



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Maggies 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="2014"/>	<input type="text" value="7715.47"/>	<input type="text" value="7715.47"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="14924.89"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="18595.00"/>	<input type="text" value="99655.50"/>
(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="33519.89"/>	<input type="text" value="107370.97"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="19679.43"/>	<input type="text" value="93530.51"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="13840.46"/>	<input type="text" value="13840.46"/>
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

**Maggies 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).....	15805.00	78700.50
(ii) Unitemized .....	790.00	7955.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16595.00	86655.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2000.00	13000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	18595.00	99655.50
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))..... ▶	18595.00	99655.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18595.00	99655.50

**DETAILED SUMMARY PAGE**

of Disbursements

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 .....	4764.43	59217.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4764.43	59217.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11315.00	30712.57
24. Independent Expenditures (use Schedule E) .....	3600.00	3600.00
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)) ..	19679.43	93530.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19679.43	93530.51

**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) .....	18595.00	99655.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18595.00	99655.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	4764.43	59217.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	4764.43	59217.94

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 28
	(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

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)  
**Maggies List**

**A. SALLY S. BRADSHAW**  
Full Name (Last, First, Middle Initial)

Mailing Address 1345 DUPONT ROAD

City HAVANA State FL Zip Code 32333-6697

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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11.1150**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

EARMARKED-CAROL PLATT

**B. DAVID BURGE**  
Full Name (Last, First, Middle Initial)

Mailing Address 2638 PARKSIDE DRIVE

City ATLANTA State GA Zip Code 30305-3734

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

Name of Employer SMITH GAMBRELL Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 75.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2014

**Transaction ID : SA11.1186**

Amount of Each Receipt this Period  
 25.00

CONTRIBUTION

EARMARKED-MARTHA MCSALLY

**C. JACK BUZBEE**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 E. DOUGLAS STREET

City DE SOTO State IL Zip Code 62924-1512

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 ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2014

**Transaction ID : SA11.1178**

Amount of Each Receipt this Period  
 320.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	845.00
<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 7 OF 28
	<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)  
**Maggies List**

**A. PATRICIA D. CAFFERATA**  
Full Name (Last, First, Middle Initial)

Mailing Address 2620 SPINNAKER DRIVE

City RENO State NV Zip Code 89519-5752

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 ▼ **725.00**

Date of Receipt **10 / 26 / 2014**

**Transaction ID : SA11.1164**

Amount of Each Receipt this Period **100.00**

CONTRIBUTION

EARMARKED-ANNETE TEIJEIRO

**B. PATRICIA D. CAFFERATA**  
Full Name (Last, First, Middle Initial)

Mailing Address 2620 SPINNAKER DRIVE

City RENO State NV Zip Code 89519-5752

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 ▼ **725.00**

Date of Receipt **10 / 19 / 2014**

**Transaction ID : SA11.1166**

Amount of Each Receipt this Period **25.00**

CONTRIBUTION

EARMARKED-MIA LOVE

**C. PATRICIA D. CAFFERATA**  
Full Name (Last, First, Middle Initial)

Mailing Address 2620 SPINNAKER DRIVE

City RENO State NV Zip Code 89519-5752

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 ▼ **725.00**

Date of Receipt **10 / 19 / 2014**

**Transaction ID : SA11.1167**

Amount of Each Receipt this Period **25.00**

CONTRIBUTION

EARMARKED-CAROL PLATT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</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 8 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Maggies List**

Full Name (Last, First, Middle Initial)  
**A. PATRICIA D. CAFFERATA**  
 Mailing Address 2620 SPINNAKER DRIVE  
 City State Zip Code  
 RENO NV 89519-5752  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED ATTORNEY  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 725.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2014  
**Transaction ID : SA11.1168**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 EARMARKED-BARBARA COMSTOCK

Full Name (Last, First, Middle Initial)  
**B. PATRICIA D. CAFFERATA**  
 Mailing Address 2620 SPINNAKER DRIVE  
 City State Zip Code  
 RENO NV 89519-5752  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED ATTORNEY  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 725.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2014  
**Transaction ID : SA11.1185**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION  
 EARMARKED-MARTHA MCSALLY

