

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Maggies List

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="25188.14"/>	<input type="text" value="25188.14"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="25188.14"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="56640.00"/>	<input type="text" value="56640.00"/>
(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="81828.14"/>	<input type="text" value="81828.14"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="49949.82"/>	<input type="text" value="49949.82"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="31878.32"/>	<input type="text" value="31878.32"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Maggies List

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	42500.00	42500.00
(ii) Unitemized	3140.00	3140.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	45640.00	45640.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	11000.00	11000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	56640.00	56640.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	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))..... ▶	56640.00	56640.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	56640.00	56640.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	49949.82	49949.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	49949.82	49949.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	49949.82	49949.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49949.82	49949.82

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	56640.00	56640.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56640.00	56640.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	49949.82	49949.82
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	49949.82	49949.82

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

Form/Schedule: F3XN
Transaction ID :

No expenditure 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. The committee will have limited administrative expenses for the 2013-2014 election cycle. Activity on behalf of the PAC consists primarily of volunteer time and paid fundraising services, which includes PAC administration. The PAC has no office location or continuous telephone service.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Maggies List

A. SUSAN ALVARADO
Full Name (Last, First, Middle Initial)

Mailing Address 9412 MACKLIN COURT

City ALEXANDRIA State VA Zip Code 22309-3028

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

Name of Employer ALVARADO & BENNETT Occupation GOVT. RELATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2013
Transaction ID : SA11.752

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

B. ALISA M. BEYER
Full Name (Last, First, Middle Initial)

Mailing Address 2502 CHAIN BRIDGE ROAD, N.W.

City WASHINGTON State DC Zip Code 20016-3306

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

Name of Employer THE BEAUTY COMPANY Occupation OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2013
Transaction ID : SA11.763

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

Mailing Address P.O. BOX 173

City TEMPLE State TX Zip Code 76503-0173

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

Name of Employer SELF-EMPLOYED Occupation INVESTOR

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
 04 / 19 / 2013
Transaction ID : SA11.701

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	4000.00
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 44
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Maggies List

A. NANCY M. BRADLEY
Full Name (Last, First, Middle Initial)
Mailing Address 4424 NEW BROAD STREET

City ORLANDO	State FL	Zip Code 32814-6046
-----------------	-------------	------------------------

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

Name of Employer DAYTONA COLLEGE, LLC	Occupation EXECUTIVE
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2013

Transaction ID : SA11.756

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

B. KAY H. BUTCHCO
Full Name (Last, First, Middle Initial)
Mailing Address 5155 BLISSFUL VALLEY CIRCLE

City LAS VEGAS	State NV	Zip Code 89149-5261
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2013

Transaction ID : SA11.732

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. DOLORES CLARK
Full Name (Last, First, Middle Initial)
Mailing Address 1854 N.W. 11TH ROAD

City GAINESVILLE	State FL	Zip Code 32605-5377
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2013

Transaction ID : SA11.682

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	3250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Maggies List

A. KATHERINE COYLE
Full Name (Last, First, Middle Initial)

Mailing Address 10511 N. SUNRISE COURT

City PEORIA	State IL	Zip Code 61615-8831
----------------	-------------	------------------------

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

Name of Employer BRADLEY UNIVERSITY	Occupation INSTRUCTOR
--	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2013

Transaction ID : SA11.765

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. SHARON L. DAY
Full Name (Last, First, Middle Initial)

Mailing Address 3100 N. OCEAN BLVD.

City FORT LAUDERDALE	State FL	Zip Code 33308-7100
-------------------------	-------------	------------------------

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

Name of Employer REPUBLICAN NATIONAL COMMITTEE	Occupation CO-CHAIRMAN
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2013

Transaction ID : SA11.671

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. DEMETRA K. DEMONTE
Full Name (Last, First, Middle Initial)

Mailing Address 1931 ST. CLAIR DRIVE

City PEKIN	State IL	Zip Code 61554-6334
---------------	-------------	------------------------

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

Name of Employer DR. ANTHONY J. DEMONTE	Occupation OFFICE MANAGER
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2013

Transaction ID : SA11.729

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 44
(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. JULIA C. DIAZ-ASPER

Mailing Address 3219 RESERVOIR ROAD, N.W.

