

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:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on 04 / 22 / 2014 in the State of FL

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period 01 / 01 / 2014 through 04 / 02 / 2014

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

Signature of Treasurer Nancy H. Watkins [Electronically Filed] Date 04 / 07 / 2014

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="2014"/>	<input type="text" value="7715.47"/>	<input type="text" value="7715.47"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="7715.47"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="35840.50"/>	<input type="text" value="35840.50"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="43555.97"/>	<input type="text" value="43555.97"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="23360.85"/>	<input type="text" value="23360.85"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="20195.12"/>	<input type="text" value="20195.12"/>
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).....	28065.50	28065.50
(ii) Unitemized	4775.00	4775.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	32840.50	32840.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	3000.00	3000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	35840.50	35840.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	35840.50	35840.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	35840.50	35840.50

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	20288.28	20288.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	20288.28	20288.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3072.57	3072.57
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)) ..	23360.85	23360.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23360.85	23360.85

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)	35840.50	35840.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35840.50	35840.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	20288.28	20288.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	20288.28	20288.28

: 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.

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 56
	<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	

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. JUDITH A. ALBERTELLI
Full Name (Last, First, Middle Initial)

Mailing Address 11651 OLDE MANDARIN ROAD

City JACKSONVILLE	State FL	Zip Code 32223-1736
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FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation HOMEMAKER
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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
02	/	03	/	2014

Transaction ID : SA11.906

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. JESSICA L. BAKER
Full Name (Last, First, Middle Initial)

Mailing Address P. O. BOX 424

City TALLAHASSEE	State FL	Zip Code 32302-0424
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FEC ID number of contributing federal political committee. **C**

Name of Employer SACHS SAX CAPLAN	Occupation ATTORNEY
--------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2014

Transaction ID : SA11.1013

Amount of Each Receipt this Period
500.00

CONTRIBUTION

[MEMO ITEM]
UNDEPOSITED EARMARK-LIZBETH BENACQUISTO

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

Mailing Address 2281 WILDERNESS WAY

City MARIETTA	State GA	Zip Code 30066-5751
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FEC ID number of contributing federal political committee. **C**

Name of Employer SLHB, LLC	Occupation ATTORNEY
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02	/	06	/	2014

Transaction ID : SA11.897

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	3500.00
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 8 OF 56
(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. ROBERT S. BECK

Mailing Address 2504 TWAIN DRIVE

City TALLAHASSEE State FL Zip Code 32311-3312

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

Name of Employer ADAMS STREET ADVOCATES Occupation GOVERNMENT AFFAIRS

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
 03 / 12 / 2014
Transaction ID : SA11.1017

Amount of Each Receipt this Period
250.00

CONTRIBUTION

[MEMO ITEM]
UNDEPOSITED EARMARK-LIZBETH BENACQUISTO

Full Name (Last, First, Middle Initial)
B. ELLEN M. BERRY

Mailing Address 1509 CONWAY ISLE CIRCLE

City ORLANDO State FL Zip Code 32809-3301

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 24 / 2014
Transaction ID : SA11.878

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address P. O. BOX 250

City LOCKPORT State LA Zip Code 70374-0250

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

Name of Employer BOLLINGER SHIPYARDS, INC. Occupation CHIEF EXECUTIVE OFFICER

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
 04 / 02 / 2014
Transaction ID : SA11.986

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Maggies List

Full Name (Last, First, Middle Initial)
A. CAROL L. BRACY

Mailing Address 1010 MOHICAN TRAIL

City TALLAHASSEE State FL Zip Code 32317-9417

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

Name of Employer BALLARD PARTNERS Occupation GOVERNMENT RELATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2014

Transaction ID : SA11.1004

Amount of Each Receipt this Period
500.00

CONTRIBUTION

[MEMO ITEM]
UNDEPOSITED EARMARK-LIZBETH BENACQUISTO

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

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 ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 03 / 2014

Transaction ID : SA11.915

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address 1345 DUPONT ROAD

City HAVANA State FL Zip Code 32333-6697

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

Name of Employer SELF-EMPLOYED Occupation CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 09 / 2014

Transaction ID : SA11.872

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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

Full Name (Last, First, Middle Initial)
A. AUDREY S. BROWN

Mailing Address 1193 LANDINGS LOOP

City TALLAHASSEE State FL Zip Code 32311-1290

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

Name of Employer FLORIDA ASSOCIATION OF HEALTH PLANS Occupation PRESIDENT

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
 03 / 12 / 2014

Transaction ID : SA11.1011

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

[MEMO ITEM]
 UNDEPOSITED EARMARK-LIZBETH BENACQUISTO

Full Name (Last, First, Middle Initial)
B. BARBARA BUXTON

Mailing Address 15614 AZALEA SHORES DRIVE

City HOUSTON State TX Zip Code 77070-3871

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

Name of Employer BUXTON INTERESTS, INC. Occupation OWNER

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
 01 / 28 / 2014

Transaction ID : SA11.890

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

Mailing Address 2620 SPINNAKER DRIVE

City RENO State NV Zip Code 89519-5752

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

Name of Employer SELF-EMPLOYED Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11.984

Amount of Each Receipt this Period
 25.00

CONTRIBUTION

EARMARKED-LIZBETH BENACQUISTO

SUBTOTAL of Receipts This Page (optional).....▶	275.00
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 56
<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. ROY D. CANNON
Full Name (Last, First, Middle Initial)

Mailing Address 421 MERIDIAN PLACE

City TALLAHASSEE State FL Zip Code 32303-4201

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

Name of Employer: CAPITOL INSIGHT Occupation: PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 11 / 2014
Transaction ID : SA11.991

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

[MEMO ITEM]
UNDEPOSITED EARMARK-LIZBETH BENACQUISTO

B. KIMBERLY A. CASE
Full Name (Last, First, Middle Initial)

Mailing Address 2031 MISTY HOLLOW ROAD

City TALLAHASSEE State FL Zip Code 32312-3562

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

Name of Employer: HOLLAND & KNIGHT Occupation: POLICY ADVISOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 12 / 2014
Transaction ID : SA11.992

