

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
VIRGIN ISLANDS FOR PLASKETT

ADDRESS (number and street) PO BOX 26502
 Check if different than previously reported. (ACC) Christiansted VI 00824

2. **FEC IDENTIFICATION NUMBER** C C00528182 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) VI 00

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)

- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 01 / 01 / 2014 through M M / D D / Y Y Y Y 03 / 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 Michele Hyndman

Signature of Treasurer Michele Hyndman

[Electronically Filed]

Date

M M / D D / Y Y Y Y 04 / 14 / 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

Write or Type Committee Name
VIRGIN ISLANDS FOR PLASKETT

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	37734.70	103494.60
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	37734.70	103494.60
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	37143.08	93731.78
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	37143.08	93731.78
8. Cash on Hand at Close of Reporting Period (from Line 27).....	9398.32	
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	

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 3 (Revised 12/2003)

Write or Type Committee Name

VIRGIN ISLANDS FOR PLASKETT

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	37089.70	101599.60
(ii) Unitemized.....	645.00	1895.00
(iii) TOTAL of contributions from individuals ▶	37734.70	103494.60
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	37734.70	103494.60
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	37734.70	103494.60

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	37143.08	93731.78
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	250.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	37143.08	93981.78

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8806.70
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	37734.70
25. SUBTOTAL (add Line 23 and Line 24).....	46541.40
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	37143.08
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	9398.32

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) Joseph Baptiste		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address		Transaction ID : SA11AI.4658
City Fulton	State MD	
Zip Code 20904		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C	Occupation Dentist	
Name of Employer	Election Cycle-to-Date 1000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) Elizabeth Bartasius		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 19 / 2014
Mailing Address 4055 Est. Judith's Fancy 318 Robin		Transaction ID : SA11AI.4555
City St. Croix	State VI	
Zip Code 00820		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C	Occupation Writer	
Name of Employer	Election Cycle-to-Date 250.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) James Benton		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 13 / 2014
Mailing Address		Transaction ID : SA11AI.4660
City St. Croix	State VI	
Zip Code 00820		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C	Occupation Contractor	
Name of Employer	Election Cycle-to-Date 500.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Sebastiano Paiewonsky Casinelli		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address City State Zip Code St. Thomas VI		Transaction ID : SA11AI.4663
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 525.00
Name of Employer Self Employed	Occupation Business Owner	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2660.60	

Full Name (Last, First, Middle Initial) B. Sebastiano Paiewonsky Casinelli		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address City State Zip Code St. Thomas VI		Transaction ID : SA11AI.4664
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Business Owner	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3160.60	

Full Name (Last, First, Middle Initial) C. Heather Certner-Brugger		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 14 / 2014
Mailing Address City State Zip Code Bethesda MD 20817		Transaction ID : SA11AI.4702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1525.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Cletis Clendinen		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address		Transaction ID : SA11AI.4665
City	State Zip Code	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 910.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 910.00	

Full Name (Last, First, Middle Initial) B. Mark W. Eckerd		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address		Transaction ID : SA11AI.4666
City	State Zip Code	
St. Croix	VI 00824	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Greg J. Ferguson		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 9100 Havensight Suite 15-16		Transaction ID : SA11AI.4670
City	State Zip Code	
St. Thomas	VI 00802	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee.	C	
Name of Employer Self Employed	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

SUBTOTAL of Receipts This Page (optional).....	2410.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

A. Full Name (Last, First, Middle Initial)
Katherine Gibson

Mailing Address PO Box 1435

City St. Thomas State VI Zip Code 00804

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

Name of Employer Self-employed Occupation CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2014

Transaction ID : SA11AI.4553

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Clarence Green

Mailing Address

City State Zip Code

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

Name of Employer Occupation Business Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 12 / 2014

Transaction ID : SA11AI.4672

Amount of Each Receipt this Period
 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation Marketing Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11AI.4559

Amount of Each Receipt this Period
 2600.00

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

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

3600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Benjamin Hale		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address		Transaction ID : SA11AI.4561
City	State Zip Code	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2254.70
Name of Employer	Occupation Marketing Consultant	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4854.70	

