

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Maggies List

ADDRESS (number and street) 6675 Weeping Willow Way

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

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

C C00469023

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

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

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

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

5. Covering Period [MM] / [DD] / [YYYY] 02 / 25 / 2016 through [MM] / [DD] / [YYYY] 03 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nancy H. Watkins, Assistant Treasurer

Signature of Treasurer Nancy H. Watkins, Assistant Treasurer [Electronically Filed] Date 04 / 14 / 2016

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

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

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Maggies List

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		44932.63
(b) Cash on Hand at Beginning of Reporting Period.....	39235.93	
(c) Total Receipts (from Line 19)	14045.00	16220.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	53280.93	61152.63
7. Total Disbursements (from Line 31).....	4583.32	12455.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	48697.61	48697.61
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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).....	4750.00	5750.00
(ii) Unitemized	795.00	970.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5545.00	6720.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	8500.00	8500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	14045.00	15220.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	14045.00	16220.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	14045.00	16220.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	3583.32	10455.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3583.32	10455.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	2000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4583.32	12455.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4583.32	12455.02

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)	14045.00	15220.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14045.00	15220.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3583.32	10455.02
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3583.32	10455.02

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

Form/Schedule: F3XN
Transaction ID :

No expenditure, other than a direct contribution, was made on behalf of a specifically identified federal candidate. No expenditure was for a public communication that referred to a clearly identified candidate for Federal office and that promoted, supported, attacked or opposed any such candidate for Federal office. All expenditures disclosed on Line 21b are not candidate related.

Form/Schedule:
Transaction ID:

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

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Maggies List

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

Mailing Address 1728 GREYSTONE

City State Zip Code
LONGWOOD FL 32779-3140

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

Name of Employer Occupation
DAYTONA COLLEGE, LLC EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2016

Transaction ID : SA11.1410

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. DAWN BUCKINGHAM

Mailing Address 404 HURST CREEK ROAD

City State Zip Code
LAKEWAY TX 78734-3463

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

Name of Employer Occupation
EYE PHYSICIANS OF AUSTIN PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2016

Transaction ID : SA11.1407

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 667 ROADRUNNER LANE, S.E.

City State Zip Code
ALBUQUERQUE NM 87122-1811

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

Name of Employer Occupation
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2016

Transaction ID : SA11.1398

Amount of Each Receipt this Period
250.00

Memo Item
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:	PAGE 8 OF 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Maggies List

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

Mailing Address 1885 N.W. EAGLE POINT

City STUART	State FL	Zip Code 34994-9408
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FEC ID number of contributing federal political committee. **C**

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

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	/	01	/	2016

Transaction ID : SA11.1393

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 7928 SARTAN WAY, N.E.

City ALBUQUERQUE	State NM	Zip Code 87109-3128
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FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation RETIRED
-------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2016

Transaction ID : SA11.1396

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 2800 CLAREDON BLVD.
APT W513

City ARLINGTON	State VA	Zip Code 22201-5098
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FEC ID number of contributing federal political committee. **C**

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

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	/	28	/	2016

Transaction ID : SA11.1412

Amount of Each Receipt this Period
250.00

Memo Item
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 9 OF 14
	<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. MARGARET RHOADES
 Full Name (Last, First, Middle Initial)
 Mailing Address 13519 PINO CANYON PLACE, N.E.
 City ALBUQUERQUE State NM Zip Code 87111-7102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2016
Transaction ID : SA11.1400
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. MISSY SHOREY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2406 ELLINGHAM
 City WICHITA FALLS State TX Zip Code 76308-1903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED PUBLIC RELATIONS
 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
 03 / 23 / 2016
Transaction ID : SA11.1405
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION
 EARMARKED-MIA LOVE

C. MEG WILSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2005 ARTHUR LANE
 City AUSTIN State TX Zip Code 78704-3235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNIVERSITY OF TEXAS AT AUSTIN PROFESSOR
 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
 03 / 22 / 2016
Transaction ID : SA11.1406
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	4750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 14
<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. BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P. O. BOX 606

City TARPON SPRINGS State FL Zip Code 34688-0606

FEC ID number of contributing federal political committee. **C** C00408534

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 03 / 31 / 2016
Transaction ID : SA11.1414

