

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

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

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

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

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

5. Covering Period [MM] / [DD] / [YYYY] 05 / 01 / 2014 through [MM] / [DD] / [YYYY] 05 / 31 / 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 06 / 16 / 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="18400.62"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="17700.00"/>	<input type="text" value="55765.50"/>
(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="36100.62"/>	<input type="text" value="63480.97"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8502.47"/>	<input type="text" value="35882.82"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="27598.15"/>	<input type="text" value="27598.15"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

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).....	12875.00	43040.50
(ii) Unitemized .....	325.00	5225.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13200.00	48265.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	4500.00	7500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	17700.00	55765.50
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))..... ▶	17700.00	55765.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	17700.00	55765.50

**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 .....	6377.47	29585.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	6377.47	29585.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2125.00	6297.57
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)) ..	8502.47	35882.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8502.47	35882.82

**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) .....	17700.00	55765.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17700.00	55765.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	6377.47	29585.25
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6377.47	29585.25

: 97 `A-G79 @G 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: PAGE 7 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. LYNDA BAUBERT**

Mailing Address 796 HARBOUR ISLE PLACE

City State Zip Code  
NORTH PALM BEACH FL 33410-4408

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

Name of Employer Occupation  
N/A HOMEMAKER

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  
 05 / 16 / 2014  
**Transaction ID : SA11.1049**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. BARI G. BLANKS**

Mailing Address 1742 ARABELLA PLACE

City State Zip Code  
NEW ORLEANS LA 70115-5028

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

Name of Employer Occupation  
SELF-EMPLOYED ATTORNEY

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2014  
**Transaction ID : SA11.1085**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. ANDRE CADOGAN**

Mailing Address 3047 WADDELL AVENUE

City State Zip Code  
WEST PALM BEACH FL 33411-6407

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

Name of Employer Occupation  
SOUTH FLORIDA WATER MGMT. ENGINEER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : SA11.1056**

Amount of Each Receipt this Period  
750.00

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:	PAGE 8 OF 22
	(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. TRACY CLEVELAND**

Mailing Address 28 TRADEWINDS CIRCLE

City	State	Zip Code
TEQUESTA	FL	33469-2042

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

Name of Employer	Occupation
EVERY FLORIDA HOME, INC.	REALTOR

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
05	/	16	/	2014

**Transaction ID : SA11.1048**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. CARL J. DOMINO**

Mailing Address 136 TERRAPIN TRAIL

City	State	Zip Code
JUPITER	FL	33458-7737

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

Name of Employer	Occupation
CARL DOMINO, INC.	INVESTMENT MANAGER

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
05	/	16	/	2014

**Transaction ID : SA11.1038**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DONALD G. ELLIOT**

Mailing Address 101 CASTLE GARDENS DRIVE

City	State	Zip Code
CASTLE HILLS	TX	78213-1856

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

Name of Employer	Occupation
N/A	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2014

**Transaction ID : SA11.1061**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

EARMARKED-MONICA WEHBY

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 610 XANADU PLACE

City JUPITER State FL Zip Code 33477-6449

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

Name of Employer BIRCHER HATHAWAY Occupation REALTOR

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  
 05 / 16 / 2014

**Transaction ID : SA11.1043**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**B. RICARDO J. GRIMES**  
Full Name (Last, First, Middle Initial)

Mailing Address 13609 WASHINGTON ROAD

City WEST PALM BEACH State FL Zip Code 33405

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

Name of Employer REPARO, INC. 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  
 05 / 16 / 2014

**Transaction ID : SA11.1040**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**C. DENISE GRIMSLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2809 WYNSTONE DRIVE

City SEBRING State FL Zip Code 33875-4741

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

Name of Employer FLORIDA HOSPITAL Occupation REGISTERED NURSE

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  
 05 / 09 / 2014

**Transaction ID : SA11.1034**

Amount of Each Receipt this Period  
 1000.00

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 22
	<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. FRANCES HANCOCK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 364 GOLFVIEW ROAD, #207

City NORTH PALM BEACH	State FL	Zip Code 33408-3542
--------------------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation INSURANCE
-----------------------------------	-------------------------

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
05	/	24	/	2014

**Transaction ID : SA11.1062**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B. ANNE HATHAWAY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4505 N. DELWARE STREET

City INDIANAPOLIS	State IN	Zip Code 46205-1719
----------------------	-------------	------------------------

