

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 checked="" 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 / 2016 through [MM] / [DD] / [YYYY] 07 / 31 / 2016

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 08 / 13 / 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									
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**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="2016"/>	<input type="text" value="44932.63"/>	<input type="text" value="44932.63"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="52939.38"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5685.00"/>	<input type="text" value="61340.00"/>
(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="58624.38"/>	<input type="text" value="106272.63"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11275.65"/>	<input type="text" value="58923.90"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="47348.73"/>	<input type="text" value="47348.73"/>
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).....	2385.00	32195.00
(ii) Unitemized	300.00	4145.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2685.00	36340.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	3000.00	24000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	5685.00	60340.00
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	1000.00
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))..... ▶	5685.00	61340.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5685.00	61340.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	5575.65	36023.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5575.65	36023.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5700.00	22900.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11275.65	58923.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11275.65	58923.90

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)	5685.00	60340.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5685.00	60340.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5575.65	36023.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5575.65	36023.90

**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 6 OF 19
	<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. MILDRED K. BARRINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4912 PARKVIEW COURT
 City TALLAHASSEE State FL Zip Code 32311-1240
 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 / 30 / 2016
Transaction ID : SA11A.1515
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

B. PATRICIA D. CAFFERATA
 Full Name (Last, First, Middle Initial)
 Mailing Address 2636 EDGEROCK ROAD
 City RENO State NV Zip Code 89519-5765
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE OF NEVADA Occupation COMMUNICATIONS DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 07 / 23 / 2016
Transaction ID : SA11A.1507
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED-DIANE BLACK

C. PATRICIA D. CAFFERATA
 Full Name (Last, First, Middle Initial)
 Mailing Address 2636 EDGEROCK ROAD
 City RENO State NV Zip Code 89519-5765
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE OF NEVADA Occupation COMMUNICATIONS DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 07 / 23 / 2016
Transaction ID : SA11A.1508
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED-LISA MURKOWSKI

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 7 OF 19
	(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"/> 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 2636 EDGEROCK ROAD

City RENO	State NV	Zip Code 89519-5765
--------------	-------------	------------------------

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

Name of Employer STATE OF NEVADA	Occupation COMMUNICATIONS DIRECTOR
-------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2016

Transaction ID : SA11A.1509

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

EARMARKED-LIZ CHENEY

B. PATRICIA D. CAFFERATA
Full Name (Last, First, Middle Initial)
Mailing Address 2636 EDGEROCK ROAD

City RENO	State NV	Zip Code 89519-5765
--------------	-------------	------------------------

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

Name of Employer STATE OF NEVADA	Occupation COMMUNICATIONS DIRECTOR
-------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2016

Transaction ID : SA11A.1510

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

EARMARKED-LIZ CHENEY

C. PATRICIA D. CAFFERATA
Full Name (Last, First, Middle Initial)
Mailing Address 2636 EDGEROCK ROAD

City RENO	State NV	Zip Code 89519-5765
--------------	-------------	------------------------

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

Name of Employer STATE OF NEVADA	Occupation COMMUNICATIONS DIRECTOR
-------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2016

Transaction ID : SA11A.1511

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

EARMARKED-MCMORRIS RODGERS

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 19
	<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. PATRICIA D. CAFFERATA
 Full Name (Last, First, Middle Initial)
 Mailing Address 2636 EDGEROCK ROAD
 City RENO State NV Zip Code 89519-5765
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE OF NEVADA Occupation COMMUNICATIONS DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 07 / 23 / 2016
Transaction ID : SA11A.1512
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION

B. PATRICIA D. CAFFERATA
 Full Name (Last, First, Middle Initial)
 Mailing Address 2636 EDGEROCK ROAD
 City RENO State NV Zip Code 89519-5765
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE OF NEVADA Occupation COMMUNICATIONS DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 07 / 30 / 2016
Transaction ID : SA11A.1513
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED-BARBARA COMSTOCK

C. PATRICIA D. CAFFERATA
 Full Name (Last, First, Middle Initial)
 Mailing Address 2636 EDGEROCK ROAD
 City RENO State NV Zip Code 89519-5765
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STATE OF NEVADA Occupation COMMUNICATIONS DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 07 / 30 / 2016
Transaction ID : SA11A.1514
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED-KATHY SZELIGA

SUBTOTAL of Receipts This Page (optional).....▶ 75.00
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 19
	<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. THEODORE DAVIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 9974 SCRIPSS RANCH BLVD
 207
 City SAN DIEGO State CA Zip Code 92131-1825
 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 ▼ 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA11A.1499
 Amount of Each Receipt this Period
 85.00
 Memo Item
 CONTRIBUTION