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

[MEMO ITEM]
UNDEPOSITED EARMARK-LIZBETH BENACQUISTO

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

Mailing Address 4627 EAGLE TRACE DRIVE

City MEDFORD State OR Zip Code 97504-9049

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 ▼ 25.00

Date of Receipt: 03 / 07 / 2014
Transaction ID : SA11.945

Amount of Each Receipt this Period: 25.00

CONTRIBUTION

EARMARKED-LIZBETH BENACQUISTO

SUBTOTAL of Receipts This Page (optional).....▶	25.00
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 56
	<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. KIMBERLY CHAMBERS
Full Name (Last, First, Middle Initial)

Mailing Address 115 SANDRA MURANDA WAY, #416

City AUSTIN	State TX	Zip Code 78703-4761
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation VOLUNTEER
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02	/	07	/	2014

Transaction ID : SA11.898

Amount of Each Receipt this Period

50.00

CONTRIBUTION
EARMARKED-LYNN JENKINS

B. ELAINE COPPOLA
Full Name (Last, First, Middle Initial)

Mailing Address 6570 36TH PLACE

City VERO BEACH	State FL	Zip Code 32966-7814
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FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation HOMEMAKER
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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
01	/	28	/	2014

Transaction ID : SA11.895

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

Mailing Address P. O. BOX 10131

City TALLAHASSEE	State FL	Zip Code 32302-2131
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FEC ID number of contributing federal political committee. **C**

Name of Employer ADAMS STREET ADVOCATES	Occupation GOVERNMENT AFFAIRS
--------------------------------------------	----------------------------------

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
03	/	12	/	2014

Transaction ID : SA11.1018

Amount of Each Receipt this Period

250.00

CONTRIBUTION
[MEMO ITEM]
UNDEPOSITED EARMARK-LIZBETH BENACQUISTO

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 56
	<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. SHARON L. DAY
Full Name (Last, First, Middle Initial)
Mailing Address 3100 N. OCEAN BLVD.
City FORT LAUDERDALE State FL Zip Code 33308-7100
FEC ID number of contributing federal political committee. **C**
Name of Employer REPUBLICAN NATIONAL COMMITTEE Occupation VICE-CHAIRMAN
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 03 / 2014
Transaction ID : SA11.914
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

B. NANCY C. DETERT
Full Name (Last, First, Middle Initial)
Mailing Address 1769 BATELLO DRIVE
City VENICE State FL Zip Code 34292-4636
FEC ID number of contributing federal political committee. **C**
Name of Employer STATE OF FLORIDA Occupation STATE SENATOR
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 12 / 2014
Transaction ID : SA11.993
Amount of Each Receipt this Period 250.00
CONTRIBUTION
[MEMO ITEM]
UNDEPOSITED EARMARK-LIZBETH BENACQUISTO

C. JOSE DIAZ
Full Name (Last, First, Middle Initial)
Mailing Address 4315 S.W. 140TH COURT
City MIAMI State FL Zip Code 33175-3635
FEC ID number of contributing federal political committee. **C**
Name of Employer ROBERT M. LEVY & ASSOCIATES Occupation GOVT. AFFAIRS
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 12 / 2014
Transaction ID : SA11.990
Amount of Each Receipt this Period 500.00
CONTRIBUTION
[MEMO ITEM]
UNDEPOSITED EARMARK-LIZBETH BENACQUISTO

SUBTOTAL of Receipts This Page (optional).....▶ 1000.00
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 14 OF 56
<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

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. PETER M. DUNBAR
Full Name (Last, First, Middle Initial)
Mailing Address 1857 OX BOW TRACE
City TALLAHASSEE State FL Zip Code 32312-7550
FEC ID number of contributing federal political committee. **C**
Name of Employer DEAN MEAD Occupation ATTORNEY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 12 / 2014
Transaction ID : SA11.1001
Amount of Each Receipt this Period 250.00
CONTRIBUTION
[MEMO ITEM]
UNDEPOSITED EARMARK-LIZBETH BENACQUISTO

B. MARTHA J. EDENFIELD
Full Name (Last, First, Middle Initial)
Mailing Address 565 E. CALL STREET
City TALLAHASSEE State FL Zip Code 32301-2508
FEC ID number of contributing federal political committee. **C**
Name of Employer DEAN MEAD Occupation ATTORNEY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 12 / 2014
Transaction ID : SA11.1002
Amount of Each Receipt this Period 250.00
CONTRIBUTION
[MEMO ITEM]
UNDEPOSITED EARMARK-LIZBETH BENACQUISTO

C. CANDICE D. ERICKS
Full Name (Last, First, Middle Initial)
Mailing Address P. O. BOX 10131
City TALLAHASSEE State FL Zip Code 32302-2131
FEC ID number of contributing federal political committee. **C**
Name of Employer ADAMS STREET ADVOCATES Occupation GOVERNMENT AFFAIRS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 12 / 2014
Transaction ID : SA11.1019
Amount of Each Receipt this Period 250.00
CONTRIBUTION
[MEMO ITEM]
UNDEPOSITED EARMARK-LIZBETH BENACQUISTO

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00
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 56
	<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. DAVID L. ERICKS
Full Name (Last, First, Middle Initial)

Mailing Address 5005 GLENROSE COURT

City TALLAHASSEE State FL Zip Code 32309-2701

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

Name of Employer ERICKS CONSULTANTS, INC. Occupation 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
 03 / 12 / 2014

Transaction ID : SA11.1020

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

[MEMO ITEM]
UNDEPOSITED EARMARK-LIZBETH BENACQUISTO

B. HEATHER FITZENHAGEN
Full Name (Last, First, Middle Initial)

Mailing Address 1750 MARLYN ROAD

City FORT MYERS State FL Zip Code 33901-4920

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

Name of Employer STATE OF FLORIDA Occupation STATE REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 05 / 2014

Transaction ID : SA11.868

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

Mailing Address 1750 MARLYN ROAD

City FORT MYERS State FL Zip Code 33901-4920

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

Name of Employer STATE OF FLORIDA Occupation STATE REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 03 / 2014

Transaction ID : SA11.901

Amount of Each Receipt this Period
 750.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 16 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Maggies List