Amount of Each Receipt this Period: 2500.00

Memo Item
CONTRIBUTION

B. FRIENDS OF BILL POSEY

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 411486

City MELBOURNE State FL Zip Code 32941-1486

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: 03 / 10 / 2016
Transaction ID : SA11.1395

Amount of Each Receipt this Period: 1000.00

Memo Item
CONTRIBUTION

C. KELLY PAC

Full Name (Last, First, Middle Initial)
Mailing Address 901 N. WASHINGTON STREET
SUITE 700

City ALEXANDRIA State VA Zip Code 22314-1535

FEC ID number of contributing federal political committee. **C** C00493411

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 03 / 12 / 2016
Transaction ID : SA11.1404

Amount of Each Receipt this Period: 5000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	8500.00
TOTAL This Period (last page this line number only).....	8500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Maggies List

Full Name (Last, First, Middle Initial)

A. BOGART ASSOCIATES, INC.

Mailing Address 1200 TRINITY DRIVE

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FOOD & BEVERAGE/TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.I865

Amount of Each Disbursement this Period

1	6	8	1	.	0	1
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Memo Item

Full Name (Last, First, Middle Initial)

B. 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

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.I863

Amount of Each Disbursement this Period

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

Memo Item

Full Name (Last, First, Middle Initial)

C. CHASE CARD SERVICES

Mailing Address P.O. BOX 15153

City WILMINGTON State DE Zip Code 19886

Purpose of Disbursement
SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.I854

Amount of Each Disbursement this Period

1	2	1	.	2	9
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Memo Item

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

2	5	5	.	2	3	0
---	---	---	---	---	---	---

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

2	5	5	.	2	3	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. CONSTANT CONTACT

Mailing Address 1601 TRAPELO ROAD, #329

City WALTHAM State MA Zip Code 02451

Purpose of Disbursement
EMAIL SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2016

Transaction ID : SB21B.I857

Amount of Each Disbursement this Period

65.00

Memo Item

Full Name (Last, First, Middle Initial)

B. GOVERNORS CLUB

Mailing Address 202 1/2 S. ADAMS STREET

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement
FOOD & BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2016

Transaction ID : SB21B.I858

Amount of Each Disbursement this Period

28.71

Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED STATES POSTAL SERVICE

Mailing Address 2355 CENTERVILLE ROAD

City TALLAHASSEE State FL Zip Code 32308

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 10 / 2016

Transaction ID : SB21B.I855

Amount of Each Disbursement this Period

13.60

Memo Item

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

0.00

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 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. VISTAPRINT

Mailing Address 95 HAYDEN AVENUE

City LEXINGTON State MA Zip Code 02421

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 08 / 2016

Transaction ID : SB21B.I856

Amount of Each Disbursement this Period

13.98

Memo Item

Full Name (Last, First, Middle Initial)

B. EDONATION.COM

Mailing Address 117 N. SAINT ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
ONLINE FUNDRAISING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2016

Transaction ID : SB21B.I860

Amount of Each Disbursement this Period

31.02

Memo Item

Full Name (Last, First, Middle Initial)

C. STEINHAUSER STRATEGIES

Mailing Address 18205 PAINTED HORSE COVE

City AUSTIN State TX Zip Code 78738

Purpose of Disbursement
DIGITAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2016

Transaction ID : SB21B.I861

Amount of Each Disbursement this Period

1000.00

Memo Item

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

1031.02

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

3583.32

**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)	PAGE 14 OF 14
	<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

A. FRIENDS OF MIA LOVE

Full Name (Last, First, Middle Initial)
Mailing Address P. O. BOX 255

City RIVERTON State UT Zip Code 84065

Purpose of Disbursement CONTRIBUTION

Candidate Name MIA LOVE

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

State: UT District: 04

Date of Disbursement: 03 / 23 / 2016

Transaction ID : SB23.I864

Amount of Each Disbursement this Period: 1000.00

Memo Item
EARMARK-MISSY SHOREY

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: Disbursement For:
 House Primary General
 Senate Other (specify) ▼
 President

State: District:

Date of Disbursement: / /

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: Disbursement For:
 House Primary General
 Senate Other (specify) ▼
 President

State: District:

Date of Disbursement: / /

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶	1000.00
TOTAL This Period (last page this line number only)..... ▶	1000.00