

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Maggies List

ADDRESS (number and street) 6675 Weeping Willow Way

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

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

C C00469023

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

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

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

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

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

5. Covering Period [MM] / [DD] / [YYYY] 07 / 01 / 2013 through [MM] / [DD] / [YYYY] 12 / 31 / 2013

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

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

Signature of Treasurer Nancy H. Watkins, Assistant Treasurer [Electronically Filed] Date [MM] / [DD] / [YYYY] 12 / 31 / 2013

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

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

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Maggies List**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="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="31878.32"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="32295.00"/>	<input type="text" value="88935.00"/>
(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="64173.32"/>	<input type="text" value="114123.14"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="56457.85"/>	<input type="text" value="106407.67"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="7715.47"/>	<input type="text" value="7715.47"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Maggies List**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	28800.00	71300.00
(ii) Unitemized .....	3495.00	6635.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	32295.00	77935.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	11000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	32295.00	88935.00
▶ 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)).....	32295.00	88935.00
▶ 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	32295.00	88935.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	51311.35	101261.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	51311.35	101261.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5146.50	5146.50
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)) ..	56457.85	106407.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56457.85	106407.67

**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) .....	32295.00	88935.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32295.00	88935.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	51311.35	101261.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	51311.35	101261.17

**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 6 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. JUDITH A. ALBERTELLI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11651 OLDE MANDARIN ROAD  
 City JACKSONVILLE State FL Zip Code 32223-1736  
 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 **250.00**

Date of Receipt **12 / 22 / 2013**  
**Transaction ID : SA11.862**  
 Amount of Each Receipt this Period **250.00**  
 CONTRIBUTION  
 EARMARKED-KATHLEEN PETERS

**B. CARRIE ALMOND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. BOX 255  
 City CHILLICOTHE State MO Zip Code 64601-0255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CITIZENS BANK & TRUST Occupation BANKER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3500.00**

Date of Receipt **10 / 18 / 2013**  
**Transaction ID : SA11.810**  
 Amount of Each Receipt this Period **1000.00**  
 CONTRIBUTION

**C. CARRIE ALMOND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. BOX 255  
 City CHILLICOTHE State MO Zip Code 64601-0255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CITIZENS BANK & TRUST Occupation BANKER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3500.00**

Date of Receipt **12 / 31 / 2013**  
**Transaction ID : SA11.869**  
 Amount of Each Receipt this Period **2500.00**  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>3750.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 49
	(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. JULIE S. AUSLANDER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 67 WYANDEMERE DRIVE  
City WOODCLIFF LAKE State NJ Zip Code 07677-7665  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CSUBS Occupation PRESIDENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 29 / 2013  
Transaction ID : SA11.782  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

**B. SUSAN BARI**  
Full Name (Last, First, Middle Initial)  
Mailing Address 303 E. 57TH STREET, #7B  
City NEW YORK State NY Zip Code 10022-2693  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF-EMPLOYED Occupation REALTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 13 / 2013  
Transaction ID : SA11.790  
Amount of Each Receipt this Period 1000.00  
CONTRIBUTION

**C. MILDRED BARRINGER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4912 PARKVIEW COURT  
City TALLAHASSEE State FL Zip Code 32311-1240  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation REITRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 50.00

Date of Receipt 12 / 13 / 2013  
Transaction ID : SA11.854  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
EARMARKED-KATHLEEN PETERS

**SUBTOTAL** of Receipts This Page (optional).....▶ 1300.00  
**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 8 OF 49
	<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. JUDITH B. BIGGERT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 425 E. 6TH STREET  
City HINSDALE State IL Zip Code 60521-4653  
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 10 / 30 / 2013  
**Transaction ID : SA11.824**  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

**B. ANN BRICKLEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 143 HIGHCREST ROAD  
City WETHERSFIELD State CT Zip Code 06109-4000  
FEC ID number of contributing federal political committee. **C**  
Name of Employer GENERAL ELECTRIC Occupation MANAGER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 22 / 2013  
**Transaction ID : SA11.864**  
Amount of Each Receipt this Period 250.00  
CONTRIBUTION

**C. PATRICIA D. CAFFERATA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2620 SPINNAKER DRIVE  
City RENO State NV Zip Code 89519-5752  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF-EMPLOYED Occupation ATTORNEY  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 200.00

Date of Receipt 11 / 26 / 2013  
**Transaction ID : SA11.841**  
Amount of Each Receipt this Period 50.00  
CONTRIBUTION  
EARMARKED-KATHLEEN PETERS

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00  
**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 49
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. SARA CASSIS**

Mailing Address 150 CENTRAL PARK, S., #1801

City NEW YORK	State NY	Zip Code 10019-1566
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FEC ID number of contributing federal political committee. **C**

Name of Employer JANE, WILSON, MARQUIS	Occupation PARTNER
---	-----------------------

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
08	/	14	/	2013

**Transaction ID : SA11.779**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. JOHN K. CASTLE**

Mailing Address 1095 N. OCEAN BLVD.

