

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

Maggies 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 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 / 2015 through [MM] / [DD] / [YYYY] 12 / 31 / 2015

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 / 05 / 2016

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 | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

**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="2015"/> | <input type="text" value="8708.59"/> | <input type="text" value="8708.59"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="41694.90"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="45995.00"/> | <input type="text" value="98250.00"/> |
| (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="87689.90"/> | <input type="text" value="106958.59"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="42757.27"/> | <input type="text" value="62025.96"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="44932.63"/> | <input type="text" value="44932.63"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY 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

FEC Form 3X (Rev. 06/2004)

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)..... | 38060.00 | 79560.00 |
| (ii) Unitemized | 3435.00 | 5190.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 41495.00 | 84750.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 4500.00 | 13500.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 45995.00 | 98250.00 |
| 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))..... ▶ | 45995.00 | 98250.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 45995.00 | 98250.00 |

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 | 18657.27 | 37925.96 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 18657.27 | 37925.96 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 17600.00 | 17600.00 |
| 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 | 6500.00 | 6500.00 |
| (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))..... | 6500.00 | 6500.00 |
| 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)) .. | 42757.27 | 62025.96 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 42757.27 | 62025.96 |

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) | 45995.00 | 98250.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 6500.00 | 6500.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 39495.00 | 91750.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 18657.27 | 37925.96 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 18657.27 | 37925.96 |

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

Form/Schedule: F3XN
Transaction ID :

No expenditure, other than a direct contribution, 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. All expenditures disclosed on Line 21b are not candidate related.

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 41 |
| | <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)
Maggies List

A. DOMINGO ALVAREZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 15405 S.W. 87TH AVENUE
 City PALMETTO BAY State FL Zip Code 33157-2051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALVAREZ & MENDOZA, P.A. CPA Occupation ACCOUNTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 29 / 2015**
Transaction ID : SA11.1342
 Amount of Each Receipt this Period **500.00**
 CONTRIBUTION
 EARMARKED-REBECCA NEGRON

B. ANN K. AQUILLO
 Full Name (Last, First, Middle Initial)
 Mailing Address 10736 NEW CASTLE PLACE
 City POWELL State OH Zip Code 43065-7973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNION RURAL ELECTRIC COOPERATIVE Occupation VICE-PRESIDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 27 / 2015**
Transaction ID : SA11.1333
 Amount of Each Receipt this Period **500.00**
 CONTRIBUTION

C. LORI BARRERAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1475 W. 3RD AVENUE, #403
 City COLUMBUS State OH Zip Code 43212-2868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OHIO CIVIL RIGHTS COMMISSION Occupation COMMISSIONER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 27 / 2015**
Transaction ID : SA11.1336
 Amount of Each Receipt this Period **300.00**
 CONTRIBUTION

| | |
|-----------------------------------------------------------------|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1300.00 |
| 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 41 |
| | <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. WILLIAM BECKER
Full Name (Last, First, Middle Initial)

Mailing Address 582 BEACHLAND BLVD., #300

City VERO BEACH State FL Zip Code 32963-1758

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

Name of Employer PEACE RIVER CITRUS PRODUCTS Occupation PRESIDENT

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
 10 / 29 / 2015

Transaction ID : SA11.1365

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

B. NANCY M. BRADLEY
Full Name (Last, First, Middle Initial)

Mailing Address 4424 NEW BROAD STREET

City ORLANDO State FL Zip Code 32814-6046

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

Name of Employer DAYTONA COLLEGE, LLC Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015

Transaction ID : SA11.1349

Amount of Each Receipt this Period
 2700.00

CONTRIBUTION

EARMARKED-REBECCA NEGRON

C. SCOTTIE C. CAMPBELL
Full Name (Last, First, Middle Initial)

Mailing Address P. O. BOX 644480

City VERO BEACH State FL Zip Code 32964-4480

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 ▼ 7800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2015

Transaction ID : SA11.1381

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

| | |
|-----------------------------------------------------------------|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 12700.00 |
| 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 41 |
| | <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. SCOTTIE C. CAMPBELL
Full Name (Last, First, Middle Initial)