Full Name (Last, First, Middle Initial) B. Erika Kellerhals		Date of Receipt M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address P.O. Box 608		Transaction ID : SA11AI.4674
City	State Zip Code	
St. Thomas	VI 00804	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Attorney	
Self Employed		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Christopher Kroblin		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address		Transaction ID : SA11AI.4675
City	State Zip Code	
Tulsa	OK 74127	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	3004.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Lawrence Kupfer		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address City State Zip Code St. Croix VI 00851		Transaction ID : SA11AI.4677	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer Occupation Business Owner			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) B. Lawrence Kupfer		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address City State Zip Code St. Croix VI 00851		Transaction ID : SA11AI.4679	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer Occupation Business Owner			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) C. Steven Kupka		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2014	
Mailing Address 750 17th Street, NW 900 City State Zip Code Washington DC 20006		Transaction ID : SA11AI.4551	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Occupation Lawyer			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	5500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Dale LeFebvre		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address		Transaction ID : SA11AI.4562
City	State Zip Code	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2600.00
Name of Employer	Occupation Money Manager	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) B. Dale LeFebvre		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address		Transaction ID : SA11AI.4564
City	State Zip Code	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2600.00
Name of Employer	Occupation Money Manager	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) C. Hunt Logan		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address		Transaction ID : SA11AI.4680
City	State Zip Code	
St. Croix	VI 00820	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	5700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Paul Lumis		Date of Receipt MM / DD / YYYY 02 / 28 / 2014
Mailing Address		Transaction ID : SA11AI.4682
City	State Zip Code	
Ellicot City	MD 21042	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Business Owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. Nichols Newman		Date of Receipt MM / DD / YYYY 01 / 14 / 2014
Mailing Address 1131 King Street		Transaction ID : SA11AI.4708
City	State Zip Code	
Christiansted	VI 00820	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Keith O'Neal Jr.		Date of Receipt MM / DD / YYYY 02 / 28 / 2014
Mailing Address		Transaction ID : SA11AI.4685
City	State Zip Code	
St. Croix	VI 00820	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation Transportation Executive	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Marjorie Roberts		Date of Receipt MM / DD / YYYY 02 / 07 / 2014
Mailing Address		Transaction ID : SA11AI.4691
City	State Zip Code VI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00
Name of Employer Self Employed	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) B. Marjorie Roberts		Date of Receipt MM / DD / YYYY 02 / 07 / 2014
Mailing Address		Transaction ID : SA11AI.4693
City	State Zip Code VI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Attorney	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2900.00	

Full Name (Last, First, Middle Initial) C. George Rosenberg		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address PO Box 9877		Transaction ID : SA11AI.4549
City	State Zip Code VI 00801	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation Physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Julie Streetman		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address		Transaction ID : SA11AI.4694
City	State Zip Code	
Manakin Sobot	MD 23403	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee.	C	Name of Employer Occupation Business Owner
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) B. Vitest Engineers LLC		Date of Receipt M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address		Transaction ID : SA11AI.4709
City	State Zip Code	
St. Croix	VI 00821	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee.	C	Name of Employer Occupation
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C. Travis Weddington		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address		Transaction ID : SA11AI.4696
City	State Zip Code	
Silver Spring	MD 20904	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee.	C	Name of Employer Occupation
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	3350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Kevin Williams		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 21 / 2014	
Mailing Address _____ City State Zip Code		Transaction ID : SA11AI.4698	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 2600.00	
Name of Employer Occupation _____ Business Owner			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 2600.00	

Full Name (Last, First, Middle Initial) B. Kevin Williams		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 21 / 2014	
Mailing Address _____ City State Zip Code		Transaction ID : SA11AI.4701	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 2400.00	
Name of Employer Occupation _____ Business Owner			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 5000.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address _____ City State Zip Code			
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____	
Name of Employer Occupation _____			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____	

SUBTOTAL of Receipts This Page (optional).....	_____ 5000.00
TOTAL This Period (last page this line number only).....	_____ 37089.70

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 34			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Terrance Brown		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2014
Mailing Address		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4573
City	State Zip Code	
Purpose of Disbursement production TV commercial	Category/Type 004	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial) B. CallFire, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address		Amount of Each Disbursement this Period 564.00 Transaction ID : SB17.4594
City	State Zip Code	
Purpose of Disbursement EZ Texting, mass texting service	Category/Type 001	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial) c. Capital Tees		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4628
City	State Zip Code	
Purpose of Disbursement T-shirts	Category/Type 004	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

SUBTOTAL of Disbursements This Page (optional)	1964.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Capital Tees		M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code		400.00
Purpose of Disbursement T-shirts	Category/Type 004	Transaction ID : SB17.4634
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: VI District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Capital Tees		M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code		165.00
Purpose of Disbursement Lakers Youth Group	Category/Type 004	Transaction ID : SB17.4567
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: VI District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Choice Communications		M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code		116.38
Purpose of Disbursement internet/phone	Category/Type 001	Transaction ID : SB17.4623
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: VI District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional)	681.38
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Choice Communications		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address		Amount of Each Disbursement this Period 135.00 Transaction ID : SB17.4570
City	State Zip Code	
Purpose of Disbursement office phone and internet	Category/Type 001	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 00	

Full Name (Last, First, Middle Initial) B. Club Comanche		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address		Amount of Each Disbursement this Period 492.00 Transaction ID : SB17.4635
City	State Zip Code	
Purpose of Disbursement Apps for meet and greet	Category/Type 007	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 00	