City PALM BEACH	State FL	Zip Code 33480-3230
--------------------	-------------	------------------------

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

Name of Employer CASTLE HARMAN, INC.	Occupation CHAIRMAN
---	------------------------

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
09	/	04	/	2013

**Transaction ID : SA11.786**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. CINDY S. CLARK**

Mailing Address 4340 E. WAIOLA LOOP

City WAILEA	State HI	Zip Code 96753-8452
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FEC ID number of contributing federal political committee. **C**

Name of Employer A CLARK ROOFING	Occupation OWNER
-------------------------------------	---------------------

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
11	/	30	/	2013

**Transaction ID : SA11.842**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 49
<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. JOLINDA R. COGEN**  
Full Name (Last, First, Middle Initial)

Mailing Address P. O. BOX 578

City COLLEGE STATION State NY Zip Code 10030-0602

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

Name of Employer SELF-EMPLOYED Occupation REAL ESTATE

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  
 09 / 17 / 2013

**Transaction ID : SA11.794**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**B. SALLIE N. DENKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1705 WILDWOOD COURT

City GLENVIEW State IL Zip Code 60025-2251

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

Name of Employer SELF-EMPLOYED Occupation CONSULTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2013

**Transaction ID : SA11.825**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**C. CHRISTINE T. DUDLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 3000 N. SHERIDAN, #18D

City CHICAGO State IL Zip Code 60657-5581

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

Name of Employer SELF-EMPLOYED Occupation CONSULTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2013

**Transaction ID : SA11.816**

Amount of Each Receipt this Period  
 550.00

CONTRIBUTION

INKIND-FOOD & BEVERAGE

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 49
	<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. CHRISTINE T. DUDLEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3000 N. SHERIDAN, #18D

City CHICAGO	State IL	Zip Code 60657-5581
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation CONSULTANT
-----------------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2013

**Transaction ID : SA11.818**

Amount of Each Receipt this Period  

250.00
--------

**CONTRIBUTION**

**B. DONALD G. ELLIOT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 101 CASTLE GARDENS DRIVE

City CASTLE HILLS	State TX	Zip Code 78213-1856
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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 ▼ **100.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11.858**

Amount of Each Receipt this Period  

100.00
--------

**CONTRIBUTION**

**EARMARKED-KATHLEEN PETERS**

**C. CYNTHIA L. ENGLAND**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4544 POST OAK PLACE DRIVE, #125

City HOUSTON	State TX	Zip Code 77027-3163
-----------------	-------------	------------------------

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

Name of Employer JESS H. YOUNG CO., C.P.A.'S	Occupation ACCOUNTANT
---	--------------------------

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
11	/	10	/	2013

**Transaction ID : SA11.837**

Amount of Each Receipt this Period  

250.00
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**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 49
	<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. MONROE H. FIRESTONE**  
Full Name (Last, First, Middle Initial)

Mailing Address 45 SUTTON PLACE, #15C

City NEW YORK State NY Zip Code 10022-2406

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

Name of Employer CORINTHIAN PARTNERS Occupation SR. VICE 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  
 12 / 19 / 2013

**Transaction ID : SA11.870**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**B. GEORGE FOGEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 849 W. OHIO STREET, #8

City CHICAGO State IL Zip Code 60642-6983

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

Name of Employer RASMUSSEN, INC. Occupation VICE-PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2013

**Transaction ID : SA11.809**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

**C. GEORGE FOGEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 849 W. OHIO STREET, #8

City CHICAGO State IL Zip Code 60642-6983

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

Name of Employer RASMUSSEN, INC. Occupation VICE-PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2013

**Transaction ID : SA11.859**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

EARMARKED-KATHLEEN PETERS

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00

**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 13 OF 49
	<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. DENISE GRIMSLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2809 WYNSTONE DRIVE

City SEBRING State FL Zip Code 33875-4741

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

Name of Employer ADVENTIST HEALTH SYSTEMS Occupation HEALTH CARE EXECUTIVE

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  
 12 / 22 / 2013

**Transaction ID : SA11.863**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

EARMARKED-KATHLEEN PETERS

**B. NAN A. S. HAYWORTH**  
Full Name (Last, First, Middle Initial)

Mailing Address 90 S. BEDFORD ROAD

City MOUNT KISCO State NY Zip Code 10549-3412

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

Name of Employer MOUNT KISCO MEDICAL GROUP Occupation PHYSICIAN

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  
 09 / 20 / 2013

**Transaction ID : SA11.800**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C. CHRISTINA C. JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3284 WHITNEY DRIVE, E.