Mailing Address P. O. BOX 644480

City VERO BEACH State FL Zip Code 32964-4480

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 ▼ **7800.00**

Date of Receipt **11 / 10 / 2015**

Transaction ID : SA11.1382

Amount of Each Receipt this Period **2800.00**

CONTRIBUTION

EARMARK-MARY THOMAS

B. BRIAN CLEMENTE
Full Name (Last, First, Middle Initial)

Mailing Address 130 LAKEVIEW WAY

City VERO BEACH State FL Zip Code 32963-3876

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

Name of Employer BDAC ASSOCIATES, INC. Occupation MEDICAL DISTRIBUTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **11 / 10 / 2015**

Transaction ID : SA11.1379

Amount of Each Receipt this Period **250.00**

CONTRIBUTION

C. DANIELLE M. ENGLISH
Full Name (Last, First, Middle Initial)

Mailing Address 1816 UPPER CHELSEA ROAD

City COLUMBUS State OH Zip Code 43212-1938

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

Name of Employer FIFTH THIRD BANK Occupation GOVT. RELATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **07 / 27 / 2015**

Transaction ID : SA11.1335

Amount of Each Receipt this Period **300.00**

CONTRIBUTION

| | |
|-----------------------------------------------------------------|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 3350.00 |
| 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 10 OF 41 |
| | <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)
Maggies List

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. HEATHER FITZENHAGEN | | Date of Receipt MM / DD / YYYY 09 / 18 / 2015 |
| Mailing Address 1750 MARLYN ROAD | | Transaction ID : SA11.1359 |
| City FORT MYERS | State FL | Zip Code 33901-4920 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 100.00 | |
| Name of Employer STATE OF FLORIDA | Occupation STATE REPRESENTATIVE | CONTRIBUTION |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 100.00 | EARMARKED-REBECCA NEGRON |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. ARNIE GIRNUN | | Date of Receipt MM / DD / YYYY 07 / 29 / 2015 |
| Mailing Address 13091 S.W. 78TH AVENUE | | Transaction ID : SA11.1343 |
| City MIAMI | State FL | Zip Code 33156-6125 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 500.00 | |
| Name of Employer NH SOUTH FLORIDA | Occupation EXEC. VICE-PRESIDENT | CONTRIBUTION |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | EARMARKED-REBECCA NEGRON |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. JANET F. GLASSMAN | | Date of Receipt MM / DD / YYYY 07 / 25 / 2015 |
| Mailing Address 7836 VALENCIA COURT | | Transaction ID : SA11.1279 |
| City NAPLES | State FL | Zip Code 34113-3185 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 60.00 | |
| Name of Employer N/A | Occupation RETIRED | CONTRIBUTION |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 310.00 | |

| | |
|------------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 660.00 |
| 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 41 |
| | <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. MICHAEL R. GRILLI
 Full Name (Last, First, Middle Initial)
 Mailing Address 480 HIBICUS STREET, #714
 City WEST PALM BEACH State FL Zip Code 33401-5878
 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 ▼ 5500.00

Date of Receipt 11 / 11 / 2015
Transaction ID : SA11.1370
 Amount of Each Receipt this Period 1500.00
 CONTRIBUTION
 EARMARKED-MARY THOMAS

B. MICHAEL R. GRILLI
 Full Name (Last, First, Middle Initial)
 Mailing Address 480 HIBICUS STREET, #714
 City WEST PALM BEACH State FL Zip Code 33401-5878
 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 ▼ 5500.00

Date of Receipt 11 / 11 / 2015
Transaction ID : SA11.1372
 Amount of Each Receipt this Period 1500.00
 CONTRIBUTION
 EARMARKED-REBECCA NEGRON

C. MICHAEL R. GRILLI
 Full Name (Last, First, Middle Initial)
 Mailing Address 480 HIBICUS STREET, #714
 City WEST PALM BEACH State FL Zip Code 33401-5878
 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 ▼ 5500.00

Date of Receipt 11 / 11 / 2015
Transaction ID : SA11.1374
 Amount of Each Receipt this Period 1500.00
 CONTRIBUTION
 EARMARKED-SANDY ADAMS