City State Zip Code
WASHINGTON DC 20007-2943

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

Name of Employer Occupation
SOTHEBY'S INTERNATIONAL REAL ESTATE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : SA11.720

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. JULIA C. DIAZ-ASPER

Mailing Address 3219 RESERVOIR ROAD, N.W.

City State Zip Code
WASHINGTON DC 20007-2943

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

Name of Employer Occupation
SOTHEBY'S INTERNATIONAL REAL ESTATE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2013
Transaction ID : SA11.757

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 1705 CALHOUN STREET

City State Zip Code
NEW ORLEANS LA 70118-6103

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

Name of Employer Occupation
OCHSNER PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2013
Transaction ID : SA11.749

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 3250.00

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 11 OF 44
	(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. JANICE M. HELLREICH
Full Name (Last, First, Middle Initial)

Mailing Address 225 KUUHOA PLACE

City KAILUA State HI Zip Code 96734-2734

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

Name of Employer SELF-EMPLOYED Occupation SPEECH PATHOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2013

Transaction ID : SA11.674

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. JOAN L. HILLS
Full Name (Last, First, Middle Initial)

Mailing Address 2132 LEROY PLACE, N.W.

City WASHINGTON State DC Zip Code 20008-1847

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

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2013

Transaction ID : SA11.751

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

Mailing Address 3011 WEBER PLACE

City OAKTON State VA Zip Code 22124-1753

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2013

Transaction ID : SA11.758

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Maggies List

Full Name (Last, First, Middle Initial) A. MARY JEAN JENSEN		Date of Receipt MM / DD / YYYY 05 / 20 / 2013 Transaction ID : SA11.721
Mailing Address 301 7TH AVENUE, WEST		Amount of Each Receipt this Period 1000.00
City LEMMON	State SD	Zip Code 57638
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer N/A	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. CHRISTINA C. JOHNSON		Date of Receipt MM / DD / YYYY 06 / 13 / 2013 Transaction ID : SA11.759
Mailing Address 3284 WHITNEY DRIVE, E.		Amount of Each Receipt this Period 1000.00
City TALLAHASSEE	State FL	Zip Code 32309
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer TEW CARDENAS ADVOCACY GROUP	Occupation CONSULTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. REBECCA L. JOHNSON		Date of Receipt MM / DD / YYYY 05 / 28 / 2013 Transaction ID : SA11.728
Mailing Address P. O. BOX 257		Amount of Each Receipt this Period 2500.00
City PARKER	State KS	Zip Code 66072-0257
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer MAE RESOURCES, INC.	Occupation PARTNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional).....▶	4500.00
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 13 OF 44
(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. JOHN A. KONKUS

Mailing Address 3051 BENT GRASS LANE

City State Zip Code
TALLAHASSEE FL 32311-1647

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

Name of Employer Occupation
JAMESTOWN ASSOCIATES VICE-PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2013
Transaction ID : SA11.705

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 9004 GREENSBORO LANE

City State Zip Code
LAS VEGAS NV 89134-0500

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

Name of Employer Occupation
ARCHON CORP. EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2013
Transaction ID : SA11.672

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address 2005 EAGLE TRACE DRIVE

City State Zip Code
GREENWOOD IN 46143-8252

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

Name of Employer Occupation
THE PROSPER GROUP PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2013
Transaction ID : SA11.723

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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 14 OF 44
(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. JAMES MARTIN
 Mailing Address 1600 N. OAK STREET, #233
 City State Zip Code
 ARLINGTON VA 22209-2761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 60 PLUS ASSOCIATION CHAIRMAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2013
Transaction ID : SA11.730
 Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. LINDA MCMAHON
 Mailing Address 1055 WASHINGTON BLVD.
 City State Zip Code
 STAMFORD CT 06901-2216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MCMAHON VENTURES, LLC EXECUTIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : SA11.673
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. LINDA MCMAHON
 Mailing Address 1055 WASHINGTON BLVD.
 City State Zip Code
 STAMFORD CT 06901-2216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MCMAHON VENTURES, LLC EXECUTIVE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2013
Transaction ID : SA11.726
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 6500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Maggies List

A. ELAINE MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 7928 SARTAN WAY, N.E.
 City ALBUQUERQUE State NM Zip Code 87109-3128
 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 **04 / 17 / 2013**
Transaction ID : SA11.694
 Amount of Each Receipt this Period **250.00**
 CONTRIBUTION