City TALLAHASSEE State FL Zip Code 32309-3650

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

Name of Employer SELF-EMPLOYED Occupation PUBLIC RELATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2013

**Transaction ID : SA11.865**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

EARMARKED-KATHLEEN PETERS

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 49
	<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. REBECCA L. JOHNSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address P. O. BOX 257

City PARKER	State KS	Zip Code 66072-0257
FEC ID number of contributing federal political committee. C		
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 ▼ 5000.00	

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 13 / 2013  
**Transaction ID : SA11.856**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**B. ROSILYN KAZANJIAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address P. O. BOX 4398

City MIDDLETOWN	State RI	Zip Code 02842-0398
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2013  
**Transaction ID : SA11.788**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

EARMARKED-NAN HAYWORTH

**C. CAROLE KLANG**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 FIFTH AVENUE, #20F

City NEW YORK	State NY	Zip Code 10065-7289
FEC ID number of contributing federal political committee. C		
Name of Employer RMS	Occupation MANAGEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 13 / 2013  
**Transaction ID : SA11.791**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

**A. CLAUDETTE LAJAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 KNOLLWOOD DRIVE  
 City LARCHMONT State NY Zip Code 10538-1238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NYU HOSPITAL FOR JOINT DISEASE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 10 / 2013**  
**Transaction ID : SA11.787**  
 Amount of Each Receipt this Period **500.00**  
 CONTRIBUTION

**B. JAN LARIMER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 610  
 City TETON VILLAGE State WY Zip Code 83025-0610  
 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 **2500.00**

Date of Receipt **07 / 24 / 2013**  
**Transaction ID : SA11.767**  
 Amount of Each Receipt this Period **2500.00**  
 CONTRIBUTION

**C. NANCY E. LAWTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9098 NAUTICAL WATCH DRIVE  
 City INDIANAPOLIS State IN Zip Code 46236-9035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation OCCUPATIONAL THERAPIST  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 24 / 2013**  
**Transaction ID : SA11.811**  
 Amount of Each Receipt this Period **500.00**  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 49
	<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. BARBARA S. LIVINGSTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1715 N.W. 12TH ROAD  
 City GAINESVILLE State FL Zip Code 32605-5333  
 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 **12 / 18 / 2013**  
**Transaction ID : SA11.857**  
 Amount of Each Receipt this Period **500.00**  
 CONTRIBUTION  
 EARMARKED-KATHLEEN PETERS

**B. LYNN MARTIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 219 S. DEARBORN STREET, #1946  
 City CHICAGO State IL Zip Code 60604-1953  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation CONSULTANT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 30 / 2013**  
**Transaction ID : SA11.828**  
 Amount of Each Receipt this Period **250.00**  
 CONTRIBUTION

**C. KAREN MCCONNAUGHAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 902 S. RANDALL ROAD, #295  
 City SAINT CHARLES State IL Zip Code 60174-1554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KANE COUNTY Occupation BOARD CHAIRMAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 09 / 2013**  
**Transaction ID : SA11.851**  
 Amount of Each Receipt this Period **250.00**  
 CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 OF 49
	(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. JEANITA MCNULTY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7016 124TH STREET  
 City BLUE GRASS State IA Zip Code 52726-9616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2013  
**Transaction ID : SA11.808**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B. 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 18 / 2013  
**Transaction ID : SA11.780**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C. LORI S. MONTANA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1938 N. MAUD STREET  
 City CHICAGO State IL Zip Code 60614-4908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DMM GROUP Occupation 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  
 10 / 30 / 2013  
**Transaction ID : SA11.829**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 49
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. SANDRA B. MORTHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 6675 WEEPING WILLOW WAY

City TALLAHASSEE State FL Zip Code 32311-0311

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

Name of Employer MORTHAM GOVT. CONSULTANTS, LLC Occupation OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **75.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2013  
**Transaction ID : SA11.844**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