Full Name (Last, First, Middle Initial) A. HEATHER FITZENHAGEN		Date of Receipt MM / DD / YYYY 03 / 13 / 2014
Mailing Address 1750 MARLYN ROAD		Transaction ID : SA11.951
City FORT MYERS	State FL	Zip Code 33901-4920
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
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 ▼ 1250.00	EARMARKED-LIZBETH BENACQUISTO

Full Name (Last, First, Middle Initial) B. ROBBIE J. FORD		Date of Receipt MM / DD / YYYY 02 / 03 / 2014
Mailing Address 1533 CONWAY ISLE CIRCLE		Transaction ID : SA11.909
City ORLANDO	State FL	Zip Code 32809-3301
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer SOUTHEAST MEDICAL PRODUCTS, INC	Occupation SALES	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. ELIZABETH A. GIANINI		Date of Receipt MM / DD / YYYY 03 / 12 / 2014
Mailing Address 150 E. ROBINSON STREET		Transaction ID : SA11.997
City ORLANDO	State FL	Zip Code 32801-1695
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer SANFORD BURNHAM	Occupation GOVERNMENT RELATIONS	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	[MEMO ITEM] UNDEPOSITED EARMARK-LIZBETH BENACQUISTO

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 56
	<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

Full Name (Last, First, Middle Initial)
A. GAYLE B. HARRELL

Mailing Address 1885 N.W. EAGLE POINT

City State Zip Code
STUART FL 34994-9408

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

Name of Employer Occupation
STATE OF FLORIDA LEGISLATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2014

Transaction ID : SA11.994

Amount of Each Receipt this Period
250.00

CONTRIBUTION

[MEMO ITEM]
UNDEPOSITED EARMARK-LIZBETH BENACQUISTO

Full Name (Last, First, Middle Initial)
B. CLAIRE HARRISON

Mailing Address 3790 CREEKVIEW DRIVE, N.E.

City State Zip Code
MARIETTA GA 30068-4031

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2014

Transaction ID : SA11.985

Amount of Each Receipt this Period
10.00

CONTRIBUTION

EARMARKED-LIZBETH BENACQUISTO

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

Mailing Address 2660 WYNDSOR OAKS WAY

City State Zip Code
WINTER HAVEN FL 33884-3079

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

Name of Employer Occupation
HUNT WATTERS, LLC GOVT. RELATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2014

Transaction ID : SA11.1006

Amount of Each Receipt this Period
250.00

CONTRIBUTION

[MEMO ITEM]
UNDEPOSITED EARMARK-LIZBETH BENACQUISTO

SUBTOTAL of Receipts This Page (optional)..... ▶ 10.00

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 56
	<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. BLAISE INGOGLIA
Full Name (Last, First, Middle Initial)

Mailing Address 12494 FEATHER STREET

City SPRING HILL State FL Zip Code 34609-5943

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

Name of Employer HEARTLAND HOMES Occupation BUILDER

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
 02 / 20 / 2014

Transaction ID : SA11.943

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. TANYA C. JACKSON
Full Name (Last, First, Middle Initial)

Mailing Address 2504 TWAIN DRIVE

City TALLAHASSEE State FL Zip Code 32311-3312

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

Name of Employer ADAMS STREET ADVOCATES Occupation GOVERNMENT AFFAIRS

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
 03 / 12 / 2014

Transaction ID : SA11.1016

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

[MEMO ITEM]
UNDEPOSITED EARMARK-LIZBETH BENACQUISTO

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

Mailing Address 2136 N. PORPOISE POINT LANE

City VERO BEACH State FL Zip Code 32963-2845

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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 03 / 2014

Transaction ID : SA11.913

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 56
<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. 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 **1205.50**

Date of Receipt **02 / 03 / 2014**
Transaction ID : SA11.947
Amount of Each Receipt this Period **1205.50**
CONTRIBUTION
INKIND-FOOD & BEVERAGE

B. DAVID P. 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 DAVID JOHNSON, LLC Occupation CONSULTANT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 12 / 2014**
Transaction ID : SA11.996
Amount of Each Receipt this Period **250.00**
CONTRIBUTION
[MEMO ITEM]
UNDEPOSITED EARMARK-LIZBETH BENACQUISTO

C. REBECCA L. JOHNSON
Full Name (Last, First, Middle Initial)
Mailing Address P. O. BOX 257
City PARKER State KS Zip Code 66072-0257
FEC ID number of contributing federal political committee. **C**
Name of Employer MAE RESOURCES, INC. Occupation PARTNER
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2500.00**

Date of Receipt **01 / 18 / 2014**
Transaction ID : SA11.875
Amount of Each Receipt this Period **2500.00**
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	3705.50
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 56
	<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

Full Name (Last, First, Middle Initial)
A. MELISSA K. JOINER

Mailing Address 4670 GROVE PARK DRIVE

City TALLAHASSEE State FL Zip Code 32311-3748

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

Name of Employer FLORIDA RETAIL FEDERATION Occupation GOVERNMENT AFFAIRS

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
 03 / 12 / 2014

Transaction ID : SA11.1010

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

[MEMO ITEM]
UNDEPOSITED EARMARK-LIZBETH BENACQUISTO

Full Name (Last, First, Middle Initial)
B. OSCAR F. JUAREZ

Mailing Address 2102 MERRITT PARK DRIVE

City ORLANDO State FL Zip Code 32803-1530

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2014

Transaction ID : SA11.999

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

[MEMO ITEM]
UNDEPOSITED EARMARK-LIZBETH BENACQUISTO

Full Name (Last, First, Middle Initial)
C. LORI E. KILLINGER

Mailing Address 2508 BETTON WOODS DRIVE

City TALLAHASSEE State FL Zip Code 32308-0942

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

Name of Employer LEWIS LONGMAN & WALKER, P.A. Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2014

Transaction ID : SA11.1014

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

[MEMO ITEM]
UNDEPOSITED EARMARK-LIZBETH BENACQUISTO

SUBTOTAL of Receipts This Page (optional)..... ▶ 0.00

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 21 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Maggies List

Full Name (Last, First, Middle Initial)
A. ALAN M. LEVINE

Mailing Address 1409 RESERVE PLACE

City JOHNSON CITY State TN Zip Code 37615-4587

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

Name of Employer MOUNTAIN STATES HEALTH ALLIANCE Occupation PRESIDENT

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
 02 / 03 / 2014

Transaction ID : SA11.925

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. TERESA J. LONG

Mailing Address 3220 HOLIDAY SPRINGS BLVD.

