

HOST COMMITTEE

Austin Burkett
Alex Deeb
Shawn & Teresa Foster
Diane Heiler
Paul & Diane Manual

Chris Mickey & Stephanie Woods
Dewey & Becky Mitchell
Hon. Kathryn & Trey Starkey
Tony & Debbie Tanico
Barbara Wilhite

Cordially invite you to a

FUNDRAISING EVENING

honoring

Congressman Gus M. Bilirakis

Republican - Florida 12th District

with special guest

Majority Leader Steve Scalise



Wednesday, October 21, 2026

6:00 PM Host Reception • 6:30 PM General Reception

Trinity, FL

Address Provided Upon RSVP

RSVP to Erika Grace at [727-216-6495](tel:727-216-6495) or Erika@BilirakisforCongress.com

Host Cocktail Reception: \$1,000 Per Couple

General Reception: \$250 Per Person

<https://secure.anedot.com/bilirakis-for-congress/october-21-2026>

Contributions are not tax deductible as a charitable donation for federal income tax purposes. By law, the maximum amount an individual may contribute is \$3,500 per election. Your contribution (up to \$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.





- ☐ Yes, I will support Congressman Bilirakis and attend the reception on Wednesday, October 21, 2026.
Please accept my contribution in the amount of \$ _____
- ☐ I am unable to attend the reception on Wednesday, October 21, 2026, but will support Congressman Bilirakis.
Please accept my contribution in the amount of \$ _____

Please make personal contributions online:

<https://secure.anedot.com/bilirakis-for-congress/october-21-2026>

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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