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 4500.00 |
| 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 41 |
| | <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)
Maggies List

A. MICHAEL R. GRILLI
 Full Name (Last, First, Middle Initial)
 Mailing Address 480 HIBICUS STREET, #714
 City WEST PALM BEACH State FL Zip Code 33401-5878
 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 ▼ 5500.00

Date of Receipt 11 / 10 / 2015
Transaction ID : SA11.1377
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

B. DANIEL W. HARDEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 DOLPHIN DRIVE
 City VERO BEACH State FL Zip Code 32960-5209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 01 / 2015
Transaction ID : SA11.1386
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION
 EARMARK-REBECCA NEGRON

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 ▼ 2000.00

Date of Receipt 11 / 11 / 2015
Transaction ID : SA11.1371
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION
 EARMARKED-REBECCA NEGRON

| | |
|-----------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1750.00 |
| 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 13 OF 41 |
| | <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)
Maggies List

A. 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 **2000.00**

Date of Receipt **11 / 11 / 2015**
Transaction ID : SA11.1373
 Amount of Each Receipt this Period **500.00**
 CONTRIBUTION
 EARMARKED-SANDY ADAMS

B. DEBORAH A. JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1903 BRANDYWINE DRIVE
 City UPPER ARLINGTON State OH Zip Code 43220-4421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ROSS LEADERSHIP INSITUTE Occupation FOUNDER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 27 / 2015**
Transaction ID : SA11.1334
 Amount of Each Receipt this Period **250.00**
 CONTRIBUTION

C. DANIEL J. LAUBACKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 W. SURF SPRAY LANE
 City PONTE VEDRA BEACH State FL Zip Code 32082-2785
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUSTAINABLE LAND SOLUTIONS, INC. Occupation AGRICULTURE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 10 / 2015**
Transaction ID : SA11.1378
 Amount of Each Receipt this Period **1000.00**
 CONTRIBUTION

| | |
|-----------------------------------------------------------------|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1750.00 |
| 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 14 OF 41
(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. RANJAN MANORANJAN

Mailing Address 344 CRAMER CREEK COURT

City State Zip Code
DUBLIN OH 43017-2585

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

Name of Employer Occupation
PRIME AE GROUP, INC. PRINCIPAL

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
 07 / 27 / 2015
Transaction ID : SA11.1340

Amount of Each Receipt this Period
300.00

CONTRIBUTION

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

Mailing Address P.O. BOX 16127

City State Zip Code
WEST PALM BEACH FL 33416-6127

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

Name of Employer Occupation
PRIME AUTOS AUTO SALES

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 / 09 / 2015
Transaction ID : SA11.1369

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. PAUL MITCHELL

Mailing Address 3876 W. MILLER BRIDGE ROAD

City State Zip Code
TALLAHASSEE FL 32312-1051

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

Name of Employer Occupation
SOUTHERN STRATEGY GROUP GOVT. 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
 11 / 04 / 2015
Transaction ID : SA11.1367

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00

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 15 OF 41 |
| | <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. JOHN W. PAYSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 11450 S.E. DIXIE HIGHWAY, #206
 City HOBE SOUND State FL Zip Code 33455-5235
 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 10 / 29 / 2015
Transaction ID : SA11.1366
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

B. SALLY PEARSE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1240 COVENTRY LANE
 City VERO BEACH State FL Zip Code 32967-7390
 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 11 / 07 / 2015
Transaction ID : SA11.1368
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

C. MITZI H. PERDUE
 Full Name (Last, First, Middle Initial)
 Mailing Address 238 MILDALE DRIVE
 City SALISBURY State MD Zip Code 21804-7302
 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 ▼ 500.00

Date of Receipt 07 / 25 / 2015
Transaction ID : SA11.1283
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2500.00 |
| 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 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Maggies List

A. VIRGINIA G. PETERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. BOX 775
 City PETERBOROUGH State NH Zip Code 03458-0775
 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 ▼ 300.00

Date of Receipt 07 / 25 / 2015
Transaction ID : SA11.1314
 Amount of Each Receipt this Period 200.00
 CONTRIBUTION