City MARGATE State FL Zip Code 33063-5454

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

Name of Employer Occupation

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
 03 / 12 / 2014

Transaction ID : SA11.1008

Amount of Each Receipt this Period
250.00

CONTRIBUTION

[MEMO ITEM]
UNDEPOSITED EARMARK-LIZBETH BENACQUISTO

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

Mailing Address 1001 GRAND HICKORY CIRCLE

City HOLLY HILL State FL Zip Code 32117-3139

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

Name of Employer THE HORNE GROUP Occupation GOVERNMENT AFFAIRS

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
 03 / 12 / 2014

Transaction ID : SA11.995

Amount of Each Receipt this Period
250.00

CONTRIBUTION

[MEMO ITEM]
UNDEPOSITED EARMARK-LIZBETH BENACQUISTO

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 22 OF 56
	<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. JOSHUA R. MCKOON
Full Name (Last, First, Middle Initial)
Mailing Address P. O. BOX 2565

City COLUMBUS	State GA	Zip Code 31902-2565
FEC ID number of contributing federal political committee. C		
Name of Employer STATE OF GEORGIA	Occupation SENATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Date of Receipt
MM / DD / YYYY
02 / 10 / 2014
Transaction ID : SA11.932

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

B. VIPIN MEHTA
Full Name (Last, First, Middle Initial)
Mailing Address 7125 HORIZON CIRCLE

City WINDERMERE	State FL	Zip Code 34786-8408
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
MM / DD / YYYY
02 / 03 / 2014
Transaction ID : SA11.919

Amount of Each Receipt this Period
200.00

CONTRIBUTION

C. VIPIN MEHTA
Full Name (Last, First, Middle Initial)
Mailing Address 7125 HORIZON CIRCLE

City WINDERMERE	State FL	Zip Code 34786-8408
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
MM / DD / YYYY
02 / 03 / 2014
Transaction ID : SA11.920

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 56
	<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. LISA MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 331 N. MONROE STREET

City TALLAHASSEE State FL Zip Code 32301-7621

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

Name of Employer LISA MILLER & ASSOCIATES Occupation GOVT. RELATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 12 / 2014
Transaction ID : SA11.948

Amount of Each Receipt this Period 250.00

CONTRIBUTION

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

Mailing Address 3069 CARLOW CIRCLE

City TALLAHASSEE State FL Zip Code 32309-3302

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

Name of Employer SELF-EMPLOYED Occupation GOVERNMENT RELATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 12 / 2014
Transaction ID : SA11.1007

Amount of Each Receipt this Period 200.00

CONTRIBUTION

[MEMO ITEM]
UNDEPOSITED EARMARK-LIZBETH BENACQUISTO

C. SCOTT B. PEELEN
Full Name (Last, First, Middle Initial)

Mailing Address 201 W. CANTON AVENUE, #150

City WINTER PARK State FL Zip Code 32789-3171

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

Name of Employer MORENO, PEELEN, PINTO & CLARK Occupation FINANCIAL ADVISOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 24 / 2014
Transaction ID : SA11.883

Amount of Each Receipt this Period 300.00

CONTRIBUTION

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

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 24 OF 56
	<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. WENDY PEPE
Full Name (Last, First, Middle Initial)
Mailing Address 4517 W. DALE AVENUE

City TAMPA	State FL	Zip Code 33609-3708
---------------	-------------	------------------------

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

Name of Employer SPRINGBOARDPC	Occupation ADVERTISING
-----------------------------------	---------------------------

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
02	/	19	/	2014

Transaction ID : SA11.942

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. KATHLEEN PETERS
Full Name (Last, First, Middle Initial)
Mailing Address 7032 S. SHORE DRIVE, S.

City SOUTH PASADENA	State FL	Zip Code 33707-4605
------------------------	-------------	------------------------

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

Name of Employer STATE OF FLORIDA	Occupation STATE LEGISLATOR
--------------------------------------	--------------------------------

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
03	/	12	/	2014

Transaction ID : SA11.998

Amount of Each Receipt this Period
250.00

CONTRIBUTION

[MEMO ITEM]
UNDEPOSITED EARMARK-LIZBETH BENACQUISTO

C. J. SHANE PLATT
Full Name (Last, First, Middle Initial)
Mailing Address 3332 CECIL WHALEY ROAD

City ST. CLOUD	State FL	Zip Code 34772-7622
-------------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation FARMER
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2014

Transaction ID : SA11.931

Amount of Each Receipt this Period
1100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	2100.00
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 25 OF 56
	<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. FRANCESCA PLENDL
Full Name (Last, First, Middle Initial)
Mailing Address 4398 COOL VIEW DRIVE

City TALLAHASSEE	State FL	Zip Code 32303-6876
---------------------	-------------	------------------------

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

Name of Employer ASTRAZENECA	Occupation GOVT. RELATIONS
---------------------------------	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2014

Transaction ID : SA11.1003

Amount of Each Receipt this Period
250.00

CONTRIBUTION

[MEMO ITEM]
UNDEPOSITED EARMARK-LIZBETH BENACQUISTO

B. FRANCESCA PLENDL
Full Name (Last, First, Middle Initial)
Mailing Address 4398 COOL VIEW DRIVE

City TALLAHASSEE	State FL	Zip Code 32303-6876
---------------------	-------------	------------------------

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

Name of Employer ASTRAZENECA	Occupation GOVT. RELATIONS
---------------------------------	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2014

Transaction ID : SA11.952

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. JO QUITTSCHREIBER
Full Name (Last, First, Middle Initial)
Mailing Address 2794 KISSIMMEE BAY CIRCLE

City KISSIMMEE	State FL	Zip Code 34744-3948
-------------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation HOTELIER
-----------------------------------	------------------------

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
01	/	27	/	2014

Transaction ID : SA11.888

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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