Full Name (Last, First, Middle Initial) c. ColorMax		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB17.4608
City	State Zip Code	
Purpose of Disbursement roadside posters	Category/Type 004	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 00	

SUBTOTAL of Disbursements This Page (optional)	1827.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 34			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. CRC		M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address		Amount of Each Disbursement this Period 1000.00
City State Zip Code		
Purpose of Disbursement Rent office space	001	Transaction ID : SB17.4646
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. CRC		M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address		Amount of Each Disbursement this Period 500.00
City State Zip Code		
Purpose of Disbursement Office space rent	001	Transaction ID : SB17.4621
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. CRC		M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address		Amount of Each Disbursement this Period 500.00
City State Zip Code		
Purpose of Disbursement Rent	001	Transaction ID : SB17.4650
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Dominican Action Committee		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4640
City	State Zip Code	
Purpose of Disbursement Sponsorship	Category/Type 012	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial) B. Epok		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address		Amount of Each Disbursement this Period 1408.00 Transaction ID : SB17.4637
City	State Zip Code	
Purpose of Disbursement Road signs	Category/Type 004	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial) c. Delmin Garcia		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 510.00 Transaction ID : SB17.4625
City	State Zip Code	
St. Croix	VI 00824	
Purpose of Disbursement reimbursement to cover bank OD	Category/Type 001	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

SUBTOTAL of Disbursements This Page (optional).....	2418.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 34		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Delmin Garcia		Date of Disbursement MM / DD / YYYY 02 / 25 / 2014
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 630.00 Transaction ID : SB17.4651
City St. Croix	State VI	
Purpose of Disbursement reimbursement for seaborne airfare/radio ads/office supplies		Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 00	

Full Name (Last, First, Middle Initial) B. Delmin Garcia		Date of Disbursement MM / DD / YYYY 03 / 26 / 2014
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 244.70 Transaction ID : SB17.4582
City St. Croix	State VI	
Purpose of Disbursement reimburse for office supplies, post and seaplane		Category/ Type 001
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 00	

Full Name (Last, First, Middle Initial) c. Samuel Garrett		Date of Disbursement MM / DD / YYYY 02 / 20 / 2014
Mailing Address		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.4642
City	State	
Purpose of Disbursement Consultant/Advisor		Category/ Type 001
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 00	

SUBTOTAL of Disbursements This Page (optional).....	1474.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Samuel Garrett		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.4579
City	State Zip Code	
Purpose of Disbursement Campaign consultant	Category/Type 001	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial) B. Global Tours		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address		Amount of Each Disbursement this Period 496.50 Transaction ID : SB17.4629
City	State Zip Code	
Purpose of Disbursement Stacey's DC ticket	Category/Type 002	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial) c. Global Tours		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4624
City	State Zip Code	
Purpose of Disbursement change ticket fee	Category/Type 002	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

SUBTOTAL of Disbursements This Page (optional).....	1296.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Daphne Jean-Marie		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.4645
City	State Zip Code	
Purpose of Disbursement Image consultant	Category/Type 001	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial) B. Laverne Joseph		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address		Amount of Each Disbursement this Period 225.00 Transaction ID : SB17.4588
City	State Zip Code	
Purpose of Disbursement Stipend	Category/Type 001	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial) c. Barbara Petersen		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.4615
City	State Zip Code	
Purpose of Disbursement Cool Session Band	Category/Type 007	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

SUBTOTAL of Disbursements This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 34			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Jean Picou		Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address		Amount of Each Disbursement this Period 439.50 Transaction ID : SB17.4639
City	State Zip Code	
Purpose of Disbursement Palm cards	Category/Type 004	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial) B. Jean Picou		Date of Disbursement MM / DD / YYYY 03 / 07 / 2014
Mailing Address		Amount of Each Disbursement this Period 439.50 Transaction ID : SB17.4586
City	State Zip Code	
Purpose of Disbursement palm cards	Category/Type 004	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial) c. Jean Picou		Date of Disbursement MM / DD / YYYY 03 / 24 / 2014
Mailing Address		Amount of Each Disbursement this Period 929.00 Transaction ID : SB17.4590
City	State Zip Code	
Purpose of Disbursement Bumper Stickers	Category/Type 004	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

SUBTOTAL of Disbursements This Page (optional)	1808.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.4493
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Parade accessories	Category/ Type 007
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: VI District: 00	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4617
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement DC fundraiser and expense	Category/ Type 003
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: VI District: 00	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 700.00 Transaction ID : SB17.4618
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Radio ads	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: VI District: 00	<input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	2240.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 34			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.4619
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement MLK Radio Ad	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 00	

Full Name (Last, First, Middle Initial) B. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4649
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Apps for general mtg.	Category/ Type 001
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 00	

