

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Maggie's List

ADDRESS (number and street) 6675 Weeping Willow Way

Check if different than previously reported. (ACC) Tallahassee FL 32311

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00469023

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input checked="" type="checkbox"/> Jan 31 (YE)                |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 07 / 01 / 2011 through [MM] / [DD] / [YYYY] 12 / 31 / 2011

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 Nancy H. Watkins, Assistant Treasurer

Signature of Treasurer Nancy H. Watkins, Assistant Treasurer [Electronically Filed] Date 01 / 27 / 2012

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

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Maggie's List**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="21697.64"/>	<input type="text" value="21697.64"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="35885.26"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="35540.00"/>	<input type="text" value="51660.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="71425.26"/>	<input type="text" value="73357.64"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="21860.49"/>	<input type="text" value="23792.87"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="49564.77"/>	<input type="text" value="49564.77"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Maggie's List**

Report Covering the Period: From:  /  /  To:  /  /

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		
(i) Itemized (use Schedule A).....	17050.00	32085.00
(ii) Unitemized .....	6490.00	7575.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23540.00	39660.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	12000.00	12000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	35540.00	51660.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	35540.00	51660.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	35540.00	51660.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	22360.49	24792.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	22360.49	24792.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-500.00	-1000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	21860.49	23792.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21860.49	23792.87

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	35540.00	51660.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35540.00	51660.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	22360.49	24792.87
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ▶	22360.49	24792.87

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN  
Transaction ID :

No expenditure was made on behalf of a specifically identified federal candidate. No expenditure was for a public communication that referred to a clearly identified candidate for Federal office and that promoted, supported, attacked or opposed any such candidate for Federal office.

Form/Schedule:  
Transaction ID:

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**Maggie's List**

**A. Carolyn A. Accola**  
Full Name (Last, First, Middle Initial)

Mailing Address 5143 Crane's Point Court

City Orlando State FL Zip Code 32809

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

Name of Employer self-employed Occupation environmental engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
08 / 21 / 2011  
**Transaction ID : SA11AI.4605**

Amount of Each Receipt this Period  
250.00

**B. Nancy Boston**  
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 173

City Temple State TX Zip Code 76503

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

Name of Employer self-employed Occupation investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
11 / 15 / 2011  
**Transaction ID : SA11AI.4849**

Amount of Each Receipt this Period  
1000.00

**C. Ana Carbonell**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Brickell Key Drive, #602

City Miami State FL Zip Code 33131

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

Name of Employer self-employed Occupation consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
09 / 23 / 2011  
**Transaction ID : SA11AI.4676**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Maggie's List**

Full Name (Last, First, Middle Initial)  
**A. Dolores Clark**

Mailing Address 1854 N.W. 11th Road

City Gainesville State FL Zip Code 32605

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

Name of Employer n/a Occupation retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 21 / 2011

**Transaction ID : SA11AI.4604**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Robert E. Cline**

Mailing Address 5601 N. Dixie Highway, #209

City Oakland Park State FL Zip Code 33334

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

Name of Employer Heart Lung Surgical Institute Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2011

**Transaction ID : SA11AI.4555**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Ruth Coberley**

Mailing Address 4150 Citrus Street

City Kissimmee State FL Zip Code 34746

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

Name of Employer B & C Contracting Occupation office manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 21 / 2011

**Transaction ID : SA11AI.4626**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Maggie's List**

Full Name (Last, First, Middle Initial) <b>A. Jaymie Collette</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2011
Mailing Address 4015 Canal Woods Court		<b>Transaction ID : SA11AI.4730</b>
City Lake Oswego	State OR	Zip Code 97034
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Oregon Republican Party	Occupation executive assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Mindy K. Elliot</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2011
Mailing Address 5520 Rue Saint Tropez		<b>Transaction ID : SA11AI.4724</b>
City Reno	State NV	Zip Code 89511
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer self-employed	Occupation govt. relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Sara T. Fagen</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 09 / 2011
Mailing Address 606 N. Hudson Street		<b>Transaction ID : SA11AI.4907</b>
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer DDC Advocacy	Occupation partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Maggie's List**

**A. Gloria Fletcher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1223 N.W. 114th Drive  
 City Gainesville State FL Zip Code 32606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation attorney  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2011  
**Transaction ID : SA11AI.4937**  
 Amount of Each Receipt this Period  
**1000.00**