B. VIRGINIA G. PETERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. BOX 775
 City PETERBOROUGH State NH Zip Code 03458-0775
 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 ▼ 300.00

Date of Receipt 07 / 25 / 2015
Transaction ID : SA11.1315
 Amount of Each Receipt this Period 60.00
 CONTRIBUTION

C. VIRGINIA G. PETERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. BOX 775
 City PETERBOROUGH State NH Zip Code 03458-0775
 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 ▼ 300.00

Date of Receipt 07 / 30 / 2015
Transaction ID : SA11.1344
 Amount of Each Receipt this Period 20.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 280.00
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 17 OF 41
(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. VIRGINIA G. PETERSON
 Mailing Address P. O. BOX 775
 City State Zip Code
 PETERBOROUGH NH 03458-0775
 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
 09 / 21 / 2015
Transaction ID : SA11.1360
 Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. LISA A. PURVIS-HINSON
 Mailing Address 7518 OGDEN WOODS
 City State Zip Code
 NEW ALBANY OH 43054-9634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HINSON LTD. PUBLIC RELATIONS PRESIDENT
 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
 07 / 27 / 2015
Transaction ID : SA11.1331
 Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. JIM G. RATHBUN
 Mailing Address 4021 SILVER PALM DRIVE
 City State Zip Code
 VERO BEACH FL 32963-1370
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RATHBUN & ASSOCIATES, INC. GOVT. AFFAIRS
 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 / 10 / 2015
Transaction ID : SA11.1376
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1320.00
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 41 |
| | <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. STACEY RODOLICO
Full Name (Last, First, Middle Initial)

Mailing Address 3175 62ND AVENUE

City VERO BEACH State FL Zip Code 32966-6430

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 11 / 10 / 2015
Transaction ID : SA11.1380

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

B. THELMA ROHAN
Full Name (Last, First, Middle Initial)

Mailing Address 239 SOUTH COVE TERRACE DRIVE

City PANAMA CITY State FL Zip Code 32401-4038

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

Name of Employer MICHAEL ROHAN, MD, PA Occupation EXECUTIVE MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 10 / 28 / 2015
Transaction ID : SA11.1364

Amount of Each Receipt this Period
 1500.00

CONTRIBUTION

C. DEEPTI SADHWANI
Full Name (Last, First, Middle Initial)

Mailing Address 1840 BAYVIEW STREET

City VERO BEACH State FL Zip Code 32963-9610

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

Name of Employer QUALITY HEALTHCARE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 12 / 04 / 2015
Transaction ID : SA11.1387

Amount of Each Receipt this Period
 1500.00

CONTRIBUTION

EARMARK-MARY THOMAS

| | |
|-----------------------------------------------------------------|---------|
| 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: PAGE 19 OF 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 C.E.O.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 11 / 2015
Transaction ID : SA11.1352
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION
 EARMARKED-REBECCA NEGRON

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 SENIOR VICE-PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 27 / 2015
Transaction ID : SA11.1330
 Amount of Each Receipt this Period 300.00
 CONTRIBUTION

C. JENNIFER M. SPALDING
 Full Name (Last, First, Middle Initial)
 Mailing Address 7735 SUTTON PLACE
 City NEW ALBANY State OH Zip Code 43054-8757
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ABBOTT NUTRITION Occupation DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 27 / 2015
Transaction ID : SA11.1338
 Amount of Each Receipt this Period 300.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 1100.00
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 20 OF 41 |
| | <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. ROBERT W. STORK
 Full Name (Last, First, Middle Initial)
 Mailing Address 2900 59TH AVE
 City VERO BEACH State FL Zip Code 32966-6464
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation ELECTRICAL ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 21 / 2015
Transaction ID : SA11.1384
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

B. LINDA TEETZ
 Full Name (Last, First, Middle Initial)
 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 ▼ 1250.00

Date of Receipt 09 / 01 / 2015
Transaction ID : SA11.1357
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

C. ROBERT WEISSMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 N.W. WINTERS CREEK ROAD
 City PALM CITY State FL Zip Code 34990-8086
 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 10 / 12 / 2015
Transaction ID : SA11.1361
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION
 EARMARKED-REBECCA NEGRON

