secure.anedot.com/bilirakis-for-congress/july-24>

Suggested Giving Levels (per individual):

Host: \$1,500 - Guest: \$250

Contributions are not tax deductible as a charitable donation for federal income tax purposes. By law, the maximum amount an individual may contribute is \$7,000 per election. Your contribution (up to \$3,500) will be designated to the primary election. The next \$3,500 will be designated for the general election. Federal multi-candidate PACs may contribute \$5,000 per election. Federal Election Law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of the employer for each individual whose contribution exceeds \$200 in an election cycle. Contributions from corporations, foreign nationals, labor unions and federal government contractors are prohibited.



PAID FOR BY BILIRAKIS FOR CONGRESS



- Yes, I will support Congressman Bilirakis and attend the reception on Saturday, July 25, 2026.
Please accept my contribution in the amount of \$ _____
- I am unable to attend the reception on Saturday, July 25, 2026, but will support Congressman Bilirakis.
Please accept my contribution in the amount of \$ _____

Please make personal contributions online: <https://causes.anedot.com/donate-bilirakis-for-congress>

Personal checks made payable to "Bilirakis for Congress" and mailed to:
Bilirakis for Congress
PO Box 606
Tarpon Springs, FL 34688

If you have contribution questions, please email: Erika@BilirakisForCongress.com

Complete the form below if you choose to submit your contribution manually.

NAME _____

PREFERRED NAME/SALUTATION _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

PHONE (w) _____ PHONE (c) _____

EMAIL _____ FAX _____

OCCUPATION _____ EMPLOYER _____

If joint contribution please complete the following:

SPOUSE NAME _____ SPOUSE PREFERRED NAME _____

OCCUPATION _____ EMPLOYER _____

These funds are drawn on a personal, not corporate account. If joint contribution, please sign below.

SIGNATURE _____ SPOUSE SIGNATURE _____

Credit Card Information

AMOUNT \$ _____ EXPIRATION DATE _____ BILLING ZIP CODE _____

NAME ON CARD _____

CARD NUMBER _____ SECURITY CODE _____

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