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

Name of Employer HATHAWAY STRATEGIES	Occupation PRESIDENT
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2014

**Transaction ID : SA11.1044**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C. DAWN HOFFMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12530 SEMINOLE BEACH ROAD

City N. PALM BEACH	State FL	Zip Code 33408-2534
-----------------------	-------------	------------------------

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 ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2014

**Transaction ID : SA11.1031**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 22
	<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. DAWN HOFFMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 12530 SEMINOLE BEACH ROAD

City	State	Zip Code
N. PALM BEACH	FL	33408-2534

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

Name of Employer	Occupation
N/A	HOMEMAKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : SA11.1046**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B. CLIFF LEONARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1318 WINDSOR PLACE

City	State	Zip Code
JACKSONVILLE	FL	32205-7961

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

Name of Employer	Occupation
SELF-EMPLOYED	SCULPTER

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  
 05 / 23 / 2014

**Transaction ID : SA11.1060**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

EARMARKED-MONICA WEHBY

**C. JANET LEVY**  
Full Name (Last, First, Middle Initial)

Mailing Address 500 S. OCEAN BLVD.

City	State	Zip Code
PALM BEACH	FL	33480-4715

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

Name of Employer	Occupation
N/A	HOMEMAKER

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  
 05 / 16 / 2014

**Transaction ID : SA11.1047**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	775.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 22
	<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. TERENCE P. MCCOY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1300 BALL FARM ROAD

City MOUNT PLEASANT State FL Zip Code 32352-0402

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

Name of Employer N/A Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : SA11.1051**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

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 G.A. MCKEOWN & ASSOC., LLC 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  
 05 / 16 / 2014

**Transaction ID : SA11.1037**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**C. JEANITA MCNULTY**  
Full Name (Last, First, Middle Initial)

Mailing Address 7016 124TH STREET

City BLUE GRASS State IA Zip Code 52726-9616

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

Name of Employer SELF-EMPLOYED Occupation CONSULTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11.1035**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 22
	<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**

**A. ROSEMARY O'MARA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 768 JEFFREY STREET  
 City BOCA RATON State FL Zip Code 33487-4103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation DRY CLEANER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : SA11.1053**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B. ROSEMARY O'MARA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 768 JEFFREY STREET  
 City BOCA RATON State FL Zip Code 33487-4103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation DRY CLEANER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : SA11.1054**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C. ROSEMARY O'MARA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 768 JEFFREY STREET  
 City BOCA RATON State FL Zip Code 33487-4103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation DRY CLEANER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : SA11.1055**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 4021 SILVER PALM DRIVE

City VERO BEACH State FL Zip Code 32963-1370

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

Name of Employer SELF-EMPLOYED Occupation GOVT. RELATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : SA11.1052**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B. SAMUEL H. SADOW**  
Full Name (Last, First, Middle Initial)

Mailing Address 529 S. FLAGLER DRIVE, #18G

City WEST PALM BEACH State FL Zip Code 33401-5928

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

Name of Employer MCI HEALTH Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : SA11.1045**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C. GLO SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1661 CINNAMON FERN COURT

City FLEMING ISLAND State FL Zip Code 32003-3772

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

Name of Employer N/A Occupation CONGRESSIONAL CANDIDATE

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  
 05 / 18 / 2014

**Transaction ID : SA11.1036**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. LINDA STOCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 VINTAGE ISLE LANE  
 City State Zip Code  
 PALM BEACH GARDENS FL 33418-4603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED INTERIOR DECORATOR  
 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  
 05 / 19 / 2014  
**Transaction ID : SA11.1059**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B. JANE WEIRICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9417 TATTON PARK CIRCLE  
 City State Zip Code  
 HENRICO VA 23229-6069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BOEHRINGER INGELHEIM 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  
 05 / 16 / 2014  
**Transaction ID : SA11.1041**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C. AMY J. YOUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3609 WASHINGTON BLVD.  
 City State Zip Code  
 WEST PALM BEACH FL 33405-1943  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BALLARD PARTNERS 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  
 05 / 16 / 2014  
**Transaction ID : SA11.1039**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	12875.00

**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 16 OF 22
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. FRIENDS OF MARK FOLEY**

Mailing Address 1316 LAKE VICTORIA DRIVE

City LAKE WORTH State FL Zip Code 33461-6121

FEC ID number of contributing federal political committee. **C** C00289140

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 16 / 2014  
**Transaction ID : SA11.1050**

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. PAUL SPAIN FOR CONGRESS**

Mailing Address 1320 ESTUARY TRAIL

City DELRAY BEACH State FL Zip Code 33483-5933

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 16 / 2014  
**Transaction ID : SA11.1057**

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS PAC**

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

City WASHINGTON State DC Zip Code 20005-2152

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt: 05 / 02 / 2014  
**Transaction ID : SA11.1030**

Amount of Each Receipt this Period: 2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4500.00

**TOTAL** This Period (last page this line number only)..... ▶ 4500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. BANK OF TAMPA**

Mailing Address 601 BAYSHORE BLVD.