Full Name (Last, First, Middle Initial) C. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 900.00 Transaction ID : SB17.4620
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement DC trip expenses	Category/ Type 002
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 00	

SUBTOTAL of Disbursements This Page (optional).....	1450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 34			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 1600.00 Transaction ID : SB17.4612
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Expenses for DC trip	Category/ Type 002
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 00	

Full Name (Last, First, Middle Initial) B. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 1400.00 Transaction ID : SB17.4569
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement DC trip, car rental, airfare, meals etc	Category/ Type 002
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 00	

Full Name (Last, First, Middle Initial) C. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4585
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Per diem for DC trip	Category/ Type 002
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 00	

SUBTOTAL of Disbursements This Page (optional).....	3300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 850.00 Transaction ID : SB17.4575
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Radio Commercial reimbursement	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VI District: 00	

Full Name (Last, First, Middle Initial) B. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.4587
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Radio Commercial	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VI District: 00	

Full Name (Last, First, Middle Initial) C. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 1520.00 Transaction ID : SB17.4598
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Radio ads reimbursement	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VI District: 00	

SUBTOTAL of Disbursements This Page (optional).....	2720.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 34		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB17.4652
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Generator	Category/ Type 001
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 00	

Full Name (Last, First, Middle Initial) B. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 2200.00 Transaction ID : SB17.4653
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Cool Session Brass Band	Category/ Type 007
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 00	

Full Name (Last, First, Middle Initial) C. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 220.00 Transaction ID : SB17.4655
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Seaborne Airlines -Jonathan Smalls	Category/ Type 002
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 00	

SUBTOTAL of Disbursements This Page (optional).....	2600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Seaborne Airlines		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address		Amount of Each Disbursement this Period 315.00 Transaction ID : SB17.4610
City	State Zip Code	
Purpose of Disbursement Airfare	002	Category/ Type
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial) B. Seaborne Airlines		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address		Amount of Each Disbursement this Period 266.00 Transaction ID : SB17.4568
City	State Zip Code	
Purpose of Disbursement Airfare	002	Category/ Type
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial) c. Seaborne Airlines		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address		Amount of Each Disbursement this Period 92.50 Transaction ID : SB17.4576
City	State Zip Code	
Purpose of Disbursement airfare		Category/ Type
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

SUBTOTAL of Disbursements This Page (optional)	673.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Seaborne Airlines		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address		Amount of Each Disbursement this Period 178.00 Transaction ID : SB17.4591
City	State Zip Code	
Purpose of Disbursement airfare	Category/Type 002	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial) B. Seaborne Airlines		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address		Amount of Each Disbursement this Period 186.00 Transaction ID : SB17.4599
City	State Zip Code	
Purpose of Disbursement Airfare	Category/Type 002	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial) c. Jonathan Small		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4611
City	State Zip Code	
Purpose of Disbursement Campaign loan partial repayment to Jonathan Small	Category/Type 009	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

SUBTOTAL of Disbursements This Page (optional)	2364.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Jonathan Small		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address		Amount of Each Disbursement this Period 1270.00 Transaction ID : SB17.4581
City	State Zip Code	
Purpose of Disbursement Reimbursement loan to campaign	Category/Type 009	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial) B. Traxco		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.4632
City	State Zip Code	
Purpose of Disbursement Sponsorship of race	Category/Type 004	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial) C. Traxco		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4633
City	State Zip Code	
Purpose of Disbursement Racing booklet	Category/Type 004	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

SUBTOTAL of Disbursements This Page (optional)	2220.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Victor's Hideout		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4600
City	State Zip Code	
Purpose of Disbursement General Meeting	001 Category/Type	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial) B. Victor's Hideout		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address		Amount of Each Disbursement this Period 225.00 Transaction ID : SB17.4607
City	State Zip Code	
Purpose of Disbursement Check repayment	001 Category/Type	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial) C. VIRGIN ISLANDS FOR PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO BOX 26502		Amount of Each Disbursement this Period 666.00 Transaction ID : SB17.4654
City	State Zip Code	
Christiansted VI 00824		
Purpose of Disbursement WSTA Cool Session & MLK Ads	004 Category/Type	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

SUBTOTAL of Disbursements This Page (optional).....	1091.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Wendell Walker		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address		Amount of Each Disbursement this Period 1875.00 Transaction ID : SB17.4605
City	State Zip Code	
Purpose of Disbursement Prayer breakfast event	Category/Type 007	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 00	

Full Name (Last, First, Middle Initial) B. WSTA		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address		Amount of Each Disbursement this Period 486.00 Transaction ID : SB17.4630
City	State Zip Code	
Purpose of Disbursement Radio ad	Category/Type 004	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 00	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2361.00
TOTAL This Period (last page this line number only).....	35589.08