EARMARKED-KATHLEEN PETERS

**B. CONNIE NICHOLAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 505 BROADWAY, N., #302

City FARGO State ND Zip Code 58102-4487

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

Name of Employer SELF-EMPLOYED Occupation FARMER

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  
 12 / 05 / 2013  
**Transaction ID : SA11.849**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**C. MAGGIE L. O'NEILL**  
Full Name (Last, First, Middle Initial)

Mailing Address 730 BRADLEY STREET

City MAMARONECK State NY Zip Code 10543-1701

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

Name of Employer Occupation

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  
 09 / 20 / 2013  
**Transaction ID : SA11.799**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1300.00**

**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 19 OF 49
	<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. RONNIE PERL**  
Full Name (Last, First, Middle Initial)

Mailing Address 420 E. 79TH STREET, #2C

City NEW YORK State NY Zip Code 10075-1448

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

Name of Employer W.N.R.C. Occupation BOARD MEMBER

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  
 09 / 11 / 2013  
**Transaction ID : SA11.789**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**B. JO QUITTSCHREIBER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2794 KISSIMMEE BAY CIRCLE

City KISSIMMEE State FL Zip Code 34744-3948

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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2013  
**Transaction ID : SA11.778**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

**C. DAVID RANCOURT**  
Full Name (Last, First, Middle Initial)

Mailing Address 8297 CHAMPIONS GATE BLVD., #380

City CHAMPIONS GATE State FL Zip Code 33896-8387

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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2013  
**Transaction ID : SA11.853**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

EARMARKED-KATHLEEN PETERS

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00

**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 20 OF 49
	<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. ANDREW M. RAUCCI**

Mailing Address 3000 N. SHERIDAN ROAD, #18C

City CHICAGO	State IL	Zip Code 60657-5580
-----------------	-------------	------------------------

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

Name of Employer RAUCCI & SULLIVAN STRATEGIES, LLC	Occupation 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
10	/	30	/	2013

**Transaction ID : SA11.835**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. NEIL ROTHENBERG**

Mailing Address 315 E. 86TH STREET, #19FE

City NEW YORK	State NY	Zip Code 10028-4781
------------------	-------------	------------------------

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

Name of Employer BHARAT CAPITAL, LLC	Occupation INVESTOR
---	------------------------

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
09	/	30	/	2013

**Transaction ID : SA11.804**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. LESLIE SAUNDERS**

Mailing Address 1535 DALE MABRY HIGHWAY

City LUTZ	State FL	Zip Code 33548
--------------	-------------	-------------------

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

Name of Employer LESLIE SAUNDERS INSURANCE	Occupation C.E.O.
---	----------------------

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
07	/	26	/	2013

**Transaction ID : SA11.768**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 49
	<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. KATHRYN STARKEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 12959 STATE ROAD 54

City ODESSA State FL Zip Code 33556-3418

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

Name of Employer STARKEY LAND CO. Occupation GOVT. RELATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt 11 / 26 / 2013  
**Transaction ID : SA11.840**

Amount of Each Receipt this Period 50.00

CONTRIBUTION

EARMARKED-KATHLEEN PETERS

**B. JUDITH A. STEBBINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2404 WIMBLETON DRIVE

City LAS VEGAS State NV Zip Code 89107

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 09 / 26 / 2013  
**Transaction ID : SA11.803**

Amount of Each Receipt this Period 250.00

CONTRIBUTION

**C. DAVE SULLIVAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 805 SYLVIAWOOD AVENUE

City PARK RIDGE State IL Zip Code 60068-2249

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

Name of Employer RAUCCI & SULLIVAN STRATEGIES, LLC Occupation CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 30 / 2013  
**Transaction ID : SA11.836**

Amount of Each Receipt this Period 250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00

**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 22 OF 49
	<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. PENNIE THROWER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1201 MOSS BANK PLACE

City GASTONIA State NC Zip Code 28056-0307

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

Name of Employer DISTRICT COURT JUDGE Occupation STATE OF NORTH CAROLINA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 04 / 2013

**Transaction ID : SA11.846**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B. ROSALIND TRIPP**  
Full Name (Last, First, Middle Initial)

Mailing Address P. O. BOX 1369

City SOCORRO State NM Zip Code 87801-1369

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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 12 / 2013

**Transaction ID : SA11.839**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C. ELIZABETH VAN HOLT**  
Full Name (Last, First, Middle Initial)