Full Name (Last, First, Middle Initial)  
**C. DONALD G. ELLIOT**  
 Mailing Address 101 CASTLE GARDENS DRIVE  
 City State Zip Code  
 CASTLE HILLS TX 78213-1856  
 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 ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2014  
**Transaction ID : SA11.1165**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**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 28
	<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)  
**Maggies List**

**A. ANNE HATHAWAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 4505 N. DELWARE STREET

City INDIANAPOLIS State IN Zip Code 46205-1719

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

Name of Employer HATHAWAY STRATEGIES Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4400.00

Date of Receipt 10 / 27 / 2014  
Transaction ID : SA11.1170

Amount of Each Receipt this Period 3400.00

CONTRIBUTION

**B. JULIAN HIGH**  
Full Name (Last, First, Middle Initial)

Mailing Address 700 NEW HAMPSHIRE, #1012

City WASHINGTON State DC Zip Code 20037-2407

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 11 / 04 / 2014  
Transaction ID : SA11.1182

Amount of Each Receipt this Period 250.00

CONTRIBUTION

**C. CHRISTINA C. JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3284 WHITNEY DRIVE, E.

City TALLAHASSEE State FL Zip Code 32309-3650

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

Name of Employer SELF-EMPLOYED Occupation PUBLIC RELATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1705.50

Date of Receipt 10 / 29 / 2014  
Transaction ID : SA11.1172

Amount of Each Receipt this Period 250.00

CONTRIBUTION

EARMARKED-GLO SMITH

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3900.00

**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 10 OF 28  
(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)  
**Maggies List**

Full Name (Last, First, Middle Initial)  
**A. CHRISTINA C. JOHNSON**

Mailing Address 3284 WHITNEY DRIVE, E.

City TALLAHASSEE State FL Zip Code 32309-3650

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

Name of Employer SELF-EMPLOYED Occupation PUBLIC RELATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1705.50

Date of Receipt 10 / 29 / 2014  
**Transaction ID : SA11.1173**

Amount of Each Receipt this Period 250.00

CONTRIBUTION

EARMARKED-CAROL PLATT

Full Name (Last, First, Middle Initial)  
**B. LYNN LONDEN**

Mailing Address 33 BILTMORE ESTATES

City PHOENIX State AZ Zip Code 85016-2823

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

Name of Employer LONDEN MEDIA Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 31 / 2014  
**Transaction ID : SA11.1179**

Amount of Each Receipt this Period 2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. SUE LOWDEN**

Mailing Address 9004 GREENSBORO LANE

City LAS VEGAS State NV Zip Code 89134-0500

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

Name of Employer ARCHON CORP. Occupation EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 21 / 2014  
**Transaction ID : SA11.1161**

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3250.00

**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 11 OF 28
	<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)  
**Maggies List**

**A. BOB MCKEE**  
Full Name (Last, First, Middle Initial)

Mailing Address 7205 N. SHORE DRIVE

City LEESBURG State FL Zip Code 34788-9206

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt  
11 / 19 / 2014  
**Transaction ID : SA11.1187**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

EARMARKED-MARTHA MCSALLY

**B. SANDRA B. MORTHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 6675 WEEPING WILLOW WAY

City TALLAHASSEE State FL Zip Code 32311-0311

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

Name of Employer MORTHAM GOVT. CONSULTANTS, LLC Occupation OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt  
10 / 20 / 2014  
**Transaction ID : SA11.1148**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

EARMARKED-CAROL PLATT

**C. ROBERT D. PATCHETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 3069 CARLOW CIRCLE

City TALLAHASSEE State FL Zip Code 32309-3302

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

Name of Employer SELF-EMPLOYED Occupation GOVERNMENT RELATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
10 / 21 / 2014  
**Transaction ID : SA11.1151**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 625.00

**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 12 OF 28
	<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)  
**Maggies List**

**A. JIM RATHBUN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4021 SILVER PALM DRIVE

City VERO BEACH State FL Zip Code 32963-1370

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

Name of Employer SELF-EMPLOYED Occupation GOVT. RELATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 20 / 2014  
Transaction ID : SA11.1149