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
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 21 OF 41
(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. DAVID B. WILLIAMS

Mailing Address 878 CAMBRIDGE COURT

City State Zip Code
WORTHINGTON OH 43085-3475

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

Name of Employer Occupation
OHIO STATE UNIVERSITY DEAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 27 / 2015
Transaction ID : SA11.1337

Amount of Each Receipt this Period
300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. TIMOTHY ZORC

Mailing Address P.O. BOX 7111

City State Zip Code
VERO BEACH FL 32961-7111

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

Name of Employer Occupation
INDIAN RIVER COUNTY LOCAL GOVT.

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
 11 / 21 / 2015
Transaction ID : SA11.1385

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C.

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00

TOTAL This Period (last page this line number only)..... ▶ 38060.00

**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 22 OF 41 |
| <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

Full Name (Last, First, Middle Initial)
A. PRICE FOR CONGRESS

Mailing Address P. O. BOX 425

City ROSWELL State GA Zip Code 30077-0425

FEC ID number of contributing federal political committee. **C** C00386755

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 21 / 2015
Transaction ID : SA11.1388

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. AMERICAN ASSOC. OF NEUROLOGICAL SURGEONS PAC

Mailing Address 725 15TH STREET, N.W., #500

City WASHINGTON State DC Zip Code 20005-2152

FEC ID number of contributing federal political committee. **C** C00413955

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 07 / 06 / 2015
Transaction ID : SA11.1276

Amount of Each Receipt this Period: 2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. CMR POLITICAL ACTION COMMITTEE

Mailing Address P. O. BOX 2485

City SPRINGFIELD State VA Zip Code 22152-0485

FEC ID number of contributing federal political committee. **C** C00469429

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 07 / 06 / 2015
Transaction ID : SA11.1275

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

| | |
|-----------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 4500.00 |
| TOTAL This Period (last page this line number only)..... | 4500.00 |

**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. BOGART ASSOCIATES, INC.

Mailing Address 1200 TRINITY DRIVE

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CATERING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2015

Transaction ID : SB21B.I777

Amount of Each Disbursement this Period

305.25

Full Name (Last, First, Middle Initial)

B. BOGART ASSOCIATES, INC.

Mailing Address 1200 TRINITY DRIVE

City ALEXANDRIA State VA Zip Code 22314

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
07 / 16 / 2015

Transaction ID : SB21B.I779

Amount of Each Disbursement this Period

1350.00

Full Name (Last, First, Middle Initial)

C. CAMPAIGN MAIL & DATA, INC.

Mailing Address 1593 SPRING HILL ROAD, #400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
SOFTWARE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2015

Transaction ID : SB21B.I798

Amount of Each Disbursement this Period

750.00

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

2405.25

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

**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. CAMPAIGN MAIL & DATA, INC.

Mailing Address 1593 SPRING HILL ROAD, #400

City State Zip Code
TYSONS CORNER VA 22182

Purpose of Disbursement
SOFTWARE

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 |
| 12 | / | 23 | / | 2015 |

Transaction ID : SB21B.I830

Amount of Each Disbursement this Period

| |
|--------|
| 750.00 |
|--------|

Category/
Type

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
SEE MEMO ENTRIES

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 |
| 07 | / | 01 | / | 2015 |

Transaction ID : SB21B.I775

Amount of Each Disbursement this Period

| |
|--------|
| 106.00 |
|--------|

Category/
Type

Full Name (Last, First, Middle Initial)

C. CONSTANT CONTACT

Mailing Address 1601 TRAPELO ROAD, #329

City State Zip Code
WALTHAM MA 02451

Purpose of Disbursement
EMAIL SERVICES

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 |
| 06 | / | 12 | / | 2015 |

Transaction ID : SB21B.I832

Amount of Each Disbursement this Period

| |
|-------|
| 65.00 |
|-------|

Category/
Type

[MEMO ITEM]

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

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

| |
|--------|
| 856.00 |
|--------|

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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 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. 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