**B. Joanne C. Florin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11344 Alden Court  
 City Hudson State FL Zip Code 34667  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer n/a Occupation retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2011  
**Transaction ID : SA11AI.4738**  
 Amount of Each Receipt this Period  
**250.00**

**C. Robbie Ford**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1533 Conway Isle Circle  
 City Orlando State FL Zip Code 32809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeast Medical Products, Inc Occupation sales  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2011  
**Transaction ID : SA11AI.4630**  
 Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 11 OF 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Maggie's List**

Full Name (Last, First, Middle Initial)  
**A. Kathleen Gail**

Mailing Address 655 Moon Ranch Road

City Sebring                      State FL                      Zip Code 33870

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

Name of Employer Mary Kay                      Occupation senior sales director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 21 / 2011

**Transaction ID : SA11AI.4616**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Beverly Graubics**

Mailing Address 6861 Cold Harbor Road

City Mechanicsville                      State VA                      Zip Code 23111

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

Name of Employer n/a                      Occupation retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2011

**Transaction ID : SA11AI.4816**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Allison L. Graves**

Mailing Address 2311 Connecticut Avenue, N.W.  
#404

City Washington                      State DC                      Zip Code 20008

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

Name of Employer Entergy                      Occupation director of govt. affiars

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 23 / 2011

**Transaction ID : SA11AI.4953**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Maggie's List**

Full Name (Last, First, Middle Initial) <b>A. Deborah B. Guerriero</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2011 <b>Transaction ID : SA11AI.4878</b>
Mailing Address 9502 Hillview Drive		Amount of Each Receipt this Period 1000.00
City Dallas	State TX	Zip Code 75231
FEC ID number of contributing federal political committee. C		
Name of Employer n/a	Occupation homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Nan Hayworth</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 09 / 2011 <b>Transaction ID : SA11AI.5047</b>
Mailing Address 214 McLain Street		Amount of Each Receipt this Period 1000.00
City Mount Kisco	State NY	Zip Code 10549
FEC ID number of contributing federal political committee. C		
Name of Employer United States Congress	Occupation legislator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Dona Holt</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 21 / 2011 <b>Transaction ID : SA11AI.4628</b>
Mailing Address 109 Rive Terrace		Amount of Each Receipt this Period 250.00
City East Palatka	State FL	Zip Code 32131
FEC ID number of contributing federal political committee. C		
Name of Employer n/a	Occupation retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 13 OF 32  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Maggie's List**

Full Name (Last, First, Middle Initial)  
**A. Mary Jean Jensen**

Mailing Address 301 7th Avenue, W.

City Lemmon	State SD	Zip Code 57638
----------------	-------------	-------------------

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

Name of Employer n/a	Occupation retired
-------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2011

**Transaction ID : SA11AI.4746**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Liliana Kurpanik**

Mailing Address 205 Manuel Court

City St. Augustine	State FL	Zip Code 32095
-----------------------	-------------	-------------------

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

Name of Employer Hocevar Video, Inc.	Occupation television production manager
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2011

**Transaction ID : SA11AI.4633**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Emily K. Lampkin Jr.**

Mailing Address 1640 Davidson Road

City McLean	State VA	Zip Code 22101
----------------	-------------	-------------------

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

Name of Employer Lampkin Group	Occupation president
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : SA11AI.4910**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Maggie's List**

**A. Kelly Layman**  
Full Name (Last, First, Middle Initial)  
Mailing Address P. O. Box 12787

City Tallahassee	State FL	Zip Code 32317
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer State of Florida	Occupation board of governors	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
10 / 04 / 2011  
**Transaction ID : SA11AI.4720**

Amount of Each Receipt this Period  
250.00

**B. Suzanne Lowden**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9004 Greensboro Lane

City Las Vegas	State NV	Zip Code 89134
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Pioneer Casino	Occupation executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Date of Receipt  
11 / 02 / 2011  
**Transaction ID : SA11AI.4795**

Amount of Each Receipt this Period  
1000.00

**C. Gail G. MacKinnon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3753 Oliver Street

City Washington	State DC	Zip Code 20015
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Time Warner Cable	Occupation govt. relations officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
12 / 19 / 2011  
**Transaction ID : SA11AI.4949**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 15 OF 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Maggie's List**

Full Name (Last, First, Middle Initial)  
**A. Beverly K. Marshall**

Mailing Address 3803 Colonel Ellis Avenue

City State Zip Code  
Alexandria VA 22304

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

Name of Employer Occupation  
Duke Energy vice-president of govt. affairs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2011  
**Transaction ID : SA11AI.4912**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Kimberly Mulcahy**

Mailing Address 29W011 Calumet Avenue, E.