Amount of Each Receipt this Period 250.00

CONTRIBUTION

EARMARKED-CAROL PLATT

**B. RONALD R. RICHMOND**  
Full Name (Last, First, Middle Initial)

Mailing Address 1394 MILLSTREAM ROAD

City TALLAHASSEE State FL Zip Code 32312-2550

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

Name of Employer Ronald R. Richmond, P.A. Occupation GOVT. RELATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 21 / 2014  
Transaction ID : SA11.1162

Amount of Each Receipt this Period 750.00

CONTRIBUTION

**C. LESLIE SAUNDERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1535 DALE MABRY HIGHWAY

City LUTZ State FL Zip Code 33548-3001

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

Name of Employer LESLIE SAUNDERS INSURANCE Occupation C.E.O.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 31 / 2014  
Transaction ID : SA11.1176

Amount of Each Receipt this Period 250.00

CONTRIBUTION

**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 13 OF 28
	(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)  
**Maggies List**

**A. KATHLEEN SHANAHAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2625 W. SUNSET DRIVE

City TAMPA	State FL	Zip Code 33629-5340
---------------	-------------	------------------------

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

Name of Employer URETEK HOLDINGS	Occupation CHAIRMAN/C.E.O.
-------------------------------------	-------------------------------

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
10	/	29	/	2014

**Transaction ID : SA11.1175**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B. PAMELA SIEKMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4597 NEISWANDER SQUARE

City NEW ALBANY	State OH	Zip Code 43054-9642
--------------------	-------------	------------------------

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

Name of Employer THE STRATEGY GROUP	Occupation VICE-PRESIDENT
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2014

**Transaction ID : SA11.1171**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

EARMARKED-BARBARA COMSTOCK

**C. DIANE TEBELIUS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2650 W. LAKE SAMMAMISH

City BELLEVUE	State WA	Zip Code 98008-
------------------	-------------	--------------------

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

Name of Employer LESOURD & PATTEN	Occupation ATTORNEY
--------------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2014

**Transaction ID : SA11.1180**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5350.00
<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 28
	<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)  
**Maggies List**

Full Name (Last, First, Middle Initial)  
**A. LINDA TEETZ**

Mailing Address 1280 OLDE DOUBLOON DRIVE

City VERO BEACH	State FL	Zip Code 32963-2453
--------------------	-------------	------------------------

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 ▼  
1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2014  
**Transaction ID : SA11.1184**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. THOMAS WALKER**

Mailing Address 5650 PORTOLA ROAD

City ATASCADERO	State CA	Zip Code 93422-2333
--------------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation CARPENTER
-----------------------------------	-------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2014  
**Transaction ID : SA11.1169**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

EARMARKED-MIMI WALTERS

Full Name (Last, First, Middle Initial)  
**C. MARGOT E. WATSON**

Mailing Address 220 MACFARLANE DRIVE, #506

City DELRAY BEACH	State FL	Zip Code 33483-6850
----------------------	-------------	------------------------

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 ▼  
10.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2014  
**Transaction ID : SA11.1160**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

EARMARKED-CAROL PLATT

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<b>TOTAL</b> This Period (last page this line number only).....▶	15805.00

**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 28  
(check only one)

<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)  
**Maggies List**

**A. LEAD YOUR NATION NOW PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address P. O. BOX 1872  
City TOPEKA State KS Zip Code 66601-1872  
FEC ID number of contributing federal political committee. **C** C00491043  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 22 / 2014  
**Transaction ID : SA11.1189**  
Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

**B.**  
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 Y  
Amount of Each Receipt this Period

**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 Y  
Amount of Each Receipt this Period

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

**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)

**Maggies List**

Full Name (Last, First, Middle Initial)

**A. 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

M M M / D D D / Y Y Y Y Y Y  
11 / 07 / 2014

Transaction ID : SB21B.I719

Amount of Each Disbursement this Period

77.65

Full Name (Last, First, Middle Initial)

**B. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO ROAD, #329

City WALTHAM State MA Zip Code 02451

Purpose of Disbursement  
EMAIL SERVICES

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  
10 / 12 / 2014

Transaction ID : SB21B.I721

Amount of Each Disbursement this Period

65.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. UNITED STATES POSTAL SERVICE**