MM / DD / YYYY
06 / 16 / 2015

Transaction ID : SB21B.I833

Amount of Each Disbursement this Period

28.35

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. 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
08 / 05 / 2015

Transaction ID : SB21B.I783

Amount of Each Disbursement this Period

83.60

Full Name (Last, First, Middle Initial)

C. 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

MM / DD / YYYY
07 / 12 / 2015

Transaction ID : SB21B.I788

Amount of Each Disbursement this Period

65.00

[MEMO ITEM]

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

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

83.60

**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. 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

MM / DD / YYYY
07 / 09 / 2015

Transaction ID : SB21B.I785

Amount of Each Disbursement this Period

12.65

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. 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

MM / DD / YYYY
06 / 29 / 2015

Transaction ID : SB21B.I787

Amount of Each Disbursement this Period

5.95

[MEMO ITEM]

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 ENTRY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2015

Transaction ID : SB21B.I795

Amount of Each Disbursement this Period

65.00

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

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

65.00

**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. 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 |
| 08 | | 12 | | 2015 |

Transaction ID : SB21B.I796

Amount of Each Disbursement this Period

| |
|-------|
| 65.00 |
|-------|

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. 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 |
| 10 | | 08 | | 2015 |

Transaction ID : SB21B.I800

Amount of Each Disbursement this Period

| |
|--------|
| 132.41 |
|--------|

Full Name (Last, First, Middle Initial)

C. 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 |
| 09 | | 12 | | 2015 |

Transaction ID : SB21B.I801

Amount of Each Disbursement this Period

| |
|-------|
| 65.00 |
|-------|

[MEMO ITEM]

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

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

| |
|--------|
| 132.41 |
|--------|

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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)
Maggies List

Full Name (Last, First, Middle Initial)

A. GOVERNORS CLUB

Mailing Address 202 1/2 S. ADAMS STREET

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement
FOOD & BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2015

Transaction ID : SB21B.I802

Amount of Each Disbursement this Period

67.41

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. 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
11 / 03 / 2015

Transaction ID : SB21B.I806

Amount of Each Disbursement this Period

126.25

Full Name (Last, First, Middle Initial)

C. 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

MM / DD / YYYY
10 / 12 / 2015

Transaction ID : SB21B.I807

Amount of Each Disbursement this Period

95.00

[MEMO ITEM]

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

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

126.25

**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. 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

MM / DD / YYYY
10 / 16 / 2015

Transaction ID : SB21B.I808

Amount of Each Disbursement this Period

18.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. 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

MM / DD / YYYY
10 / 21 / 2015

Transaction ID : SB21B.I809

Amount of Each Disbursement this Period

12.65

[MEMO ITEM]

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
12 / 03 / 2015

Transaction ID : SB21B.I821

Amount of Each Disbursement this Period

160.00

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

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

160.00

**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. 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

MM / DD / YYYY
11 / 12 / 2015

Transaction ID : SB21B.I823

Amount of Each Disbursement this Period

65.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MINUTEMAN PRESS

Mailing Address 494 5TH STREET, S.W.

City VERO BEACH State FL Zip Code 32962

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2015

Transaction ID : SB21B.I822

Amount of Each Disbursement this Period

95.00

[MEMO ITEM]

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
07 / 02 / 2015

Transaction ID : SB21B.I778

Amount of Each Disbursement this Period

124.77

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

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

124.77

**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) ▼

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2015

Transaction ID : SB21B.I784

Amount of Each Disbursement this Period

122.92

B. EDONATION.COM

Full Name (Last, First, Middle Initial)

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 / 02 / 2015

Transaction ID : SB21B.I797

Amount of Each Disbursement this Period

70.48

C. EDONATION.COM

Full Name (Last, First, Middle Initial)

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 / 2015

Transaction ID : SB21B.I799

Amount of Each Disbursement this Period

101.76

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

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

295.16

**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

MM / DD / YYYY
11 / 04 / 2015

Transaction ID : SB21B.I813

Amount of Each Disbursement this Period

146.91

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
12 / 03 / 2015

Transaction ID : SB21B.I824

Amount of Each Disbursement this Period

530.42

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
12 / 18 / 2015

Transaction ID : SB21B.I828

Amount of Each Disbursement this Period

137.85

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

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

815.18

**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. ROBERT WATKINS & COMPANY, P.A.

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
POSTAGE/DELIVERY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 23 / 2015