B. TRAE NUNNINK
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 W. 58TH STREET
 City KANSAS CITY State MO Zip Code 64113-1240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACCESS ADVERTISING Occupation C.E.O.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2016
Transaction ID : SA11A.1506
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION
 EARMARKED-CASEY LUCIUS

C. JAMES RENACCI
 Full Name (Last, First, Middle Initial)
 Mailing Address 521 LEEDS GATE
 City WADSWORTH State OH Zip Code 44281-8793
 FEC ID number of contributing federal political committee. **C**
 Name of Employer U.S. GOVERNMENT Occupation CONGRESSMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2016
Transaction ID : SA11A.1503
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	2085.00
TOTAL This Period (last page this line number only).....▶	2385.00

**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 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Maggies List

A. STEVE CHABOT FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3030 HARRISON AVENUE
 City State Zip Code
 CINCINNATI OH 45211-5758
 FEC ID number of contributing federal political committee. **C** C00301838
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2016
Transaction ID : SA11C.1500
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

B. IRL PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. BOX 901233
 City State Zip Code
 HOMESTEAD FL 33090-1233
 FEC ID number of contributing federal political committee. **C** C00402982
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2016
Transaction ID : SA11C.1502
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

C. TAXPAYERS INCENSED BY GOVT. EXCESS & REG. PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. BOX 7310
 City State Zip Code
 LAKELAND FL 33807-7310
 FEC ID number of contributing federal political committee. **C** C00493239
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2016
Transaction ID : SA11C.1501
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	3000.00

**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
FOOD & BEVERAGE

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
07 / 07 / 2016

Transaction ID : SB21B.I920

Amount of Each Disbursement this Period

15.34

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 Y
07 / 07 / 2016

Transaction ID : SB21B.I921

Amount of Each Disbursement this Period

307.02

Memo Item

Full Name (Last, First, Middle Initial)

C. ALEXANDRIA UNION CAB

Mailing Address 6019 TOWER COURT

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
TRANSPORTATION

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
06 / 15 / 2016

Transaction ID : SB21B.I929

Amount of Each Disbursement this Period

21.00

Memo Item

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

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

322.36

**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. CAPITOL HILL CLUB

Mailing Address 300 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
FOOD & BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2016

Transaction ID : **SB21B.I925**

Amount of Each Disbursement this Period

114.27

Memo Item

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) ▼

Date of Disbursement

MM / DD / YYYY
06 / 07 / 2016

Transaction ID : **SB21B.I923**

Amount of Each Disbursement this Period

65.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LICKITY SPLIT

Mailing Address 2401 S. SMITH BLVD.

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement
FOOD & BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2016

Transaction ID : **SB21B.I928**

Amount of Each Disbursement this Period

9.88

Memo Item

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

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

0.00

**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. Lyft

Mailing Address 548 Market Street
Suite 68514

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
TRANSPORTATION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2016

Transaction ID : **SB21B.I924**

Amount of Each Disbursement this Period

13.18

Memo Item

Full Name (Last, First, Middle Initial)

B. Lyft

Mailing Address 548 Market Street
Suite 68514

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
TRANSPORTATION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2016

Transaction ID : **SB21B.I926**

Amount of Each Disbursement this Period

23.52

Memo Item

Full Name (Last, First, Middle Initial)

C. MAILCHIMP

Mailing Address 675 PONCE DE LEON AVENUE, N.E., #5

City ATLANTA State GA Zip Code 30308

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
06 / 06 / 2016

Transaction ID : **SB21B.I922**

Amount of Each Disbursement this Period

50.00

Memo Item

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

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

0.00

**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. MERITT CAB ASSOCIATION

Mailing Address 1801 ADAMS STREET, N.E.

City WASHINGTON State DC Zip Code 20018

Purpose of Disbursement
TRANSPORTATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2016

Transaction ID : SB21B.I927

Amount of Each Disbursement this Period

10.17

Memo Item

Full Name (Last, First, Middle Initial)

B. EDONATION.COM

Mailing Address 117 N. SAINT ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
ONLINE FUNDRAISING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2016

Transaction ID : SB21B.I918

Amount of Each Disbursement this Period

253.29

Memo Item

Full Name (Last, First, Middle Initial)

C. SHOREY PUBLIC RELATIONS

Mailing Address 3930 MCKINNEY AVENUE, #159

City DALLAS State TX Zip Code 75204

Purpose of Disbursement
PAC MANAGEMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2016

Transaction ID : SB21B.I930

Amount of Each Disbursement this Period

4000.00

Memo Item

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

4253.29

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 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. STEINHAUSER STRATEGIES