Full Name (Last, First, Middle Initial)
A. JOYCE REITZ

Mailing Address 19224 CYPRESS VISTA CIRCLE

City FT. MYERS	State FL	Zip Code 33967-4836
-------------------	-------------	------------------------

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

Name of Employer CHRISTUS VICTOR LUTHERAN	Occupation DIRECTOR OF MUSIC
----------------------------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **25.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 06 / 2014
Transaction ID : SA11.950

Amount of Each Receipt this Period
25.00

CONTRIBUTION
EARMARKED-LIZBETH BENACQUISTO

Full Name (Last, First, Middle Initial)
B. CARI ROTH

Mailing Address 818 INGLESIDE AVENUE

City TALLAHASSEE	State FL	Zip Code 32303-6423
---------------------	-------------	------------------------

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

Name of Employer BRYANT MILLER OLIVE	Occupation ATTORNEY
-----------------------------------------	------------------------

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
03 / 12 / 2014
Transaction ID : SA11.1015

Amount of Each Receipt this Period
250.00

CONTRIBUTION
[MEMO ITEM]
UNDEPOSITED EARMARK-LIZBETH BENACQUISTO

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

Mailing Address 1840 BAYVIEW COURT

City VERO BEACH	State FL	Zip Code 32963-9610
--------------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

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
02 / 19 / 2014
Transaction ID : SA11.941

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1025.00
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 27 OF 56
(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. SAMUEL H. SADOW
 Mailing Address 529 S. FLAGLER DRIVE, #18G
 City State Zip Code
 WEST PALM BEACH FL 33401-5928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MCI HEALTH PHYSICIAN
 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
 02 / 03 / 2014
Transaction ID : SA11.929
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. LESLIE SAUNDERS
 Mailing Address 1535 DALE MABRY HIGHWAY
 City State Zip Code
 LUTZ FL 33548-3001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LESLIE SAUNDERS INSURANCE 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
 02 / 18 / 2014
Transaction ID : SA11.936
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. DONNA SIMMONS
 Mailing Address 8869 GLEN ABBY DRIVE
 City State Zip Code
 TALLAHASSEE FL 32312-4065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TAMPA ELECTRIC CO. 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
 03 / 12 / 2014
Transaction ID : SA11.1012
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION
[MEMO ITEM]
 UNDEPOSITED EARMARK-LIZBETH BENACQUISTO

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
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 28 OF 56
	<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. NANCY B. STEWART
Full Name (Last, First, Middle Initial)

Mailing Address 3908 FORSYTHE WAY

City TALLAHASSEE State FL Zip Code 32309-2533

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

Name of Employer NANCY BLACK STEWART, P.A. Occupation CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 12 / 2014
Transaction ID : SA11.1009

Amount of Each Receipt this Period 250.00

CONTRIBUTION

[MEMO ITEM]
UNDEPOSITED EARMARK-LIZBETH BENACQUISTO

B. ROBERT W. STORK
Full Name (Last, First, Middle Initial)

Mailing Address 2900 59TH AVENUE

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 01 / 24 / 2014
Transaction ID : SA11.885

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

C. SARA E. TROLLINGER
Full Name (Last, First, Middle Initial)

Mailing Address 2573 STONEVIEW ROAD

City ORLANDO State FL Zip Code 32806-5077

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

Name of Employer HOUSE OF HOPE Occupation PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 03 / 2014
Transaction ID : SA11.902

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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 29 OF 56
<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. NEIL WALKER
Full Name (Last, First, Middle Initial)
Mailing Address 5650 PORTOLA ROAD

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2014

Transaction ID : SA11.949

Amount of Each Receipt this Period

25.00

CONTRIBUTION
EARMARKED-LIZBETH BENACQUISTO

B. SALLY WEST
Full Name (Last, First, Middle Initial)
Mailing Address 2966 BAYSHORE DRIVE

City TALLAHASSEE	State FL	Zip Code 32309-2204
---------------------	-------------	------------------------

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

Name of Employer WALGREENS	Occupation GOVERNMENT RELATIONS
-------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2014

Transaction ID : SA11.1000

Amount of Each Receipt this Period

100.00

CONTRIBUTION
[MEMO ITEM]
UNDEPOSITED EARMARK-LIZBETH BENACQUISTO

C. DANA D. YOUNG
Full Name (Last, First, Middle Initial)
Mailing Address 1807 W. RICHARDSON PLACE

City TAMPA	State FL	Zip Code 33606-3228
---------------	-------------	------------------------

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

Name of Employer STATE OF FLORIDA	Occupation STATE LEGISLATOR
--------------------------------------	--------------------------------

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
03	/	12	/	2014

Transaction ID : SA11.1005

Amount of Each Receipt this Period

250.00

CONTRIBUTION
[MEMO ITEM]
UNDEPOSITED EARMARK-LIZBETH BENACQUISTO

SUBTOTAL of Receipts This Page (optional).....▶	25.00
TOTAL This Period (last page this line number only).....▶	28065.50

**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 30 OF 56
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Maggies List

A. DANIEL WEBSTER FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3400 OLD WINTER GARDEN ROAD
 City State Zip Code
 ORLANDO FL 32805-1134
 FEC ID number of contributing federal political committee. **C** C00481911
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2014
Transaction ID : SA11.876
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. FRIENDS OF BILL POSEY
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 360877
 City State Zip Code
 MELBOURNE FL 32936-0877
 FEC ID number of contributing federal political committee. **C** C00444968
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2014
Transaction ID : SA11.874
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. HASNER FOR U.S. HOUSE
 Full Name (Last, First, Middle Initial)
 Mailing Address P. O. BOX 276093
 City State Zip Code
 BOCA RATON FL 33427-6093
 FEC ID number of contributing federal political committee. **C** C00495531
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2014
Transaction ID : SA11.905
 Amount of Each Receipt this Period
 1000.00
 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. CHRISTINA C. JOHNSON

Mailing Address 3284 WHITNEY DRIVE, E.

