

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="27598.15"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="7600.00"/>	<input type="text" value="63365.50"/>
(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="35198.15"/>	<input type="text" value="71080.97"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10692.39"/>	<input type="text" value="46575.21"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="24505.76"/>	<input type="text" value="24505.76"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	5750.00	48790.50
(ii) Unitemized	850.00	6075.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6600.00	54865.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	8500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	7600.00	63365.50
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))..... ▶	7600.00	63365.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7600.00	63365.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	6692.39	36277.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6692.39	36277.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	10297.57
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)) ..	10692.39	46575.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10692.39	46575.21

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)	7600.00	63365.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7600.00	63365.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	6692.39	36277.64
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6692.39	36277.64

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

Form/Schedule: F3XN
Transaction ID :

No expenditure, other than a direct contribution, was made on behalf of a specifically identified federal candidate. No expenditure was for a public communication that referred to a clearly identified candidate for Federal office and that promoted, supported, attacked or opposed any such candidate for Federal office.

Form/Schedule:
Transaction ID:

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

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

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

NAME OF COMMITTEE (In Full)
Maggies List

A. MARY JANE ANDERSON
Full Name (Last, First, Middle Initial)

Mailing Address
8014 STONEWYCK ROAD

City GERMANTOWN State TN Zip Code 38138-2338

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 01 / 2014
Transaction ID : SA11.1077

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. CHERYL BILLINGS
Full Name (Last, First, Middle Initial)

Mailing Address 734 OCEAN CLUB PLACE

City AMELIA ISLAND State FL Zip Code 32034-6520

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
06 / 01 / 2014
Transaction ID : SA11.1065

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. RONALD L. BOOK
Full Name (Last, First, Middle Initial)

Mailing Address 491 COCONUT PALM TERRACE

City PLANTATION State FL Zip Code 33324-8215

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

Name of Employer RONALD L. BOOK, P.A. Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
06 / 03 / 2014
Transaction ID : SA11.1082

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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

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NAME OF COMMITTEE (In Full)
Maggies List

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

Mailing Address **654 S.E. BALD EAGLE LOOP**

City State Zip Code
LAKE CITY FL 32025-2811

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

Name of Employer Occupation
N/A RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 01 / 2014

Transaction ID : SA11.1076

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. ROBERT E. EDMINDSON

Mailing Address **1055 ST. CHARLES AVENUE, #210**

City State Zip Code
NEW ORLEANS LA 70130-3948

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

Name of Employer Occupation
EDMUNDSON MANAGEMENT CO. FINANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 01 / 2014

Transaction ID : SA11.1068

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. JERENE GUIDRY

Mailing Address **5396 COURTYARD DRIVE**

City State Zip Code
GONZALES LA 70737-8560

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

Name of Employer Occupation
SELF-EMPLOYED SELF-EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 01 / 2014

Transaction ID : SA11.1080

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 17
	(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. ALICE MUNGER
Full Name (Last, First, Middle Initial)

Mailing Address 2729 CONSTANCE STREET

City NEW ORLEANS	State LA	Zip Code 70130-5517
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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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		01		2014

Transaction ID : SA11.1064

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. WILLIAM NUNGESSER
Full Name (Last, First, Middle Initial)

Mailing Address P. O. BOX 7264

City BELLE CHASSE	State LA	Zip Code 70037-7264
----------------------	-------------	------------------------

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

Name of Employer PLAQUEMINES PARISH	Occupation PARISH 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
06		01		2014

Transaction ID : SA11.1069

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. JULIE QUINN
Full Name (Last, First, Middle Initial)

Mailing Address 326 RUE ST. PETER

City METAIRIE	State LA	Zip Code 70005-3472
------------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation 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
06		01		2014

Transaction ID : SA11.1063

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
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 10 OF 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Maggies List

A. Full Name (Last, First, Middle Initial)
ROSA E. SCHECHTER

Mailing Address 1139 ALFONSO AVENUE

City State Zip Code
CORAL GABLES FL 33146-3209

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2014
Transaction ID : SA11.1087

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	5750.00

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

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

FOR LINE NUMBER: PAGE 11 OF 17
(check only one)

<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. BILL CASSIDY FOR U.S. SENATE