B. KATHLEEN NAHILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2517 K STREET, N.W., #403
 City WASHINGTON State DC Zip Code 20037-2023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BLANK ROME GOVT. RELATIONS Occupation GOVT. RELATIONS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 05 / 2013**
Transaction ID : SA11.739
 Amount of Each Receipt this Period **250.00**
 CONTRIBUTION

C. MORGAN ORTAGUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 NEW HAMPSHIRE AVE., N.W., #712
 City WASHINGTON State DC Zip Code 20037-2407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation STUDENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 10 / 2013**
Transaction ID : SA11.745
 Amount of Each Receipt this Period **250.00**
 CONTRIBUTION

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

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

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

FOR LINE NUMBER: PAGE 16 OF 44
(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. BERNIE ROBINSON
 Mailing Address 408 A STREET, S.E.
 City WASHINGTON State DC Zip Code 20003-3807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE LIVINGSTON GROUP, LLC Occupation GOVT. RELATIONS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2013
Transaction ID : SA11.754
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. DEEPTI SADHWANI
 Mailing Address 1840 BAYVIEW STREET
 City VERO BEACH State FL Zip Code 32963-9610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer QUALITY HEALTHCARE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 25 / 2013
Transaction ID : SA11.725
 Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. KATHLEEN SHANAHAN
 Mailing Address 2625 W. SUNSET DRIVE
 City TAMPA State FL Zip Code 33629-5340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer URETEK HOLDINGS Occupation CHAIRMAN/C.E.O.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2013
Transaction ID : SA11.741
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 3250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Maggies List

A. KATHLEEN SHANAHAN
Full Name (Last, First, Middle Initial)

Mailing Address 2625 W. SUNSET DRIVE

City TAMPA State FL Zip Code 33629-5340

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

Name of Employer URETEK HOLDINGS Occupation CHAIRMAN/C.E.O.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2013

Transaction ID : SA11.742

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

Mailing Address 1333 NEW HAMPSHIRE AVE., NW, #720

City WASHINGTON State DC Zip Code 20036-1511

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

Name of Employer MARGARET SPELLINGS & CO. Occupation CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2013

Transaction ID : SA11.740

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

Mailing Address 891 STUTLER CREEK COURT

City GARDNERVILLE State NV Zip Code 89460-6413

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

Name of Employer WESTERN NEVADA COLLEGE Occupation ENGLISH INSTRUCTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2013

Transaction ID : SA11.731

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

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

FOR LINE NUMBER: PAGE 18 OF 44
(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. LINDA TEETZ

Mailing Address 1280 OLDE DOUBLOON DRIVE

City State Zip Code
VERO BEACH FL 32963-2453

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 ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2013
Transaction ID : SA11.719

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. CHRISTINE J. TORETTI

Mailing Address 2428 OAK DRIVE

City State Zip Code
INDIANA PA 15701-1534

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

Name of Employer Occupation
PALLADIO, LLC CHAIRMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2013
Transaction ID : SA11.704

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. DEBORAH L. VAN DORMOLEN

Mailing Address 1507 HILLTOP CIRCLE

City State Zip Code
SALADO TX 76571-5630

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 ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2013
Transaction ID : SA11.670

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 7000.00

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 19 OF 44
(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. KATHRYN WHEELBARGER

Mailing Address 20742 MARSHALL WAY

City State Zip Code
SANTA CLARITA CA 91350-1973

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

Name of Employer Occupation
U.S. GOVERNMENT ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2013
Transaction ID : SA11.743

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 5787 BUSH HILL DRIVE

City State Zip Code
ALEXANDRIA VA 22310-1155

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

Name of Employer Occupation
RIDGE POLICY GROUP GOVT. RELATIONS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : SA11.727

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 4530 LENNEAN AVENUE

City State Zip Code
WASHINGTON DC 20008-2146

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

Name of Employer Occupation
KIRSTEIN & YOUNG ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2013
Transaction ID : SA11.750

Amount of Each Receipt this Period
500.00

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 20 OF 44
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Maggies List

Full Name (Last, First, Middle Initial)
A. DAYTONA COLLEGE, LLC

Mailing Address 425 S. NOVA ROAD

City ORMOND BEACH State FL Zip Code 32174-8449

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2013

Transaction ID : SA11.716

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

PARTNERSHIP; SEE ATTRIBUTION BELOW

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

Mailing Address 4424 NEW BROAD STREET

City ORLANDO State FL Zip Code 32814-6046

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

Name of Employer Occupation
DAYTONA COLLEGE, LLC EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2013