Mailing Address 806 80TH STREET

City DOWNERS GROVE State IL Zip Code 60516-4336

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

Name of Employer ISAIAH CONSULTING GROUP Occupation CONSULTANT

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  
12 / 09 / 2013

**Transaction ID : SA11.852**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

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

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

FOR LINE NUMBER: PAGE 23 OF 49  
(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. DONNA VITALONE**

Mailing Address 65 JANE STREET, #7A

City NEW YORK State NY Zip Code 10014-5188

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

Name of Employer TD BANK Occupation MORTGAGE BANKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
09 / 20 / 2013  
**Transaction ID : SA11.801**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. CORINNE WOOD**

Mailing Address 191 N. MAYFLOWER ROAD

City LAKE FOREST State IL Zip Code 60045-2422

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

Name of Employer SELF-EMPLOYED Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
11 / 01 / 2013  
**Transaction ID : SA11.813**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	28800.00

**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 MAINTENANCE

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  
12 / 04 / 2013

**Transaction ID : SB21B.I496**

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**B. CHRISTINE T. DUDLEY**

Mailing Address 3000 N. SHERIDAN, #18D

City CHICAGO State IL Zip Code 60657-5581

Purpose of Disbursement  
IN-KIND CONTRIBUTION

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  
10 / 30 / 2013

**Transaction ID : SB21B.816**

Amount of Each Disbursement this Period

550.00

INKIND-FOOD & BEVERAGE

Full Name (Last, First, Middle Initial)

**C. ALTICOR**

Mailing Address 419 NEW JERSEY AVENUE, S.E.

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FACILITY RENTAL

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  
07 / 25 / 2013

**Transaction ID : SB21B.I453**

Amount of Each Disbursement this Period

150.00

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

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

850.00

**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. B&B DUPLICATORS, INC.**

Mailing Address 818 18TH STREET, N.W., #LL15

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2013

**Transaction ID : SB21B.I445**

Amount of Each Disbursement this Period

89.04

Full Name (Last, First, Middle Initial)

**B. BANK OF TAMPA**

Mailing Address P.O. BOX 1

City TAMPA State FL Zip Code 33601

Purpose of Disbursement  
SERVICE CHARGE

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 06 / 2013

**Transaction ID : SB21B.I530**

Amount of Each Disbursement this Period

17.00

Full Name (Last, First, Middle Initial)

**C. 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

MM / DD / YYYY  
07 / 18 / 2013

**Transaction ID : SB21B.I452**

Amount of Each Disbursement this Period

750.00

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

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

856.04

**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
08	/	01	/	2013

**Transaction ID : SB21B.I456**

Amount of Each Disbursement this Period

750.00
--------

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN MAIL & DATA, INC.**

Mailing Address 1593 SPRING HILL ROAD, #400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
SOFTWARE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	19	/	2013

**Transaction ID : SB21B.I505**

Amount of Each Disbursement this Period

750.00
--------

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) ▼

Date of Disbursement

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

**Transaction ID : SB21B.I441**

Amount of Each Disbursement this Period

1337.36
---------

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

2837.36
---------

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

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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. 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  
07 / 03 / 2013

Transaction ID : SB21B.I448

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  
07 / 03 / 2013

Transaction ID : SB21B.I447

Amount of Each Disbursement this Period

20.00

[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  
07 / 03 / 2013

Transaction ID : SB21B.I450

Amount of Each Disbursement this Period

50.31

[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. OCCASIONS CATERERS**

Mailing Address 655 TAYLOR STREET

City WASHINGTON State DC Zip Code 20017

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

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

Transaction ID : SB21B.I446

Amount of Each Disbursement this Period

1210.13
---------

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. 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
07		03		2013

Transaction ID : SB21B.I449

Amount of Each Disbursement this Period

16.92
-------

[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
08		01		2013

Transaction ID : SB21B.I455

Amount of Each Disbursement this Period

154.81
--------

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

154.81
--------

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

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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. 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  
07 / 12 / 2013

**Transaction ID : SB21B.I462**

Amount of Each Disbursement this Period

40.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. SAM'S CLUB**

Mailing Address 3122 DICK WILSON BLVD.

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement  
PHOTOS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 12 / 2013

**Transaction ID : SB21B.I463**

Amount of Each Disbursement this Period

12.56

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. SAM'S CLUB**

Mailing Address 3122 DICK WILSON BLVD.