City TALLAHASSEE State FL Zip Code 32309-3650

Purpose of Disbursement
IN-KIND CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2014

Transaction ID : SB21B.1021

Amount of Each Disbursement this Period

1205.50

FOOD & BEVERAGE

Category/
Type

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
FUNDRAISING EXPENSES-BENACQUISTO INKIND

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		18		2014

Transaction ID : SB21B.I559

Amount of Each Disbursement this Period

368.01

Category/
Type

Full Name (Last, First, Middle Initial)

C. SANDRA B. MORTHAM

Mailing Address 6675 WEEPING WILLOW WAY

City TALLAHASSEE State FL Zip Code 32311

Purpose of Disbursement
INKIND-SEE LINE 23

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		18		2014

Transaction ID : SB21B.I560

Amount of Each Disbursement this Period

-368.01

Category/
Type

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

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

1205.50

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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. SUSAN POWER

Mailing Address 1306 DILLARD STREET

City TALLAHASSEE State FL Zip Code 32308

Purpose of Disbursement
INKIND-SEE LINE 23

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2014

Transaction ID : SB21B.I564

Amount of Each Disbursement this Period

-19.56

Full Name (Last, First, Middle Initial)

B. SUSAN POWER

Mailing Address 1306 DILLARD STREET

City TALLAHASSEE State FL Zip Code 32308

Purpose of Disbursement
FUNDRAISING EXPENSES-BENACQUISTO INKIND

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2014

Transaction ID : SB21B.I599

Amount of Each Disbursement this Period

19.56

Full Name (Last, First, Middle Initial)

C. BANK OF TAMPA

Mailing Address P.O. BOX 1

City TAMPA State FL Zip Code 33601

Purpose of Disbursement
DEPOSIT SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2014

Transaction ID : SB21B.I557

Amount of Each Disbursement this Period

49.11

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

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

49.11

**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 TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement SOFTWARE

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2014

Transaction ID : SB21B.I556

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 WILMINGTON State DE Zip Code 19886

Purpose of Disbursement SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 09 / 2014

Transaction ID : SB21B.I508

Amount of Each Disbursement this Period

281.72

Category/Type

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: 00

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 09 / 2014

Transaction ID : SB21B.I511

Amount of Each Disbursement this Period

60.00

Category/Type

[MEMO ITEM]

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

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

1031.72

**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. MEDIA TEMPLE

Mailing Address 520 NATIONAL BLVD.

City State Zip Code
CULVER CITY CA 90232

Purpose of Disbursement
WEBSITE HOSTING

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	09	/	2014

Transaction ID : SB21B.I512

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. UNITED STATES POSTAL SERVICE

Mailing Address 2355 CENTERVILLE ROAD

City State Zip Code
TALLAHASSEE FL 32308

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	09	/	2014

Transaction ID : SB21B.I509

Amount of Each Disbursement this Period

9.37

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UNITED STATES POSTAL SERVICE

Mailing Address 2355 CENTERVILLE ROAD

City State Zip Code
TALLAHASSEE FL 32308

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	09	/	2014

Transaction ID : SB21B.I510

Amount of Each Disbursement this Period

12.35

[MEMO ITEM]

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

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

0.00

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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. 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: 00

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2014

Transaction ID : SB21B.I532

Amount of Each Disbursement this Period

90.00

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: 00

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2014

Transaction ID : SB21B.I533

Amount of Each Disbursement this Period

60.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MEDIA TEMPLE

Mailing Address 520 NATIONAL BLVD.

City CULVER CITY State CA Zip Code 90232

Purpose of Disbursement
WEBSITE HOSTING

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 13 / 2014

Transaction ID : SB21B.I534

Amount of Each Disbursement this Period

30.00

[MEMO ITEM]

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

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

90.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Maggies List

Full Name (Last, First, Middle Initial)

A. CHASE CARD SERVICES

Mailing Address P.O. BOX 15153

City WILMINGTON State DE Zip Code 19886

Purpose of Disbursement
SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2014

Transaction ID : SB21B.I543

Amount of Each Disbursement this Period

305.01

Full Name (Last, First, Middle Initial)

B. AVENTURA WORLDWIDE TRANSPORTATION SERVICES

Mailing Address 20251 N.E. 15TH COURT

City MIAMI State FL Zip Code 33179

Purpose of Disbursement
TRANSPORTATION

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 04 / 2014

Transaction ID : SB21B.I547

Amount of Each Disbursement this Period

145.50

[MEMO ITEM]

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: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2014

Transaction ID : SB21B.I549

Amount of Each Disbursement this Period

60.00

[MEMO ITEM]

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

305.01

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. GOVERNOR'S 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: 00

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 11 / 2014

Transaction ID : SB21B.I550

Amount of Each Disbursement this Period

50.31

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. GOVERNOR'S 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: 00

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2014

Transaction ID : SB21B.I551

Amount of Each Disbursement this Period

32.25

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UNITED STATES POSTAL SERVICE

Mailing Address 2355 CENTERVILLE ROAD

City TALLAHASSEE State FL Zip Code 32308

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2014

Transaction ID : SB21B.I545

Amount of Each Disbursement this Period

11.34

[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. 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: 00

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2014

Transaction ID : SB21B.I548

Amount of Each Disbursement this Period

5.61

[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: 00

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 06 / 2014

Transaction ID : SB21B.I506

Amount of Each Disbursement this Period

148.27

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: 00

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 04 / 2014

Transaction ID : SB21B.I535

Amount of Each Disbursement this Period

127.45

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

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

275.72

**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: 00

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2014

Transaction ID : SB21B.I544

Amount of Each Disbursement this Period

511.53

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: 00

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2014

Transaction ID : SB21B.I558

Amount of Each Disbursement this Period

71.94

Full Name (Last, First, Middle Initial)

C. SENTINEL STRATEGIC ADVISORS, LLC

Mailing Address 1661 WISCONSIN AVENUE, N.W.

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 09 / 2014

Transaction ID : SB21B.I507

Amount of Each Disbursement this Period

2755.25

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

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

3338.72

**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. SENTINEL STRATEGIC ADVISORS, LLC

Mailing Address 1661 WISCONSIN AVENUE, N.W.

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	1	4		

Transaction ID : SB21B.I537

Amount of Each Disbursement this Period

2	9	2	6	.	2	5
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. SENTINEL STRATEGIC ADVISORS, LLC

Mailing Address 1661 WISCONSIN AVENUE, N.W.