City State Zip Code  
Warrenville IL 60555

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

Name of Employer Occupation  
KM Communications consultant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2011  
**Transaction ID : SA11AI.4922**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Candy Patchett**

Mailing Address 3069 Carlow Circle

City State Zip Code  
Tallahassee FL 32309

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

Name of Employer Occupation  
n/a homemaker

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2011  
**Transaction ID : SA11AI.4684**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Maggie's List**

Full Name (Last, First, Middle Initial)  
**A. Leslie Saunders**

Mailing Address 1535 Dale Mabry Hwy.

City	State	Zip Code
Lutz	FL	33548

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

Name of Employer	Occupation
Leslie Saunders Insurance	insurance executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2011

**Transaction ID : SA11AI.5035**

Amount of Each Receipt this Period  

750.00
--------

In-kind - website services

Full Name (Last, First, Middle Initial)  
**B. Maggie Scarlett**

Mailing Address P. O. Box 12139

City	State	Zip Code
Jackson	NY	83002

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

Name of Employer	Occupation
n/a	retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2011

**Transaction ID : SA11AI.4836**

Amount of Each Receipt this Period  

250.00
--------

Full Name (Last, First, Middle Initial)  
**C. Patricia A. Schwartz**

Mailing Address 2305 Edgewater Drive, #1401

City	State	Zip Code
Orlando	FL	32804

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

Name of Employer	Occupation
n/a	retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2011

**Transaction ID : SA11AI.4831**

Amount of Each Receipt this Period  

1000.00
---------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 17 OF 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Maggie's List**

Full Name (Last, First, Middle Initial)  
**A. Linda Teetz**

Mailing Address 1280 Olde Doubloon Drive

City State Zip Code  
Vero Beach FL 32963

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

Name of Employer Occupation  
n/a retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2011  
**Transaction ID : SA11AI.4552**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Constance E. Tipton**

Mailing Address 712 E. Capitol Street, N.E.

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation  
International Dairy Foods Assn president/c.e.o.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2011  
**Transaction ID : SA11AI.4914**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Deborah L. Van Dormolen**

Mailing Address 1507 Hilltop Circle

City State Zip Code  
Salado TX 76571

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

Name of Employer Occupation  
n/a retired

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2011  
**Transaction ID : SA11AI.4786**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1800.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Maggie's List**

Full Name (Last, First, Middle Initial)  
**A. Angela Vazquez**

Mailing Address 7757 S.W. 118 Place

City Miami	State FL	Zip Code 33183
---------------	-------------	-------------------

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

Name of Employer Southwest Social Services	Occupation assistant director
---	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2011

**Transaction ID : SA11AI.4593**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Lisa Wilson-Foley**

Mailing Address 76 Hartford Road

City Simsbury	State CT	Zip Code 06070
------------------	-------------	-------------------

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

Name of Employer Allstar Therapy	Occupation president
-------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2011

**Transaction ID : SA11AI.4957**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Elizabeth Young**

Mailing Address 8640 Skymaster Drive

City New Port Richey	State FL	Zip Code 34654
-------------------------	-------------	-------------------

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

Name of Employer Hillsborough Community College	Occupation professor
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2011

**Transaction ID : SA11AI.4789**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	17050.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 32
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Maggie's List**

Full Name (Last, First, Middle Initial) <b>A. American Assn. of Neurological Surgeons PAC</b>		Date of Receipt
Mailing Address 725 15th Street, N.W., #500		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee.	<input type="text" value="C00413955"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	
		Transaction ID : <b>SA11C.4598</b>
		Amount of Each Receipt this Period <input type="text" value="2500.00"/>

Full Name (Last, First, Middle Initial) <b>B. American Society of Anesthesiologist PAC</b>		Date of Receipt
Mailing Address 520 N. Northwest Highway		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2011"/>
City	State	Zip Code
Park Ridge	IL	60068
FEC ID number of contributing federal political committee.	<input type="text" value="C00255752"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	
		Transaction ID : <b>SA11C.4903</b>
		Amount of Each Receipt this Period <input type="text" value="2500.00"/>

Full Name (Last, First, Middle Initial) <b>C. AmerisourceBergen Corp. PAC</b>		Date of Receipt
Mailing Address 1300 Morris Drive, #100		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City	State	Zip Code
Chesterbrook	PA	19355
FEC ID number of contributing federal political committee.	<input type="text" value="C00400929"/>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	
		Transaction ID : <b>SA11C.4905</b>
		Amount of Each Receipt this Period <input type="text" value="1000.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="6000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 32
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Maggie's List**