Transaction ID : SB21B.I829

Amount of Each Disbursement this Period

93.65

Full Name (Last, First, Middle Initial)

B. 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) ▼

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2015

Transaction ID : SB21B.I792

Amount of Each Disbursement this Period

6000.00

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) ▼

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2015

Transaction ID : SB21B.I794

Amount of Each Disbursement this Period

1500.00

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

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

7593.65

**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. 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 | / | D | D | / | Y | Y | Y | Y |
| 10 | | | 30 | | | 2015 | | | |

Transaction ID : SB21B.I805

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. STEINHAUSER STRATEGIES

Mailing Address 18205 PAINTED HORSE COVE

City AUSTIN State TX Zip Code 78738

Purpose of Disbursement
WEBSITE DEVELOPMENT

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 |
| 08 | | | 19 | | | 2015 | | | |

Transaction ID : SB21B.I793

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. STEINHAUSER STRATEGIES

Mailing Address 18205 PAINTED HORSE COVE

City AUSTIN State TX Zip Code 78738

Purpose of Disbursement
WEBSITE DEVELOPMENT

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 | | | 23 | | | 2015 | | | |

Transaction ID : SB21B.I831

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

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

| |
|---------|
| 6000.00 |
|---------|

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

| |
|----------|
| 18657.27 |
|----------|

**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. MARY THOMAS FOR CONGRESS

Mailing Address 3551 BLAIRSTONE ROAD
SUITE 128-261

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MARY THOMAS

Office Sought: House
 Senate
 President
State: FL District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SB23.I810

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. MARY THOMAS FOR CONGRESS

Mailing Address 3551 BLAIRSTONE ROAD
SUITE 128-261

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MARY THOMAS

Office Sought: House
 Senate
 President
State: FL District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2015

Transaction ID : SB23.I817

Amount of Each Disbursement this Period

1500.00

Category/
Type

EARMARKED-MICHAEL GRILLI

Full Name (Last, First, Middle Initial)

C. MARY THOMAS FOR CONGRESS

Mailing Address 3551 BLAIRSTONE ROAD
SUITE 128-261

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MARY THOMAS

Office Sought: House
 Senate
 President
State: FL District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 08 / 2015

Transaction ID : SB23.I825

Amount of Each Disbursement this Period

1500.00

Category/
Type

EARMARK-DEEPTI SADHWANI

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

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

4000.00

**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 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. MARY THOMAS FOR CONGRESS

Mailing Address 3551 BLAIRSTONE ROAD
SUITE 128-261

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MARY THOMAS

Office Sought: House
 Senate
 President
State: FL District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 11 | | | 30 | | | 2015 | | | | | |

Transaction ID : SB23.I827

Amount of Each Disbursement this Period

| |
|---------|
| 2800.00 |
|---------|

EARMARK-SCOTTIE CAMPBELL

Full Name (Last, First, Middle Initial)

B. REBECCA NEGRON FOR CONGRESS

Mailing Address P. O. BOX 1980

City STUART State FL Zip Code 34995

Purpose of Disbursement
CONTRIBUTION

Candidate Name
REBECCA NEGRON

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 08 | | | 03 | | | 2015 | | | | | |

Transaction ID : SB23.I781

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

EARMARK-ARNIE GIRNUN

Full Name (Last, First, Middle Initial)

C. REBECCA NEGRON FOR CONGRESS

Mailing Address P. O. BOX 1980

City STUART State FL Zip Code 34995

Purpose of Disbursement
CONTRIBUTION

Candidate Name
REBECCA NEGRON

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 08 | | | 03 | | | 2015 | | | | | |

Transaction ID : SB23.I782

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

EARMARK-DOMINGO ALVAREZ

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

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

| |
|---------|
| 3800.00 |
|---------|

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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)

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|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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. REBECCA NEGRON FOR CONGRESS