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	6			2	0	1	4		

Transaction ID : SB21B.I542

Amount of Each Disbursement this Period

3	5	6	6	.	2	5
---	---	---	---	---	---	---

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

Disbursement For: Primary General
 Other (specify) ▼

State: District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	6			2	0	1	4		

Transaction ID : SB21B.I513

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

8	9	9	2	.	5	0
---	---	---	---	---	---	---

8	9	9	2	.	5	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input 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: 00

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2014

Transaction ID : SB21B.I536

Amount of Each Disbursement this Period

2500.00

Category/
Type

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: 00

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2014

Transaction ID : SB21B.I541

Amount of Each Disbursement this Period

2500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Category/
Type

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

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

5000.00

20288.28

**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. HANDEL FOR SENATE, INC.

Mailing Address 3970 OLD MILTON PARKWAY

City ALPHARETTA State GA Zip Code 30005

Purpose of Disbursement CONTRIBUTION

Candidate Name

KAREN HANDEL

Office Sought: House Senate President

State: GA District: 00

Disbursement For: 2014 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2014

Transaction ID : SB23.I539

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KATHLEEN PETERS FOR CONGRESS

Mailing Address 6860 GULFPORT BLVD., #331

City SOUTH PASADENA State FL Zip Code 33707

Purpose of Disbursement CONTRIBUTION

Candidate Name

KATHLEEN PETERS

Office Sought: House Senate President

State: FL District: 13

Disbursement For: 2014 Primary General Other (specify) ▼
Special Primary

Date of Disbursement

MM / DD / YYYY
01 / 07 / 2014

Transaction ID : SB23.I600

Amount of Each Disbursement this Period

250.00

EARMARK-CHRISTINA JOHNSON 12/30/13

Full Name (Last, First, Middle Initial)

C. KATHLEEN PETERS FOR CONGRESS

Mailing Address 6860 GULFPORT BLVD., #331

City SOUTH PASADENA State FL Zip Code 33707

Purpose of Disbursement CONTRIBUTION

Candidate Name

KATHLEEN PETERS

Office Sought: House Senate President

State: FL District: 13

Disbursement For: 2014 Primary General Other (specify) ▼
Special Primary

Date of Disbursement

MM / DD / YYYY
01 / 07 / 2014

Transaction ID : SB23.I601

Amount of Each Disbursement this Period

25.00

EARMARK-CONSTANCE HOFKIN 12/23/13

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

1275.00

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. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

State: FL District: 19

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2014

Transaction ID : SB23.I552

Amount of Each Disbursement this Period

25.00

EARMARK-JOYCE REITZ

Full Name (Last, First, Middle Initial)

B. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

State: FL District: 19

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2014

Transaction ID : SB23.I553

Amount of Each Disbursement this Period

25.00

EARMARK-NEIL WALKER

Full Name (Last, First, Middle Initial)

C. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

State: FL District: 19

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2014

Transaction ID : SB23.I554

Amount of Each Disbursement this Period

25.00

EARMARK-KEITH CHAMBERLIN

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. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

State: FL District: 19

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2014

Transaction ID : SB23.I555

Amount of Each Disbursement this Period

250.00

EARMARK-HEATHER FITZENHAGEN

Full Name (Last, First, Middle Initial)

B. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
INKIND-FUNDRAISING

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

State: FL District: 19

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2014

Transaction ID : SB23.I561

Amount of Each Disbursement this Period

368.01

Full Name (Last, First, Middle Initial)

C. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
INKIND-FUNDRAISING

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

State: FL District: 19

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2014

Transaction ID : SB23.I562

Amount of Each Disbursement this Period

19.56

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

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

637.57

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. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

State: FL District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Transaction ID : SB23.I566

Amount of Each Disbursement this Period

25.00

EARMARK-PATRICIA CAFFERATA

Full Name (Last, First, Middle Initial)

B. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

State: FL District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Transaction ID : SB23.I567

Amount of Each Disbursement this Period

10.00

EARMARK-CLAIRE HARRISON

Full Name (Last, First, Middle Initial)

C. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

State: FL District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		14		2014

Transaction ID : SB23.I568

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]
UNDEPOSITED EARMARK-ROY CANNON

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

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

35.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Maggies List

Full Name (Last, First, Middle Initial)

A. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

State: FL District: 19

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2014

Transaction ID : SB23.I569

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

UNDEPOSITED EARMARK-KIMBERLY CASE

Full Name (Last, First, Middle Initial)

B. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

State: FL District: 19

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2014

Transaction ID : SB23.I570

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

UNDEPOSITED EARMARK-JOSE DIAZ

Full Name (Last, First, Middle Initial)

C. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

State: FL District: 19

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2014

Transaction ID : SB23.I571

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

UNDEPOSITED EARMARK-NANCY DETERT

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 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. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

State: FL District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	4

Transaction ID : SB23.I572

Amount of Each Disbursement this Period

2	5	0	0	0
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[MEMO ITEM]

UNDEPOSITED EARMARK-GAYLE HARRELL

Full Name (Last, First, Middle Initial)

B. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

State: FL District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	4

Transaction ID : SB23.I574

Amount of Each Disbursement this Period

2	5	0	0	0
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[MEMO ITEM]

UNDEPOSITED EARMARK-DAVID JOHNSON

Full Name (Last, First, Middle Initial)

C. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

State: FL District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	4

Transaction ID : SB23.I575

Amount of Each Disbursement this Period

1	0	0	0	0
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[MEMO ITEM]

UNDEPOSITED EARMARK-ELIZABETH GIANINI

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

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

0	0	0	0	0
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0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Maggies List

Full Name (Last, First, Middle Initial)

A. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

State: FL District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	4

Transaction ID : SB23.I576

Amount of Each Disbursement this Period

2	5	0	0	0
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[MEMO ITEM]
UNDEPOSITED EARMARK-KATHLEEN PETERS

Full Name (Last, First, Middle Initial)

B. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

State: FL District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	4

Transaction ID : SB23.I577

Amount of Each Disbursement this Period

1	0	0	0	0
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[MEMO ITEM]
UNDEPOSITED EARMARK-OSCAR JUAREZ

Full Name (Last, First, Middle Initial)

C. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

State: FL District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	4

Transaction ID : SB23.I578

Amount of Each Disbursement this Period

1	0	0	0	0
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[MEMO ITEM]
UNDEPOSITED EARMARK-SALLY WEST

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

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

0	0	0	0	0
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0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Maggies List

Full Name (Last, First, Middle Initial)

A. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

State: FL District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	14	/	2014

Transaction ID : SB23.I579

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

UNDEPOSITED EARMARK-PETER DUNBAR

Full Name (Last, First, Middle Initial)

B. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

State: FL District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	14	/	2014

Transaction ID : SB23.I580

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

UNDEPOSITED EARMARK-MARTHA EDENFIELD

Full Name (Last, First, Middle Initial)

C. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

State: FL District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	14	/	2014

Transaction ID : SB23.I581

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

UNDEPOSITED EARMARK-FRANCESCA PLENDL

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Maggies List

Full Name (Last, First, Middle Initial)

A. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House
 Senate
 President

Disbursement For: 014
 Primary General
 Other (specify) ▼
Special Primary

State: FL District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	4

Transaction ID : SB23.I582

Amount of Each Disbursement this Period

5	0	0	0
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[MEMO ITEM]
UNDEPOSITED EARMARK-CAROL BRACY

Full Name (Last, First, Middle Initial)

B. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Special Primary

State: FL District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	4

Transaction ID : SB23.I583

Amount of Each Disbursement this Period

2	5	0	0
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[MEMO ITEM]
UNDEPOSITED EARMARK-DANA YOUNG

Full Name (Last, First, Middle Initial)

C. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Special Primary

State: FL District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	4

Transaction ID : SB23.I584

Amount of Each Disbursement this Period

2	5	0	0
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[MEMO ITEM]
UNDEPOSITED EARMARK-ALLISON HUNT

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

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

0	0	0	0
---	---	---	---

0	0	0	0
---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Maggies List

Full Name (Last, First, Middle Initial)

A. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

State: FL District: 19

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2014

Transaction ID : SB23.I585

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]
UNDEPOSITED EARMARK-ROBERT PATCHETT

Full Name (Last, First, Middle Initial)

B. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

State: FL District: 19

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2014

Transaction ID : SB23.I586

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]
UNDEPOSITED EARMARK-TERESA LONG

Full Name (Last, First, Middle Initial)

C. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

State: FL District: 19

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2014

Transaction ID : SB23.I587

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]
UNDEPOSITED EARMARK-NANCY STEWART

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 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. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name
LIZBETH BENACQUISTO

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify) **Special Primary**
 State: FL District: 19

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2014

Transaction ID : SB23.I588

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]
UNDEPOSITED EARMARK-MELISSA JOINER

Full Name (Last, First, Middle Initial)

B. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name
LIZBETH BENACQUISTO

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify) **Special Primary**
 State: FL District: 19

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2014

Transaction ID : SB23.I589

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]
UNDEPOSITED EARMARK-AUDREY BROWN

Full Name (Last, First, Middle Initial)

C. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name
LIZBETH BENACQUISTO

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify) **Special Primary**
 State: FL District: 19

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2014

Transaction ID : SB23.I590

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]
UNDEPOSITED EARMARK-DONNA SIMMONS

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 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. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

State: FL District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	4

Transaction ID : SB23.I591

Amount of Each Disbursement this Period

5	0	0	0
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[MEMO ITEM]
UNDEPOSITED EARMARK-JESSICA BAKER

Full Name (Last, First, Middle Initial)

B. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

State: FL District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	4

Transaction ID : SB23.I592

Amount of Each Disbursement this Period

5	0	0	0
---	---	---	---

[MEMO ITEM]
UNDEPOSITED EARMARK-LORI KILLINGER

Full Name (Last, First, Middle Initial)

C. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

State: FL District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	4

Transaction ID : SB23.I593

Amount of Each Disbursement this Period

2	5	0	0
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[MEMO ITEM]
UNDEPOSITED EARMARK-CARI ROTH

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

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

0	0	0	0
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0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Maggies List

Full Name (Last, First, Middle Initial)

A. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

State: FL District: 19

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2014

Transaction ID : SB23.I594

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]
UNDEPOSITED EARMARK-TANYA JACKSON

Full Name (Last, First, Middle Initial)

B. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

State: FL District: 19

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2014

Transaction ID : SB23.I595

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]
UNDEPOSITED EARMARK-ROBERT BECK

Full Name (Last, First, Middle Initial)

C. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

State: FL District: 19

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2014

Transaction ID : SB23.I596

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]
UNDEPOSITED EARMARK-CLAUDIA DAVANT

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 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. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

State: FL District: 19

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2014

Transaction ID : SB23.I597

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

UNDEPOSITED EARMARK-CANDICE ERICKS

Full Name (Last, First, Middle Initial)

B. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

State: FL District: 19

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2014

Transaction ID : SB23.I598

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

UNDEPOSITED EARMARK-DAVID ERICKS

Full Name (Last, First, Middle Initial)

C. LIZBETH BENACQUISTO FOR CONGRESS

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LIZBETH BENACQUISTO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

State: FL District: 19

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2014

Transaction ID : SB23.I603

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

UNDEPOSITED EARMARK-GEORGIA MCKEOWN

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 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. LYNN JENKINS FOR CONGRESS

Mailing Address P. O. BOX 1441

City TOPEKA State KS Zip Code 66601

Purpose of Disbursement
CONTRIBUTION

Candidate Name
LYNN JENKINS

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		14		2014

Transaction ID : SB23.I538

Amount of Each Disbursement this Period

50.00

EARMARK-KIMBERLY CHAMBERS

Full Name (Last, First, Middle Initial)

B. PRIDEMORE FOR CONGRESS

Mailing Address 270 COBB PARKWAY, S., #140-304

City MARIETTA State GA Zip Code 30060

Purpose of Disbursement
CONTRIBUTION

Candidate Name
TRICIA PRIDEMORE

Office Sought: House
 Senate
 President
State: GA District: 11

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2014

Transaction ID : SB23.I540

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

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

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

1050.00

3072.57