Mailing Address 18205 PAINTED HORSE COVE

City AUSTIN State TX Zip Code 78738

Purpose of Disbursement
DIGITAL STRATEGY CONSULTING

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 Y Y
07 / 07 / 2016

Transaction ID : SB21B.I919

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

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

1000.00

5575.65

**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 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. CASEY LUCIUS FOR CONGRESS

Mailing Address P. O. BOX 8505

City State Zip Code
MONTEREY CA 93943

Purpose of Disbursement
CONTRIBUTION

Candidate Name
CASEY LUCIUS

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 20

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2016

Transaction ID : **SB23.I938**

Amount of Each Disbursement this Period

1000.00

Memo Item
EARMARK-TRAE NUNNINK

Full Name (Last, First, Middle Initial)

B. CASEY LUCIUS FOR CONGRESS

Mailing Address P. O. BOX 8505

City State Zip Code
MONTEREY CA 93943

Purpose of Disbursement
CONTRIBUTION

Candidate Name
CASEY LUCIUS

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 20

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 12 / 2016

Transaction ID : **SB23.I943**

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CATHY MCMORRIS RODGERS FOR CONGRESS

Mailing Address P. O. BOX 137

City State Zip Code
SPOKANE WA 99210

Purpose of Disbursement
CONTRIBUTION

Candidate Name
CATHY MCMORRIS RODGERS

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: WA District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2016

Transaction ID : **SB23.I942**

Amount of Each Disbursement this Period

25.00

Memo Item
EARMARK-PATRICIA CAFFERATA

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

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

4525.00

**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. DARLENE MILLER FOR CONGRESS

Mailing Address P. O. BOX 013

City: JORDAN State: MN Zip Code: 55352

Purpose of Disbursement: CONTRIBUTION

Candidate Name: **DARLENE MILLER**

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

Disbursement For: 2014
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 12 / 2016

Transaction ID : **SB23.I944**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DIANE BLACK FOR CONGRESS

Mailing Address P. O. BOX 1437

City: GALLATIN State: TN Zip Code: 37066

Purpose of Disbursement: CONTRIBUTION

Candidate Name: **MRS. DIANE L. BLACK**

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

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2016

Transaction ID : **SB23.I939**

Amount of Each Disbursement this Period

25.00

Memo Item

EARMARK-PATRICIA CAFFERATA

Full Name (Last, First, Middle Initial)

C. ELISE FOR CONGRESS

Mailing Address P. O. BOX 500

City: GLENN FALLS State: NY Zip Code: 12801

Purpose of Disbursement: CONTRIBUTION

Candidate Name: **ELISE M. STEFANIK**

Office Sought: House Senate President
State: NY District: 21

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2016

Transaction ID : **SB23.I935**

Amount of Each Disbursement this Period

25.00

Memo Item

EARMARK-PATRICIA CAFFERATA

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

1050.00

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. 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

Disbursement For: 2016 Primary General Other (specify) ▼

State: UT District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : SB23.I936

Amount of Each Disbursement this Period

25.00

Memo Item
EARMARK-PATRICIA CAFFERATA

Full Name (Last, First, Middle Initial)

B. KHOURI FOR CONGRESS

Mailing Address P. O. BOX 9007

City AURORA State IL Zip Code 60598

Purpose of Disbursement CONTRIBUTION

Candidate Name

TONIA KHOURI

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: IL District: 11

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : SB23.I937

Amount of Each Disbursement this Period

25.00

Memo Item
EARMARK-PATRICIA CAFFERATA

Full Name (Last, First, Middle Initial)

C. LISA MURKOWSKI FOR US SENATE

Mailing Address P. O. BOX 100847

City ANCHORAGE State AK Zip Code 99510

Purpose of Disbursement CONTRIBUTION

Candidate Name

LISA MURKOWSKI

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: AK District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2016

Transaction ID : SB23.I940

Amount of Each Disbursement this Period

25.00

Memo Item
EARMARK-PATRICIA CAFFERATA

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

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

75.00

**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. LIZ CHENEY FOR WYOMING

Mailing Address P. O. BOX 697

City State Zip Code
CASPER WY 82602

Purpose of Disbursement
CONTRIBUTION

Candidate Name
ELIZABETH CHENEY

Office Sought: House
 Senate
 President
State: WY District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

Transaction ID : SB23.I941

Amount of Each Disbursement this Period

50.00

Memo Item
EARMARK-PATRICIA CAFFERATA

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

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Memo Item

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

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

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Memo Item

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

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

50.00

5700.00