Transaction ID : SA11.717

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

[MEMO ITEM]
PARTNERSHIP

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	42500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 44
<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. NATIONAL EMERGENCY MEDICINE PAC

Mailing Address 1125 EXECUTIVE CIRCLE

City IRVING State TX Zip Code 75038-2522

FEC ID number of contributing federal political committee. **C** C00140061

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 / 25 / 2013
Transaction ID : SA11.761

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

City WASHINGTON State DC Zip Code 20005-2152

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2013
Transaction ID : SA11.762

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. TRUCKING PAC OF THE AMER. TRUCKING ASSOC.

Mailing Address 430 FIRST STREET, S.E.

City WASHINGTON State DC Zip Code 20003-1826

FEC ID number of contributing federal political committee. **C** C00002881

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2013
Transaction ID : SA11.755

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	11000.00
TOTAL This Period (last page this line number only).....▶	11000.00

**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. BRAD DOLBEER

Mailing Address 0N479 PAPWORTH STREET

City WHEATON State IL Zip Code 60187

Purpose of Disbursement
WEBSITE DEVELOPMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 21 / 2013

Transaction ID : SB21B.I386

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. ANDREW SNOW

Mailing Address 930 M STREET, N.W., #1014

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
PHOTOGRAPHY

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2013

Transaction ID : SB21B.I423

Amount of Each Disbursement this Period

625.00

Full Name (Last, First, Middle Initial)

C. JACQUELYN D. WATKINS

Mailing Address 1105 NEW YORK AVENUE

City ST. CLOUD State FL Zip Code 34769

Purpose of Disbursement
DONOR PINS

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 06 / 2013

Transaction ID : SB21B.I425

Amount of Each Disbursement this Period

576.00

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

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

1301.00

**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 State Zip Code
TYSONS CORNER VA 22182

Purpose of Disbursement
SOFTWARE

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2013

Transaction ID : SB21B.I385

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. CHASE CARD SERVICES

Mailing Address P.O. BOX 15153

City State Zip Code
WILMINGTON DE 19886

Purpose of Disbursement
SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 04 / 2013

Transaction ID : SB21B.I370

Amount of Each Disbursement this Period

2836.34

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 7704 LEESBURG PIKE

City State Zip Code
FALLS CHURCH VA 22043

Purpose of Disbursement
SOFTWARE

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2013

Transaction ID : SB21B.I376

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

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

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

3586.34

**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
01 / 12 / 2013

Transaction ID : SB21B.I372

Amount of Each Disbursement this Period

40.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MEDIA TEMPLE

Mailing Address 520 NATIONAL BLVD.

City CULVER CITY State CA Zip Code 90232

Purpose of Disbursement
WEBSITE HOSTING

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 13 / 2013

Transaction ID : SB21B.I374

Amount of Each Disbursement this Period

30.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. THE WESTIN CHARLOTTE

Mailing Address 601 S. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

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
01 / 22 / 2013

Transaction ID : SB21B.I377

Amount of Each Disbursement this Period

2516.34

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Maggies List

Full Name (Last, First, Middle Initial)

A. CHASE CARD SERVICES

Mailing Address P.O. BOX 15153

City WILMINGTON State DE Zip Code 19886

Purpose of Disbursement
SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 07 / 2013

Transaction ID : SB21B.I383

Amount of Each Disbursement this Period

745.25

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement
SOFTWARE

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2013

Transaction ID : SB21B.I400

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CMH PRINTING

Mailing Address 8416 MAHAN DRIVE

City TALLAHASSEE State FL Zip Code 32309

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 23 / 2013

Transaction ID : SB21B.I401

Amount of Each Disbursement this Period

376.25

[MEMO ITEM]

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

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

745.25

**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
02 / 12 / 2013

Transaction ID : SB21B.I399

Amount of Each Disbursement this Period

40.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. THE WESTIN CHARLOTTE

Mailing Address 601 S. COLLEGE STREET

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 27 / 2013

Transaction ID : SB21B.I402

Amount of Each Disbursement this Period

79.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CHASE CARD SERVICES

Mailing Address P.O. BOX 15153

City WILMINGTON State DE Zip Code 19886

Purpose of Disbursement
SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2013

Transaction ID : SB21B.I390

Amount of Each Disbursement this Period

222.72

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

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

222.72

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Maggies List

Full Name (Last, First, Middle Initial)