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement  
PHOTOS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2013

**Transaction ID : SB21B.I464**

Amount of Each Disbursement this Period

25.12

[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. 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  
07 / 05 / 2013

**Transaction ID : SB21B.I459**

Amount of Each Disbursement this Period

12.35

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. 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  
07 / 12 / 2013

**Transaction ID : SB21B.I460**

Amount of Each Disbursement this Period

4.04

[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  
07 / 22 / 2013

**Transaction ID : SB21B.I461**

Amount of Each Disbursement this Period

17.49

[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**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2013

Mailing Address 2355 CENTERVILLE ROAD

**Transaction ID : SB21B.I465**

City TALLAHASSEE State FL Zip Code 32308

Amount of Each Disbursement this Period

43.25
-------

Purpose of Disbursement  
POSTAGE

Category/ Type
-------------------

Candidate Name

[MEMO ITEM]

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

Full Name (Last, First, Middle Initial)

**B. CHASE CARD SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2013

Mailing Address P.O. BOX 15153

**Transaction ID : SB21B.I472**

City WILMINGTON State DE Zip Code 19886

Amount of Each Disbursement this Period

108.13
--------

Purpose of Disbursement  
SEE MEMO ENTRIES

Category/ Type
-------------------

Candidate Name

[MEMO ITEM]

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

Full Name (Last, First, Middle Initial)

**C. CONSTANT CONTACT**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2013

Mailing Address 1601 TRAPELO ROAD, #329

**Transaction ID : SB21B.I479**

City WALTHAM State MA Zip Code 02451

Amount of Each Disbursement this Period

40.00
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Purpose of Disbursement  
EMAIL SERVICES

Category/ Type
-------------------

Candidate Name

[MEMO ITEM]

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

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

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

108.13
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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. 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  
08 / 02 / 2013

**Transaction ID : SB21B.I476**

Amount of Each Disbursement this Period

47.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. 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  
08 / 14 / 2013

**Transaction ID : SB21B.I477**

Amount of Each Disbursement this Period

8.58

[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  
08 / 18 / 2013

**Transaction ID : SB21B.I478**

Amount of Each Disbursement this Period

12.35

[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
10		03		2013

**Transaction ID : SB21B.I485**

Amount of Each Disbursement this Period

60.00
-------

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

M M M	/	D D D	/	Y Y Y Y Y
09		12		2013

**Transaction ID : SB21B.I488**

Amount of Each Disbursement this Period

40.00
-------

**[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
09		23		2013

**Transaction ID : SB21B.I489**

Amount of Each Disbursement this Period

20.00
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**[MEMO ITEM]**

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

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

60.00
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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. 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  
11 / 14 / 2013

**Transaction ID : SB21B.I493**

Amount of Each Disbursement this Period

60.00

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

M M M / D D D / Y Y Y Y Y Y  
10 / 12 / 2013

**Transaction ID : SB21B.I494**

Amount of Each Disbursement this Period

60.00

**[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  
12 / 04 / 2013

**Transaction ID : SB21B.I498**

Amount of Each Disbursement this Period

79.95

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

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

139.95

**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 / D D / Y Y Y Y Y  
11 / 12 / 2013

Transaction ID : SB21B.I499

Amount of Each Disbursement this Period

60.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. 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

M M / D D / Y Y Y Y Y  
11 / 17 / 2013

Transaction ID : SB21B.I500

Amount of Each Disbursement this Period

19.95

[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

M M / D D / Y Y Y Y Y  
07 / 02 / 2013

Transaction ID : SB21B.I440

Amount of Each Disbursement this Period

855.06

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

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

855.06

# 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  
08 / 02 / 2013

Transaction ID : SB21B.I458

Amount of Each Disbursement this Period

307.16

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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2013

Transaction ID : SB21B.I475

Amount of Each Disbursement this Period

96.51

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  
10 / 02 / 2013

Transaction ID : SB21B.I481

Amount of Each Disbursement this Period

362.23

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

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

765.90

**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. 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  
11 / 04 / 2013

**Transaction ID : SB21B.I490**

Amount of Each Disbursement this Period

107.14

Category/  
Type

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  
12 / 03 / 2013

**Transaction ID : SB21B.I502**

Amount of Each Disbursement this Period

121.68

Category/  
Type

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  
12 / 18 / 2013

**Transaction ID : SB21B.I504**

Amount of Each Disbursement this Period

148.32

Category/  
Type

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

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

377.14

**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  
SEE LINE 23: INKIND KATHLEEN PETERS

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2013

Transaction ID : SB21B.I531

Amount of Each Disbursement this Period

-121.50

Full Name (Last, First, Middle Initial)