City TAMPA State FL Zip Code 33606

Purpose of Disbursement  
SERVICE CHARGE

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2014

**Transaction ID : SB21B.I624**

Amount of Each Disbursement this Period

10.00

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  
05 / 08 / 2014

**Transaction ID : SB21B.I613**

Amount of Each Disbursement this Period

173.48

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  
04 / 12 / 2014

**Transaction ID : SB21B.I626**

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)..... ▶

183.48

**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. FROM YOU FLOWERS, LLC**

Mailing Address 143 MILL ROCK ROAD, E.

City OLD SAYBROOK State CT Zip Code 06475

Purpose of Disbursement  
FLOWERS

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
0	4			0	4			2	0	1	4		

**Transaction ID : SB21B.I628**

Amount of Each Disbursement this Period

4	6	.	9	8
---	---	---	---	---

**[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

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	5			2	0	1	4		

**Transaction ID : SB21B.I625**

Amount of Each Disbursement this Period

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

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. STAPLES**

Mailing Address P.O. BOX 689020

City DES MOINES State IA Zip Code 50368

Purpose of Disbursement  
PRINTING

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
0	4			1	7			2	0	1	4		

**Transaction ID : SB21B.I627**

Amount of Each Disbursement this Period

3	4	.	2	5
---	---	---	---	---

**[MEMO ITEM]**

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

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

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 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  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District: 00

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2014

**Transaction ID : SB21B.I612**

Amount of Each Disbursement this Period

269.59

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

MM / DD / YYYY  
05 / 08 / 2014

**Transaction ID : SB21B.I615**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. SHOREY PUBLIC RELATIONS**

Mailing Address 2406 ELLINGHAM

City WICHITA FALLS State TX Zip Code 76308

Purpose of Disbursement  
PAC MANAGEMENT

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District: 00

Date of Disbursement

MM / DD / YYYY  
05 / 08 / 2014

**Transaction ID : SB21B.I614**

Amount of Each Disbursement this Period

2500.00

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

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

5269.59

**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 TRAVEL/MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

05 / 29 / 2014

**Transaction ID : SB21B.I619**

Amount of Each Disbursement this Period

924.40

**B.**

Full Name (Last, First, Middle Initial)

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

/  /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

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

/  /

Amount of Each Disbursement this Period

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

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

924.40

6377.47

**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. DONNA SHELDON FOR CONGRESS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2014

Mailing Address P. O. BOX 1189

**Transaction ID : SB23.I611**

City State Zip Code  
MONROE GA 30655

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
CONTRIBUTION

--

Candidate Name

**DONNA SHELDON**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 10

Full Name (Last, First, Middle Initial)

**B. DR. MONICA WEHBY FOR U.S. SENATE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Mailing Address P. O. BOX 3375

**Transaction ID : SB23.I617**

City State Zip Code  
PORTLAND OR 97208

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
CONTRIBUTION

--

Candidate Name

**MONICA WEHBY**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OR District: 00

Full Name (Last, First, Middle Initial)

**C. DR. MONICA WEHBY FOR U.S. SENATE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		30		2014

Mailing Address P. O. BOX 3375

**Transaction ID : SB23.I620**

City State Zip Code  
PORTLAND OR 97208

Amount of Each Disbursement this Period

25.00
-------

Purpose of Disbursement  
CONTRIBUTION

--

Candidate Name

**MONICA WEHBY**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OR District: 00

EARMARK-CLIFF LEONARD

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

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

2025.00
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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. DR. MONICA WEHBY FOR U.S. SENATE**

Mailing Address P. O. BOX 3375

City PORTLAND State OR Zip Code 97208

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**MONICA WEHBY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OR District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : SB23.I621**

Amount of Each Disbursement this Period

100.00
--------

EARMARK-DONALD ELLIOTT

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y 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)..... ▶

100.00
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2125.00
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