A. 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
03 / 12 / 2013

Transaction ID : SB21B.I398

Amount of Each Disbursement this Period

40.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FACEBOOK.COM

Mailing Address 1601 S. CALIFORNIA AVENUE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2013

Transaction ID : SB21B.I391

Amount of Each Disbursement this Period

35.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FACEBOOK.COM

Mailing Address 1601 S. CALIFORNIA AVENUE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2013

Transaction ID : SB21B.I392

Amount of Each Disbursement this Period

25.00

[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. FACEBOOK.COM

Mailing Address 1601 S. CALIFORNIA AVENUE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2013

Transaction ID : SB21B.I393

Amount of Each Disbursement this Period

29.33

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FACEBOOK.COM

Mailing Address 1601 S. CALIFORNIA AVENUE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2013

Transaction ID : SB21B.I394

Amount of Each Disbursement this Period

3.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FACEBOOK.COM

Mailing Address 1601 S. CALIFORNIA AVENUE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 17 / 2013

Transaction ID : SB21B.I395

Amount of Each Disbursement this Period

30.00

[MEMO ITEM]

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

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

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. FACEBOOK.COM

Mailing Address 1601 S. CALIFORNIA AVENUE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2013

Transaction ID : SB21B.I396

Amount of Each Disbursement this Period

30.39

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FACEBOOK.COM

Mailing Address 1601 S. CALIFORNIA AVENUE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 24 / 2013

Transaction ID : SB21B.I397

Amount of Each Disbursement this Period

30.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CHASE CARD SERVICES

Mailing Address P.O. BOX 15153

City WILMINGTON State DE Zip Code 19886

Purpose of Disbursement
SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 02 / 2013

Transaction ID : SB21B.I407

Amount of Each Disbursement this Period

282.11

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

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

282.11

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Maggies List

Full Name (Last, First, Middle Initial)

A. 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

M M M / D D D / Y Y Y Y Y Y
04 / 12 / 2013

Transaction ID : SB21B.I415

Amount of Each Disbursement this Period

40.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FACEBOOK.COM

Mailing Address 1601 S. CALIFORNIA AVENUE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 26 / 2013

Transaction ID : SB21B.I408

Amount of Each Disbursement this Period

30.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FACEBOOK.COM

Mailing Address 1601 S. CALIFORNIA AVENUE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 26 / 2013

Transaction ID : SB21B.I409

Amount of Each Disbursement this Period

16.00

[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. FACEBOOK.COM

Mailing Address 1601 S. CALIFORNIA AVENUE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 29 / 2013

Transaction ID : SB21B.I410

Amount of Each Disbursement this Period

30.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FACEBOOK.COM

Mailing Address 1601 S. CALIFORNIA AVENUE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 01 / 2013

Transaction ID : SB21B.I411

Amount of Each Disbursement this Period

29.61

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FACEBOOK.COM

Mailing Address 1601 S. CALIFORNIA AVENUE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2013

Transaction ID : SB21B.I412

Amount of Each Disbursement this Period

40.10

[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. FACEBOOK.COM

Mailing Address 1601 S. CALIFORNIA AVENUE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I413

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FACEBOOK.COM

Mailing Address 1601 S. CALIFORNIA AVENUE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I414

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. GOVERNOR'S CLUB

Mailing Address 202 1/2 S. ADAMS STREET

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement
FOOD & BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I416

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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. CHASE CARD SERVICES

Mailing Address P.O. BOX 15153

City WILMINGTON State DE Zip Code 19886

Purpose of Disbursement
SEE MEMO ENTRIES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2013

Transaction ID : SB21B.I426

Amount of Each Disbursement this Period

703.90

Full Name (Last, First, Middle Initial)

B. CONSTANT CONTACT

Mailing Address 1601 TRAPELO ROAD, #329

City WALTHAM State MA Zip Code 02451

Purpose of Disbursement
EMAIL SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2013

Transaction ID : SB21B.I429

Amount of Each Disbursement this Period

40.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. GOVERNOR'S CLUB

Mailing Address 202 1/2 S. ADAMS STREET

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement
FOOD & BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2013

Transaction ID : SB21B.I431

Amount of Each Disbursement this Period

45.02

[MEMO ITEM]

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

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

703.90

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. THE GEORGE TOWN CLUB

Mailing Address 1530 WISCONSIN AVENUE, N.W.