Mailing Address P. O. BOX 1980

City State Zip Code
STUART FL 34995

Purpose of Disbursement
CONTRIBUTION

Candidate Name

REBECCA NEGRON

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 18

Date of Disbursement

/ /

Transaction ID : SB23.I789

Amount of Each Disbursement this Period

EARMARK-NANCY BRADLEY

Full Name (Last, First, Middle Initial)

B. REBECCA NEGRON FOR CONGRESS

Mailing Address P. O. BOX 1980

City State Zip Code
STUART FL 34995

Purpose of Disbursement
CONTRIBUTION

Candidate Name

REBECCA NEGRON

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 18

Date of Disbursement

/ /

Transaction ID : SB23.I790

Amount of Each Disbursement this Period

EARMARK-KATHLEEN SHANAHAN

Full Name (Last, First, Middle Initial)

C. REBECCA NEGRON FOR CONGRESS

Mailing Address P. O. BOX 1980

City State Zip Code
STUART FL 34995

Purpose of Disbursement
CONTRIBUTION

Candidate Name

REBECCA NEGRON

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 18

Date of Disbursement

/ /

Transaction ID : SB23.I803

Amount of Each Disbursement this Period

EARMARK-ROBERT WEISSMAN

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

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

**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. REBECCA NEGRON FOR CONGRESS

Mailing Address P. O. BOX 1980

City State Zip Code
STUART FL 34995

Purpose of Disbursement
CONTRIBUTION

Candidate Name

REBECCA NEGRON

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 18

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SB23.I804

Amount of Each Disbursement this Period

100.00

EARMARK-HEATHER FITZENHAGEN

Full Name (Last, First, Middle Initial)

B. REBECCA NEGRON FOR CONGRESS

Mailing Address P. O. BOX 1980

City State Zip Code
STUART FL 34995

Purpose of Disbursement
CONTRIBUTION

Candidate Name

REBECCA NEGRON

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 18

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SB23.I812

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. REBECCA NEGRON FOR CONGRESS

Mailing Address P. O. BOX 1980

City State Zip Code
STUART FL 34995

Purpose of Disbursement
CONTRIBUTION

Candidate Name

REBECCA NEGRON

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 18

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 23 / 2015

Transaction ID : SB23.I814

Amount of Each Disbursement this Period

500.00

EARMARK-CHRISTINA JOHNSON

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

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

1600.00

**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 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. REBECCA NEGRON FOR CONGRESS

Mailing Address P. O. BOX 1980

City State Zip Code
STUART FL 34995

Purpose of Disbursement
CONTRIBUTION

Candidate Name
REBECCA NEGRON

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 23 / 2015

Transaction ID : SB23.I819

Amount of Each Disbursement this Period

1500.00

EARMARKED-MICHAEL GRILLI

Full Name (Last, First, Middle Initial)

B. REBECCA NEGRON FOR CONGRESS

Mailing Address P. O. BOX 1980

City State Zip Code
STUART FL 34995

Purpose of Disbursement
CONTRIBUTION

Candidate Name
REBECCA NEGRON

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 08 / 2015

Transaction ID : SB23.I826

Amount of Each Disbursement this Period

250.00

EARMARK-DANIEL W. HARDEE

Full Name (Last, First, Middle Initial)

C. SANDY ADAMS FOR CONGRESS

Mailing Address P. O. BOX 830

City State Zip Code
NEW SMYRNA BEACH FL 32170

Purpose of Disbursement
CONTRIBUTION

Candidate Name
SANDY ADAMS

Office Sought: House
 Senate
 President
State: FL District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 06 / 2015

Transaction ID : SB23.I811

Amount of Each Disbursement this Period

1000.00

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

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

2750.00

**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 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 checked="" 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. ALLEN MORTHAM

Mailing Address 6675 WEEPING WILLOW WAY

City TALLAHASSEE State FL Zip Code 32311

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB28A.I776

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. SANDRA B. MORTHAM

Mailing Address 6675 WEEPING WILLOW WAY

City TALLAHASSEE State FL Zip Code 32311

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB28A.I791

Amount of Each Disbursement this Period

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) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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