Mailing Address P. O. BOX 80505

City State Zip Code
BATON ROUGE LA 70898-0505

FEC ID number of contributing federal political committee. **C** C00543983

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 06 / 2014

Transaction ID : SA11.1088

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

**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. CAMPAIGN MAIL & DATA, INC.

Mailing Address 1593 SPRING HILL ROAD, #400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement SOFTWARE

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 19 / 2014

Transaction ID : SB21B.I639

Amount of Each Disbursement this Period

750.00

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

M M M / D D D / Y Y Y Y Y Y
06 / 05 / 2014

Transaction ID : SB21B.I623

Amount of Each Disbursement this Period

1697.85

C. ANUSHKA SPA, SALON & COSMEDICAL CENTRE

Mailing Address 701 S. ROSEMARY AVENUE, #200

City WEST PLAM BEACH State FL Zip Code 33401

Purpose of Disbursement DONOR GIFTS

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SB21B.I632

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

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

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

2447.85

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Maggies List

Full Name (Last, First, Middle Initial)

A. CONSTANT CONTACT

Mailing Address 1601 TRAPELO ROAD, #329

City WALTHAM State MA Zip Code 02451

Purpose of Disbursement
EMAIL SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2014

Transaction ID : SB21B.I630

Amount of Each Disbursement this Period

60.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CROWN WINE AND SPIRITS

Mailing Address 757 S. FEDERAL HIGHWAY

City BOCA RATON State FL Zip Code 33432

Purpose of Disbursement
FOOD & BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2014

Transaction ID : SB21B.I633

Amount of Each Disbursement this Period

132.46

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. UNITED STATES POSTAL SERVICE

Mailing Address 2355 CENTERVILLE ROAD

City TALLAHASSEE State FL Zip Code 32308

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 24 / 2014

Transaction ID : SB21B.I631

Amount of Each Disbursement this Period

14.17

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Maggies List

Full Name (Last, First, Middle Initial)

A. UNITED STATES POSTAL SERVICE

Mailing Address 2355 CENTERVILLE ROAD

City TALLAHASSEE State FL Zip Code 32308

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 19 / 2014

Transaction ID : SB21B.I635

Amount of Each Disbursement this Period

54.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. WATERSTONE RESORT & MARINA

Mailing Address 999 E. CAMINO REAL

City BOCA RATON State FL Zip Code 33432

Purpose of Disbursement
CATERING

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 19 / 2014

Transaction ID : SB21B.I634

Amount of Each Disbursement this Period

1336.52

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. EDONATION.COM

Mailing Address 117 N. SAINT ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
ONLINE FUNDRAISING

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2014

Transaction ID : SB21B.I636

Amount of Each Disbursement this Period

244.54

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

244.54

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Maggies List

Full Name (Last, First, Middle Initial)

A. SHOREY PUBLIC RELATIONS

Mailing Address 2406 ELLINGHAM

City WICHITA FALLS State TX Zip Code 76308

Purpose of Disbursement
PAC MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.I629

Amount of Each Disbursement this Period

4000.00

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) ▼

Category/
Type

Date of Disbursement

M M / 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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

4000.00

6692.39

**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. COMSTOCK FOR CONGRESS

Mailing Address P. O. BOX 71596

City RICHMOND State VA Zip Code 23255

Purpose of Disbursement
CONTRIBUTION

Candidate Name

BARBARA J. COMSTOCK

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 10

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 18 / 2014

Transaction ID : SB23.I638

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ELISE FOR CONGRESS

Mailing Address P. O. BOX 338

City WILLSBORO State NY Zip Code 12996

Purpose of Disbursement
CONTRIBUTION

Candidate Name

ELISE M. STEFANIK

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 17 / 2014

Transaction ID : SB23.I637

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PATRICE DOUGLAS FOR CONGRESS

Mailing Address P. O. BOX 6271

City EDMOND State OK Zip Code 73083

Purpose of Disbursement
CONTRIBUTION

Candidate Name

PATRICE DOUGLAS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OK District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 05 / 2014

Transaction ID : SB23.I648

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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. SENGER FOR CONGRESS

Mailing Address P. O. BOX 4883

City NAPERVILLE State IL Zip Code 60567

Purpose of Disbursement
CONTRIBUTION

Candidate Name

DARLENE SENGER

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 11

Date of Disbursement

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

Transaction ID : SB23.I622

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

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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Full Name (Last, First, Middle Initial)

C.

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)..... ▶

1000.00

4000.00