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
FOOD & BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2013

Transaction ID : SB21B.I432

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. THE GEORGE TOWN CLUB

Mailing Address 1530 WISCONSIN AVENUE, N.W.

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
FOOD & BEVERAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		15		2013

Transaction ID : SB21B.I433

Amount of Each Disbursement this Period

339.16

[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

Disbursement For: Primary General
 Other (specify) ▼

State: District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		08		2013

Transaction ID : SB21B.I428

Amount of Each Disbursement this Period

12.90

[MEMO ITEM]

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

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

0.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Maggies List

Full Name (Last, First, Middle Initial)

A. VISTA PRINT

Mailing Address 95 HAYDEN AVENUE

City LEXINGTON State MA Zip Code 02421

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	8			2	0	1	3		

Transaction ID : SB21B.I430

Amount of Each Disbursement this Period

1	6	.	8	2
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[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CHASE CARD SERVICES

Mailing Address P.O. BOX 15153

City WILMINGTON State DE Zip Code 19886

Purpose of Disbursement
SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: 0 Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.I98

Amount of Each Disbursement this Period

3	8	6	.	8	7
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. CONSTANT CONTACT

Mailing Address 1601 TRAPELO ROAD, #329

City WALTHAM State MA Zip Code 02451

Purpose of Disbursement
EMAIL SERVICES

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: 0 Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.I245

Amount of Each Disbursement this Period

4	0	.	0	0
---	---	---	---	---

[MEMO ITEM]

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

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

3	8	6	.	8	7
---	---	---	---	---	---

3	8	6	.	8	7
---	---	---	---	---	---

**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. FACEBOOK.COM

Mailing Address 1601 S. CALIFORNIA AVENUE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement
ADVERTISING

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: 0
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 10 / 2013

Transaction ID : SB21B.I244

Amount of Each Disbursement this Period

16.58

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. GOVERNOR'S CLUB

Mailing Address 202 1/2 S. ADAMS STREET

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement
FOOD & BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: 0
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 10 / 2013

Transaction ID : SB21B.I263

Amount of Each Disbursement this Period

94.17

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. GOVERNOR'S CLUB

Mailing Address 202 1/2 S. ADAMS STREET

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement
FOOD & BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: 0
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 10 / 2013

Transaction ID : SB21B.I264

Amount of Each Disbursement this Period

36.12

[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. MEDIA TEMPLE

Mailing Address 520 NATIONAL BLVD.

City CULVER CITY State CA Zip Code 90232

Purpose of Disbursement WEBSITE HOSTING

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: 0
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 10 / 2013

Transaction ID : SB21B.I262

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CMH PRINTING

Mailing Address 8416 MAHAN DRIVE

City TALLAHASSEE State FL Zip Code 32309

Purpose of Disbursement PRINTING

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2013

Transaction ID : SB21B.I421

Amount of Each Disbursement this Period

532.13

Full Name (Last, First, Middle Initial)

C. EDONATION.COM

Mailing Address 117 N. SAINT ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement ONLINE FUNDRAISING

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2013

Transaction ID : SB21B.I371

Amount of Each Disbursement this Period

40.25

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

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

572.38

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Maggies List

Full Name (Last, First, Middle Initial)

A. EDONATION.COM

Mailing Address 117 N. SAINT ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
ONLINE FUNDRAISING

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2013

Transaction ID : **SB21B.I381**

Amount of Each Disbursement this Period

119.22

Full Name (Last, First, Middle Initial)

B. EDONATION.COM

Mailing Address 117 N. SAINT ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
ONLINE FUNDRAISING

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2013

Transaction ID : **SB21B.I389**

Amount of Each Disbursement this Period

42.71

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) ▼

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2013

Transaction ID : **SB21B.I417**

Amount of Each Disbursement this Period

515.85

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

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

677.78

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Maggies List

Full Name (Last, First, Middle Initial)

A. EDONATION.COM

Mailing Address 117 N. SAINT ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
ONLINE FUNDRAISING

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2013

Transaction ID : SB21B.I427

Amount of Each Disbursement this Period

322.96

Full Name (Last, First, Middle Initial)

B. POMEGRANATE STUDIO

Mailing Address 1461 PINE STREET

City TALLAHASSEE State FL Zip Code 32303

Purpose of Disbursement
GRAPHIC DESIGN

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 / 23 / 2013

Transaction ID : SB21B.I420

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

C. SENTINEL STRATEGIC ADVISORS, LLC

Mailing Address 1647 WISCONSIN AVENUE, N.W.