**A. Koch Industries, Inc. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 14th Street, N.W., #800  
 City Washington State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C** C00236489  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 12 / 2011  
**Transaction ID : SA11C.4924**  
 Amount of Each Receipt this Period  
 5000.00

**B. National Community Pharmacists Assn. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Daingerfield Road  
 City Alexandria State VA Zip Code 22314  
 FEC ID number of contributing federal political committee. **C** C00030809  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2011  
**Transaction ID : SA11C.4947**  
 Amount of Each Receipt this Period  
 1000.00

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	12000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Maggie's List**

Full Name (Last, First, Middle Initial)

**A. 3 Dog Consulting, Ltd.**

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement fundraising consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2011

**Transaction ID : SB21B.4660**

Amount of Each Disbursement this Period

2500.00

Category/Type

Full Name (Last, First, Middle Initial)

**B. 3 Dog Consulting, Ltd.**

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement fundraising consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2011

**Transaction ID : SB21B.4662**

Amount of Each Disbursement this Period

2500.00

Category/Type

Full Name (Last, First, Middle Initial)

**C. 3 Dog Consulting, Ltd.**

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement fundraising consulting

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2011

**Transaction ID : SB21B.4723**

Amount of Each Disbursement this Period

2500.00

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Maggie's List**

Full Name (Last, First, Middle Initial)

**A. 3 Dog Consulting, Ltd.**

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
fundraising consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2011

**Transaction ID : SB21B.4742**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. 3 Dog Consulting, Ltd.**

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
fundraising consulting

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 23 / 2011

**Transaction ID : SB21B.4867**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Chase Card Services**

Mailing Address P. O. Box 15153

City Wilmington State DE Zip Code 19886

Purpose of Disbursement  
see memo entries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 07 / 2011

**Transaction ID : SB21B.4548**

Amount of Each Disbursement this Period

1670.14

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

6670.14





**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Maggie's List**

Full Name (Last, First, Middle Initial)

**A. Chase Card Services**

Mailing Address P. O. Box 15153

City State Zip Code  
Wilmington DE 19886

Purpose of Disbursement  
no itemization required

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2011			

**Transaction ID : SB21B.4727**

Amount of Each Disbursement this Period

36.60
-------

Full Name (Last, First, Middle Initial)

**B. Chase Card Services**

Mailing Address P. O. Box 15153

City State Zip Code  
Wilmington DE 19886

Purpose of Disbursement  
no itemization required

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2011			

**Transaction ID : SB21B.4744**

Amount of Each Disbursement this Period

57.97
-------

Full Name (Last, First, Middle Initial)

**C. Chase Card Services**

Mailing Address P. O. Box 15153

City State Zip Code  
Wilmington DE 19886

Purpose of Disbursement  
no itemization required

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2011			

**Transaction ID : SB21B.4893**

Amount of Each Disbursement this Period

101.32
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

195.89
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Maggie's List**

Full Name (Last, First, Middle Initial)

**A. Diageo**

Mailing Address 600 Pennsylvania Ave., S.E., #304

City Washington State DC Zip Code 20003

Purpose of Disbursement  
facility rental

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2011

**Transaction ID : SB21B.4918**

Amount of Each Disbursement this Period

352.00

Full Name (Last, First, Middle Initial)

**B. eDonation.com**

Mailing Address 117 N. Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
online fundraising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2011

**Transaction ID : SB21B.4551**

Amount of Each Disbursement this Period

156.03

Full Name (Last, First, Middle Initial)

**C. eDonation.com**

Mailing Address 117 N. Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
online fundraising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2011

**Transaction ID : SB21B.4595**

Amount of Each Disbursement this Period

95.52

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

603.55

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Maggie's List**

Full Name (Last, First, Middle Initial)

**A. eDonation.com**

Mailing Address 117 N. Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
online fundraising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2011

**Transaction ID : SB21B.4643**

Amount of Each Disbursement this Period

108.03

Full Name (Last, First, Middle Initial)

**B. eDonation.com**

Mailing Address 117 N. Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
online fundraising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 05 / 2011

**Transaction ID : SB21B.4722**

Amount of Each Disbursement this Period

117.63

Full Name (Last, First, Middle Initial)

**C. eDonation.com**

Mailing Address 117 N. Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
online fundraising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2011