Mailing Address 2355 CENTERVILLE ROAD

City TALLAHASSEE State FL Zip Code 32308

Purpose of Disbursement  
POSTAGE

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 / 30 / 2014

Transaction ID : SB21B.I720

Amount of Each Disbursement this Period

12.65

[MEMO ITEM]

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

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

77.65

**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)  
**Maggies 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) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2014

**Transaction ID : SB21B.I698**

Amount of Each Disbursement this Period

181.75

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

M M M / D D D / Y Y Y Y Y Y  
11 / 04 / 2014

**Transaction ID : SB21B.I717**

Amount of Each Disbursement this Period

505.03

Full Name (Last, First, Middle Initial)

**C. SHOREY PUBLIC RELATIONS**

Mailing Address 2406 ELLINGHAM

City WICHITA FALLS State TX Zip Code 76308

Purpose of Disbursement  
PAC MANAGEMENT

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 / 07 / 2014

**Transaction ID : SB21B.I718**

Amount of Each Disbursement this Period

4000.00

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

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

4686.78

4764.43

**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)

**Maggies List**

Full Name (Last, First, Middle Initial)

**A. ANNETTE TEIJEIRO FOR CONGRESS**

Mailing Address 1916 HOUSTON DRIVE

City LAS VEGAS State NV Zip Code 89104

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**ANNETTE TEIJEIRO**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NV District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2014			

**Transaction ID : SB23.I704**

Amount of Each Disbursement this Period

100.00
--------

EARMARK-PATRICIA CAFFERATA

Full Name (Last, First, Middle Initial)

**B. ANNETTE TEIJEIRO FOR CONGRESS**

Mailing Address 1916 HOUSTON DRIVE

City LAS VEGAS State NV Zip Code 89104

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**ANNETTE TEIJEIRO**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NV District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2014			

**Transaction ID : SB23.I714**

Amount of Each Disbursement this Period

1000.00
---------

EARMARK-PATRICIA CAFFERATA

Full Name (Last, First, Middle Initial)

**C. CAROL PLATT FOR CONGRESS**

Mailing Address 4417 13TH STREET, #172

City ST. CLOUD State FL Zip Code 34769

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**CAROL PLATT**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2014			

**Transaction ID : SB23.I708**

Amount of Each Disbursement this Period

25.00
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EARMARK-PATRICIA CAFFERATA

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

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

1125.00
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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)

**Maggies List**

Full Name (Last, First, Middle Initial)

**A. CAROL PLATT FOR CONGRESS**

Mailing Address 4417 13TH STREET, #172

City ST. CLOUD State FL Zip Code 34769

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**CAROL PLATT**

Office Sought:  House  
 Senate  
 President  
State: FL District: 09

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2014			

**Transaction ID : SB23.I709**

Amount of Each Disbursement this Period

100.00
--------

EARMARK-SANDRA MORTHAM

Full Name (Last, First, Middle Initial)

**B. CAROL PLATT FOR CONGRESS**

Mailing Address 4417 13TH STREET, #172

City ST. CLOUD State FL Zip Code 34769

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**CAROL PLATT**

Office Sought:  House  
 Senate  
 President  
State: FL District: 09

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2014			

**Transaction ID : SB23.I710**

Amount of Each Disbursement this Period

250.00
--------

EARMARK-JIM RATHBUN

Full Name (Last, First, Middle Initial)

**C. CAROL PLATT FOR CONGRESS**

Mailing Address 4417 13TH STREET, #172

City ST. CLOUD State FL Zip Code 34769

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**CAROL PLATT**

Office Sought:  House  
 Senate  
 President  
State: FL District: 09

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2014			

**Transaction ID : SB23.I711**

Amount of Each Disbursement this Period

500.00
--------

EARMARK-SALLY BRADSHAW

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

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

850.00
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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)

**Maggies List**

Full Name (Last, First, Middle Initial)