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 06 / 2013

Transaction ID : SB21B.I382

Amount of Each Disbursement this Period

2500.00

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

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

2972.96

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Maggies List

Full Name (Last, First, Middle Initial)

A. SENTINEL STRATEGIC ADVISORS, LLC

Mailing Address 1647 WISCONSIN AVENUE, N.W.

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2013

Transaction ID : SB21B.I388

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. SENTINEL STRATEGIC ADVISORS, LLC

Mailing Address 1647 WISCONSIN AVENUE, N.W.

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2013

Transaction ID : SB21B.I418

Amount of Each Disbursement this Period

2994.25

Full Name (Last, First, Middle Initial)

C. SENTINEL STRATEGIC ADVISORS, LLC

Mailing Address 1647 WISCONSIN AVENUE, N.W.

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2013

Transaction ID : SB21B.I424

Amount of Each Disbursement this Period

2500.00

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

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

7994.25

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Maggies List

Full Name (Last, First, Middle Initial)

A. SENTINEL STRATEGIC ADVISORS, LLC

Mailing Address 1647 WISCONSIN AVENUE, N.W.

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2013

Transaction ID : SB21B.I436

Amount of Each Disbursement this Period

334.50

Full Name (Last, First, Middle Initial)

B. SHOREY PUBLIC RELATIONS

Mailing Address 2406 ELLINGHAM

City WICHITA FALLS State TX Zip Code 76308

Purpose of Disbursement
PAC MANAGEMENT

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2013

Transaction ID : SB21B.I369

Amount of Each Disbursement this Period

1250.00

Full Name (Last, First, Middle Initial)

C. SHOREY PUBLIC RELATIONS

Mailing Address 2406 ELLINGHAM

City WICHITA FALLS State TX Zip Code 76308

Purpose of Disbursement
PAC MANAGEMENT

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 14 / 2013

Transaction ID : SB21B.I379

Amount of Each Disbursement this Period

5000.00

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

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

6584.50

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Maggies List

Full Name (Last, First, Middle Initial)

A. SHOREY PUBLIC RELATIONS

Mailing Address 2406 ELLINGHAM

City WICHITA FALLS State TX Zip Code 76308

Purpose of Disbursement
TRAVEL

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
02 / 14 / 2013

Transaction ID : SB21B.I380

Amount of Each Disbursement this Period

640.38

Full Name (Last, First, Middle Initial)

B. SHOREY PUBLIC RELATIONS

Mailing Address 2406 ELLINGHAM

City WICHITA FALLS State TX Zip Code 76308

Purpose of Disbursement
PAC MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 07 / 2013

Transaction ID : SB21B.I384

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. SHOREY PUBLIC RELATIONS

Mailing Address 2406 ELLINGHAM

City WICHITA FALLS State TX Zip Code 76308

Purpose of Disbursement
PAC MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 10 / 2013

Transaction ID : SB21B.I403

Amount of Each Disbursement this Period

5000.00

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

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

10640.38

**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

/ /

Transaction ID : SB21B.I419

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. SHOREY PUBLIC RELATIONS

Mailing Address 2406 ELLINGHAM

City WICHITA FALLS State TX Zip Code 76308

Purpose of Disbursement
PAC MANAGEMENT

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I434

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. SHOREY PUBLIC RELATIONS

Mailing Address 2406 ELLINGHAM

City WICHITA FALLS State TX Zip Code 76308

Purpose of Disbursement
INTERNET SERVICES

Candidate Name

Office Sought: House
 Senate
 President
State: District: 00

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.I435

Amount of Each Disbursement this Period

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

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
TRAVEL

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 / 26 / 2013

Transaction ID : SB21B.I437

Amount of Each Disbursement this Period

1316.38

Full Name (Last, First, Middle Initial)

B. TMA DIRECT, INC.

Mailing Address 12120 SUNSET HILLS ROAD, #450

City RESTON State VA Zip Code 20190

Purpose of Disbursement
BLAST EMAILS

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
05 / 24 / 2013

Transaction ID : SB21B.I422

Amount of Each Disbursement this Period

1614.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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)..... ▶

2930.38

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

49949.82