**B. OCCASIONS CATERERS**

Mailing Address 655 TAYLOR STREET

City WASHINGTON State DC Zip Code 20017

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  
07 / 03 / 2013

Transaction ID : SB21B.I442

Amount of Each Disbursement this Period

557.37

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  
07 / 01 / 2013

Transaction ID : SB21B.I439

Amount of Each Disbursement this Period

2500.00

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

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

2935.87

**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  
EVENT SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2013

**Transaction ID : SB21B.I443**

Amount of Each Disbursement this Period

64.49

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  
07 / 03 / 2013

**Transaction ID : SB21B.I444**

Amount of Each Disbursement this Period

1746.75

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  
08 / 01 / 2013

**Transaction ID : SB21B.I454**

Amount of Each Disbursement this Period

2500.00

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

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

4311.24

**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  
08 / 01 / 2013

**Transaction ID : SB21B.I457**

Amount of Each Disbursement this Period

216.25

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  
09 / 01 / 2013

**Transaction ID : SB21B.I469**

Amount of Each Disbursement this Period

2500.00

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  
09 / 05 / 2013

**Transaction ID : SB21B.I471**

Amount of Each Disbursement this Period

47.50

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

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

2763.75

**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  
TRAVEL/EVENT SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2013

Transaction ID : SB21B.I486

Amount of Each Disbursement this Period

392.31

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  
10 / 03 / 2013

Transaction ID : SB21B.I487

Amount of Each Disbursement this Period

2923.75

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  
12 / 04 / 2013

Transaction ID : SB21B.I497

Amount of Each Disbursement this Period

2598.75

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

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

5914.81

**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  
12 / 06 / 2013

**Transaction ID : SB21B.I501**

Amount of Each Disbursement this Period

2610.00

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  
07 / 11 / 2013

**Transaction ID : SB21B.I451**

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

MM / DD / YYYY  
08 / 08 / 2013

**Transaction ID : SB21B.I466**

Amount of Each Disbursement this Period

5000.00

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

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

12610.00

# 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. 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) ▼

Date of Disbursement: 09 / 12 / 2013

Transaction ID : **SB21B.I480**

Amount of Each Disbursement this Period: 5000.00

Category/Type

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) ▼

Date of Disbursement: 10 / 03 / 2013

Transaction ID : **SB21B.I482**

Amount of Each Disbursement this Period: 5000.00

Category/Type

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 ADVERTISING

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 03 / 2013

Transaction ID : **SB21B.I483**

Amount of Each Disbursement this Period: 263.99

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 10263.99

**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) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2013

**Transaction ID : SB21B.I484**

Amount of Each Disbursement this Period

158.30

Category/  
Type

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) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 07 / 2013

**Transaction ID : SB21B.I492**

Amount of Each Disbursement this Period

2500.00

Category/  
Type

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) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 19 / 2013

**Transaction ID : SB21B.I503**

Amount of Each Disbursement this Period

2849.00

Category/  
Type

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

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

5507.30

51311.35

**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. FRIENDS OF NAN HAYWORTH**

Mailing Address P. O. BOX 394

City FISHKILL State NY Zip Code 12524

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**NAN HAYWORTH**

Office Sought:  House  
 Senate  
 President  
State: NY District: 18

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 05 / 2013

**Transaction ID : SB23.I474**

Amount of Each Disbursement this Period

2500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF NAN HAYWORTH**

Mailing Address P. O. BOX 394

City FISHKILL State NY Zip Code 12524

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**NAN HAYWORTH**

Office Sought:  House  
 Senate  
 President  
State: NY District: 18

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 20 / 2013

**Transaction ID : SB23.I495**

Amount of Each Disbursement this Period

500.00

Category/  
Type

EARMARK-ROSILYN KAZANJIAN

Full Name (Last, First, Middle Initial)

**C. KATHLEEN PETERS FOR CONGRESS**

Mailing Address 6860 GULFPORT BLVD., #331

City SOUTH PASADENA State FL Zip Code 33707

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**KATHLEEN PETERS**

Office Sought:  House  
 Senate  
 President  
State: FL District: 13

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Special Primary

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2013

**Transaction ID : SB23.I514**

Amount of Each Disbursement this Period

50.00

Category/  
Type

EARMARK-KATHRYN STARKEY

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

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

3050.00

**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. KATHLEEN PETERS FOR CONGRESS**

Mailing Address 6860 GULFPORT BLVD., #331

City SOUTH PASADENA State FL Zip Code 33707

Purpose of Disbursement  
INKIND-CREDIT CARD PROCESSING FEES

011

Category/  
Type

Candidate Name

**KATHLEEN PETERS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Special Primary

State: FL District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2013			

Transaction ID : SB23.I515

Amount of Each Disbursement this Period

121.50
--------

Full Name (Last, First, Middle Initial)