**A. CAROL PLATT FOR CONGRESS**

Mailing Address 4417 13TH STREET, #172

City ST. CLOUD State FL Zip Code 34769

Purpose of Disbursement CONTRIBUTION

Candidate Name **CAROL PLATT**

Office Sought:  House  Senate  President  
State: FL District: 09

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2014			

Transaction ID : SB23.I712

Amount of Each Disbursement this Period

10.00
-------

EARMARK-MARGOT WATSON

Full Name (Last, First, Middle Initial)

**B. CAROL PLATT FOR CONGRESS**

Mailing Address 4417 13TH STREET, #172

City ST. CLOUD State FL Zip Code 34769

Purpose of Disbursement CONTRIBUTION

Candidate Name **CAROL PLATT**

Office Sought:  House  Senate  President  
State: FL District: 09

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2014			

Transaction ID : SB23.I716

Amount of Each Disbursement this Period

250.00
--------

EARMARK-CHRISTINA JOHNSON

Full Name (Last, First, Middle Initial)

**C. COMSTOCK FOR CONGRESS**

Mailing Address P. O. BOX 71596

City RICHMOND State VA Zip Code 23255

Purpose of Disbursement CONTRIBUTION

Candidate Name **BARBARA J. COMSTOCK**

Office Sought:  House  Senate  President  
State: VA District: 10

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2014			

Transaction ID : SB23.I702

Amount of Each Disbursement this Period

100.00
--------

EARMARK-PAMELA SIEKMAN

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

360.00
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**TOTAL** This Period (last page this line number only)..... ▶

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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)

**Maggies List**

Full Name (Last, First, Middle Initial)

**A. COMSTOCK FOR CONGRESS**

Mailing Address P. O. BOX 71596

City RICHMOND State VA Zip Code 23255

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**BARBARA J. COMSTOCK**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2014			

**Transaction ID : SB23.I705**

Amount of Each Disbursement this Period

25.00
-------

EARMARK-PATRICIA CAFFERATA

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF NAN HAYWORTH**

Mailing Address P. O. BOX 511

City CHESTER State NY Zip Code 10918

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**NAN HAYWORTH**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : SB23.I695**

Amount of Each Disbursement this Period

25.00
-------

EARMARK-PATRICIA CAFFERATA

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF NAN HAYWORTH**

Mailing Address P. O. BOX 511

City CHESTER State NY Zip Code 10918

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**NAN HAYWORTH**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : SB23.I696**

Amount of Each Disbursement this Period

5.00
------

EARMARK-MISSY SHOREY

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

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

55.00
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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)

**Maggies List**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF NAN HAYWORTH**

Mailing Address P. O. BOX 511

City CHESTER State NY Zip Code 10918

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**NAN HAYWORTH**

Office Sought:  House  
 Senate  
 President  
State: NY District: 18

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : SB23.I697**

Amount of Each Disbursement this Period

500.00
--------

EARMARK-REBECCA JOHNSON

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF NAN HAYWORTH**

Mailing Address P. O. BOX 511

City CHESTER State NY Zip Code 10918

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**NAN HAYWORTH**

Office Sought:  House  
 Senate  
 President  
State: NY District: 18

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2014			

**Transaction ID : SB23.I701**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF MIA LOVE**

Mailing Address P. O. BOX 255

City RIVERTON State UT Zip Code 84065

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**MIA LOVE**

Office Sought:  House  
 Senate  
 President  
State: UT District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			27			2014			

**Transaction ID : SB23.I707**

Amount of Each Disbursement this Period

25.00
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EARMARK-PATRICIA CAFFERATA

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

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

2525.00
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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)

**Maggies List**

Full Name (Last, First, Middle Initial)

**A. GLO FOR CONGRESS**

Mailing Address 133 S. HARBOR DRIVE

City VENICE State FL Zip Code 34285

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**GLOREATHA SCURRY-SMITH**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	1	4

**Transaction ID : SB23.I715**

Amount of Each Disbursement this Period

2	5	0	0	0
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EARMARK-CHRISTINA JOHNSON

Full Name (Last, First, Middle Initial)

**B. MCSALLY FOR CONGRESS**

Mailing Address P.O. BOX 19128

City TUCSON State AZ Zip Code 85731

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**MARTHA MCSALLY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	1	4