**Transaction ID : SB21B.4805**

Amount of Each Disbursement this Period

80.40

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

306.06

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Maggie's List**

Full Name (Last, First, Middle Initial)

**A. eDonation.com**

Mailing Address 117 N. Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
online fundraising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2011

**Transaction ID : SB21B.4892**

Amount of Each Disbursement this Period

211.13
--------

Full Name (Last, First, Middle Initial)

**B. eDonation.com**

Mailing Address 117 N. Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
online fundraising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2011

**Transaction ID : SB21B.4936**

Amount of Each Disbursement this Period

89.90
-------

Full Name (Last, First, Middle Initial)

**C. Sandra B. Mortham**

Mailing Address 6675 Weepong Willow Way

City Tallahassee State FL Zip Code 32311

Purpose of Disbursement  
postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2011

**Transaction ID : SB21B.4549**

Amount of Each Disbursement this Period

143.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

444.03
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Maggie's List**

Full Name (Last, First, Middle Initial)

**A. Sandra B. Mortham**

Mailing Address 6675 Weepong Willow Way

City Tallahassee State FL Zip Code 32311

Purpose of Disbursement  
see memo entries

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2011

**Transaction ID : SB21B.4669**

Amount of Each Disbursement this Period

1200.04

Full Name (Last, First, Middle Initial)

**B. Lauren-Spencer Group**

Mailing Address 40 Clairedan Drive

City Columbus State OH Zip Code 43065

Purpose of Disbursement  
gifts

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 26 / 2011

**Transaction ID : SB21B.4669.2**

Amount of Each Disbursement this Period

1035.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Sandra B. Mortham**

Mailing Address 6675 Weepong Willow Way

City Tallahassee State FL Zip Code 32311

Purpose of Disbursement  
postage/email services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 21 / 2011

**Transaction ID : SB21B.4726**

Amount of Each Disbursement this Period

69.93

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1269.97

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Maggie's List**

Full Name (Last, First, Middle Initial)

**A. Sandra B. Mortham**

Mailing Address 6675 Weepong Willow Way

City Tallahassee State FL Zip Code 32311

Purpose of Disbursement  
postage

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	1	1

**Transaction ID : SB21B.4743**

Amount of Each Disbursement this Period

9	.	3	5
---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Pelagia Trattoria**

Mailing Address 4200 Jim Walter Blvd.

City Tampa State FL Zip Code 33607

Purpose of Disbursement  
void check dated 6/15/10

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	1

**Transaction ID : SB21B.4969**

Amount of Each Disbursement this Period

-	1	0	0
---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Leslie Saunders**

Mailing Address 1535 Dale Mabry Hwy.

City Lutz State FL Zip Code 33548

Purpose of Disbursement  
In-kind - website services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	1	1

**Transaction ID : SB21B.5036**

Amount of Each Disbursement this Period

7	5	0	.	3	5
---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

6	5	9	.	3	5
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6	5	9	.	3	5
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Maggie's List**

Full Name (Last, First, Middle Initial)

**A. Shorey Public Relations**

Mailing Address 2406 Ellingham

City State Zip Code  
Wichita Falls TX 76308

Purpose of Disbursement  
travel

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2011

**Transaction ID : SB21B.4740**

Amount of Each Disbursement this Period

1230.99
---------

Full Name (Last, First, Middle Initial)

**B. Jacquelyn D. Watkins**

Mailing Address 1105 New York Avenue

City State Zip Code  
St. Cloud FL 34769

Purpose of Disbursement  
membership pins

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2011

**Transaction ID : SB21B.4663**

Amount of Each Disbursement this Period

1650.00
---------

Full Name (Last, First, Middle Initial)

**C. Jacquelyn D. Watkins**

Mailing Address 1105 New York Avenue

City State Zip Code  
St. Cloud FL 34769

Purpose of Disbursement  
membership pins

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2011

**Transaction ID : SB21B.4884**

Amount of Each Disbursement this Period

1250.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4130.99
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**TOTAL** This Period (last page this line number only)..... ▶

22171.48
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Maggie's List**

Full Name (Last, First, Middle Initial)

**A. Linda McMahon for Senate**

Mailing Address P. O. Box 271386

City West Hartford State CT Zip Code 06127

Purpose of Disbursement  
void check dated 10/13/10

Candidate Name  
**Linda McMahon**

Office Sought:  House  
 Senate  
 President  
State: CT District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2011

**Transaction ID : SB23.4970**

Amount of Each Disbursement this Period

-500.00
---------

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

-500.00
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-500.00
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