**B. KATHLEEN PETERS FOR CONGRESS**

Mailing Address 6860 GULFPORT BLVD., #331

City SOUTH PASADENA State FL Zip Code 33707

Purpose of Disbursement  
CONTRIBUTION

Category/  
Type

Candidate Name

**KATHLEEN PETERS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Special Primary

State: FL District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2013			

Transaction ID : SB23.I516

Amount of Each Disbursement this Period

50.00
-------

EARMARK-PATRICIA D. CAFFERATA

Full Name (Last, First, Middle Initial)

**C. KATHLEEN PETERS FOR CONGRESS**

Mailing Address 6860 GULFPORT BLVD., #331

City SOUTH PASADENA State FL Zip Code 33707

Purpose of Disbursement  
CONTRIBUTION

Category/  
Type

Candidate Name

**KATHLEEN PETERS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Special Primary

State: FL District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2013			

Transaction ID : SB23.I517

Amount of Each Disbursement this Period

50.00
-------

EARMARK-SANDRA MORTHAM

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

221.50
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Maggies List**

Full Name (Last, First, Middle Initial)

**A. KATHLEEN PETERS FOR CONGRESS**

Mailing Address 6860 GULFPORT BLVD., #331

City SOUTH PASADENA State FL Zip Code 33707

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**KATHLEEN PETERS**

Office Sought:  House  
 Senate  
 President

State: FL District: 13

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Special Primary**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		24		2013

**Transaction ID : SB23.I521**

Amount of Each Disbursement this Period

100.00
--------

EARMARK-DONALD G. ELLIOT

Full Name (Last, First, Middle Initial)

**B. KATHLEEN PETERS FOR CONGRESS**

Mailing Address 6860 GULFPORT BLVD., #331

City SOUTH PASADENA State FL Zip Code 33707

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**KATHLEEN PETERS**

Office Sought:  House  
 Senate  
 President

State: FL District: 13

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Special Primary**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		24		2013

**Transaction ID : SB23.I522**

Amount of Each Disbursement this Period

500.00
--------

EARMARK-BARBARA LIVINGSTON

Full Name (Last, First, Middle Initial)

**C. KATHLEEN PETERS FOR CONGRESS**

Mailing Address 6860 GULFPORT BLVD., #331

City SOUTH PASADENA State FL Zip Code 33707

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**KATHLEEN PETERS**

Office Sought:  House  
 Senate  
 President

State: FL District: 13

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Special Primary**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		24		2013

**Transaction ID : SB23.I523**

Amount of Each Disbursement this Period

250.00
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EARMARK-GEORGE FOGEL

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

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

850.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Maggies List**

Full Name (Last, First, Middle Initial)

**A. KATHLEEN PETERS FOR CONGRESS**

Mailing Address 6860 GULFPORT BLVD., #331

City SOUTH PASADENA State FL Zip Code 33707

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**KATHLEEN PETERS**

Office Sought:  House  
 Senate  
 President  
State: FL District: 13

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Special Primary**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			24			2013			

**Transaction ID : SB23.I524**

Amount of Each Disbursement this Period

25.00
-------

EARMARK-CONSTANCE HOFKIN

Full Name (Last, First, Middle Initial)

**B. KATHLEEN PETERS FOR CONGRESS**

Mailing Address 6860 GULFPORT BLVD., #331

City SOUTH PASADENA State FL Zip Code 33707

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**KATHLEEN PETERS**

Office Sought:  House  
 Senate  
 President  
State: FL District: 13

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Special Primary**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			24			2013			

**Transaction ID : SB23.I525**

Amount of Each Disbursement this Period

250.00
--------

EARMARK-JUDITH ALBERTELLI

Full Name (Last, First, Middle Initial)

**C. KATHLEEN PETERS FOR CONGRESS**

Mailing Address 6860 GULFPORT BLVD., #331

City SOUTH PASADENA State FL Zip Code 33707

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**KATHLEEN PETERS**

Office Sought:  House  
 Senate  
 President  
State: FL District: 13

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Special Primary**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			24			2013			

**Transaction ID : SB23.I526**

Amount of Each Disbursement this Period

250.00
--------

EARMARK-DENISE GRIMSLEY

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

525.00
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**TOTAL** This Period (last page this line number only)..... ▶

5146.50
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