**Transaction ID : SB23.I693**

Amount of Each Disbursement this Period

2	5	0	0	0
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EARMARK-PATRICIA CAFFERATA

Full Name (Last, First, Middle Initial)

**C. MCSALLY FOR CONGRESS**

Mailing Address P.O. BOX 19128

City TUCSON State AZ Zip Code 85731

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**MARTHA MCSALLY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	1	4

**Transaction ID : SB23.I694**

Amount of Each Disbursement this Period

7	7	5	0	0
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EARMARK-REBECCA JOHNSON

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

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

7	7	5	0	0
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7	7	5	0	0
---	---	---	---	---

**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)

**Maggies List**

Full Name (Last, First, Middle Initial)

**A. MCSALLY FOR CONGRESS**

Mailing Address P.O. BOX 19128

City TUCSON State AZ Zip Code 85731

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**MARTHA MCSALLY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2014			

**Transaction ID : SB23.I700**

Amount of Each Disbursement this Period

4000.00
---------

Full Name (Last, First, Middle Initial)

**B. MCSALLY FOR CONGRESS**

Mailing Address P.O. BOX 19128

City TUCSON State AZ Zip Code 85731

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**MARTHA MCSALLY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2014			

**Transaction ID : SB23.I727**

Amount of Each Disbursement this Period

25.00
-------

EARMARK-PATRICIA CAFFERATA

Full Name (Last, First, Middle Initial)

**C. MCSALLY FOR CONGRESS**

Mailing Address P.O. BOX 19128

City TUCSON State AZ Zip Code 85731

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**MARTHA MCSALLY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2014			

**Transaction ID : SB23.I728**

Amount of Each Disbursement this Period

25.00
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EARMARK-DAVID BURGE

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

4050.00
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**TOTAL** This Period (last page this line number only)..... ▶

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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)

**Maggies List**

Full Name (Last, First, Middle Initial)

**A. MCSALLY FOR CONGRESS**

Mailing Address P.O. BOX 19128

City TUCSON State AZ Zip Code 85731

Purpose of Disbursement CONTRIBUTION

Candidate Name

**MARTHA MCSALLY**

Office Sought:  House  Senate  President

State: AZ District: 02

Disbursement For: 2016  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2014			

**Transaction ID : SB23.I729**

Amount of Each Disbursement this Period

25.00
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EARMARK-BOB MCKEE

Full Name (Last, First, Middle Initial)

**B. SENGER FOR CONGRESS**

Mailing Address P. O. BOX 4883

City NAPERVILLE State IL Zip Code 60567

Purpose of Disbursement CONTRIBUTION

Candidate Name

**DARLENE SENGER**

Office Sought:  House  Senate  President

State: IL District: 11

Disbursement For: 2014  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : SB23.I691**

Amount of Each Disbursement this Period

25.00
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EARMARK-PATRICIA CAFFERATA

Full Name (Last, First, Middle Initial)

**C. SENGER FOR CONGRESS**

Mailing Address P. O. BOX 4883

City NAPERVILLE State IL Zip Code 60567

Purpose of Disbursement CONTRIBUTION

Candidate Name

**DARLENE SENGER**

Office Sought:  House  Senate  President

State: IL District: 11

Disbursement For: 2014  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : SB23.I692**

Amount of Each Disbursement this Period

500.00
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EARMARK-REBECCA JOHNSON

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

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

550.00
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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)

**Maggies List**

Full Name (Last, First, Middle Initial)

**A. WALTERS FOR CONGRESS**

Mailing Address 8001 IRVINE CENTER DRIVE, #400

City IRVINE State CA Zip Code 92618

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**MIMI WALTERS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 45

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

**Transaction ID : SB23.I706**

Amount of Each Disbursement this Period

25.00
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EARMARK-THOMAS WALKER

Full Name (Last, First, Middle Initial)

**B. WENDYROGERS.ORG**

Mailing Address 3030 S. RURAL ROAD, #120

City TEMPE State AZ Zip Code 85282

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**WENDY ROGERS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

**Transaction ID : SB23.I713**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	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)..... ▶

1025.00
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11315.00
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