

# 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:
- |                                      |                                      |  |  |
|--------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)             | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)             | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input checked="" type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

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

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

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

5. Covering Period M M / D D / Y Y Y Y Y Y 09 / 01 / 2016 through M M / D D / Y Y Y Y Y Y 09 / 30 / 2016

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

Watkins, Assistant Treasurer, Nancy, H., ,

Type or Print Name of Treasurer \_\_\_\_\_

Signature of Treasurer Watkins, Assistant Treasurer, Nancy, H., , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 10 / 11 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

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

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**Maggies List**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="44932.63"/>	<input type="text" value="44932.63"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="51523.21"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="4674.15"/>	<input type="text" value="74649.15"/>
(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="56197.36"/>	<input type="text" value="119581.78"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5258.62"/>	<input type="text" value="68643.04"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="50938.74"/>	<input type="text" value="50938.74"/>
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

Write or Type Committee Name

Maggies List

Report Covering the Period: From: 09 / 01 / 2016 To: 09 / 30 / 2016

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).....	1600.00	39055.00
(ii) Unitemized .....	0.00	5270.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1600.00	44325.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3074.15	29324.15
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	4674.15	73649.15
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	1000.00
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)).....▶	4674.15	74649.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4674.15	74649.15

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	5133.62	42968.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	5133.62	42968.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	125.00	25675.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	5258.62	68643.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5258.62	68643.04

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4674.15	73649.15
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4674.15	73649.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	5133.62	42968.04
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5133.62	42968.04

**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 14
<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

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. BARRINGER, MILDRED, K., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) N/A Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : SA11A.1566**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. CAFFERATA, PATRICIA, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2636 EDGEROCK ROAD  
 City RENO State NV Zip Code 89519-5765  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STATE OF NEVADA Occupation (for Individual) COMMUNICATIONS DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 09 / 04 / 2016  
**Transaction ID : SA11A.1561**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 EARMARKED-KELLY AYOTTE

**C. CAFFERATA, PATRICIA, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2636 EDGEROCK ROAD  
 City RENO State NV Zip Code 89519-5765  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STATE OF NEVADA Occupation (for Individual) COMMUNICATIONS DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 09 / 11 / 2016  
**Transaction ID : SA11A.1563**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION  
 EARMARKED-AMIE HOEBER

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<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 7 OF 14
	<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. CAFFERATA, PATRICIA, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2636 EDGEROCK ROAD  
 City RENO State NV Zip Code 89519-5765  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STATE OF NEVADA Occupation (for Individual) COMMUNICATIONS DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 09 / 11 / 2016  
**Transaction ID : SA11A.1564**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 EARMARKED-KELLY AYOTTE

**B. CAFFERATA, PATRICIA, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2636 EDGEROCK ROAD  
 City RENO State NV Zip Code 89519-5765  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STATE OF NEVADA Occupation (for Individual) COMMUNICATIONS DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 09 / 25 / 2016  
**Transaction ID : SA11A.1567**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 EARMARK-ROS LEHTINEN

**C. CAFFERATA, PATRICIA, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2636 EDGEROCK ROAD  
 City RENO State NV Zip Code 89519-5765  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STATE OF NEVADA Occupation (for Individual) COMMUNICATIONS DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11A.1568**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION  
 EARMARK-CASEY LUCIUS

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 14
	(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. CAFFERATA, PATRICIA, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2636 EDGEROCK ROAD  
 City RENO State NV Zip Code 89519-5765  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STATE OF NEVADA Occupation (for Individual) COMMUNICATIONS DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11A.1569**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 CONTRIBUTION

**B. MCKEEL, JULIANNE, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3106 SUNSET DRIVE  
 City TAMPA State FL Zip Code 33629-5208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 25 / 2016  
**Transaction ID : SA11A.1570**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

**C. STEPHENS, SAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8155 CARRINGTON PLACE  
 City CHAGRIN FALLS State OH Zip Code 44023-4896  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEADEN & MOORE Occupation (for Individual) FINANCIAL ADVISOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 06 / 2016  
**Transaction ID : SA11A.1562**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1275.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 9 OF 14  
(check only one)

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
TEETZ, LINDA, , ,

Mailing Address 1280 OLDE DOUBLOON DRIVE

City VERO BEACH	State FL	Zip Code 32963-2453
--------------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		30		2016

**Transaction ID : SA11A.1572**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

EARMARK-MIA LOVE

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 14
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. DAGNY POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 803 KIRK AVENUE

City CASPER	State WY	Zip Code 82601-3836
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FEC ID number of contributing federal political committee. **C** C00522060

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2074.15

Date of Receipt  

M M / D D / Y Y Y Y Y Y
09 / 24 / 2016

**Transaction ID : SA11C.1571**

Amount of Each Receipt this Period  

2074.15
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Memo Item  
CONTRIBUTION

**B. JOHN S FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P. O. BOX 853

City EDWARDSVILLE	State IL	Zip Code 62025-
----------------------	-------------	--------------------

FEC ID number of contributing federal political committee. **C** C00390831

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
09 / 08 / 2016

**Transaction ID : SA11C.1565**

Amount of Each Receipt this Period  

1000.00
---------

Memo Item  
CONTRIBUTION

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period  

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Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3074.15
<b>TOTAL</b> This Period (last page this line number only).....	3074.15

**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"/> 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:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.I972  
Amount of Each Disbursement this Period  
750.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CHASE CARD SERVICES**

Mailing Address P.O. BOX 15153

City WILMINGTON State DE Zip Code 19886

Purpose of Disbursement SEE MEMO ENTRIES

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.I956  
Amount of Each Disbursement this Period  
73.10

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:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 06 / 2016

FEC Identification Number

C  
Transaction ID : SB21B.I958  
Amount of Each Disbursement this Period  
23.10

Memo Item

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

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

823.10

**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"/> 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. MAILCHIMP**

Mailing Address 675 PONCE DE LEON AVENUE, N.E., #5

City ATLANTA State GA Zip Code 30308

Purpose of Disbursement  
EMAIL SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 06 / 2016

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I957**

Amount of Each Disbursement this Period

[ ] 50.00 [ ]

Memo Item

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2016

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I959**

Amount of Each Disbursement this Period

[ ] 310.52 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C. SHOREY PUBLIC RELATIONS**

Mailing Address 3930 MCKINNEY AVENUE, #159

City DALLAS State TX Zip Code 75204

Purpose of Disbursement  
PAC MANAGEMENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2016

FEC Identification Number

C [ ]

**Transaction ID : SB21B.I955**

Amount of Each Disbursement this Period

[ ] 4000.00 [ ]

Memo Item

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

[ ] 4310.52 [ ]

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

[ ] 5133.62 [ ]

**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"/> 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. AMIE HOEBER FOR CONGRESS**

Mailing Address P. O. BOX 61438

City  
POTOMAC

State  
MD

Zip Code  
20859

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**HOEBER, AMIE, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	6

FEC Identification Number

**C** C00582296

**Transaction ID : SB23.I971**

Amount of Each Disbursement this Period

2	5	0	0
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Memo Item **EARMARKED-PATRICIA CAFFERATA**

Full Name (Last, First, Middle Initial)

**B. CASEY LUCIUS FOR CONGRESS**

Mailing Address P. O. BOX 8505

City  
MONTEREY

State  
CA

Zip Code  
93943

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**LUCIUS, CASEY, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 20

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	6

FEC Identification Number

**C** C00578732

**Transaction ID : SB23.I974**

Amount of Each Disbursement this Period

2	5	0	0
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Memo Item **EARMARKED-PATRICIA CAFFERATA**

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF KELLY AYOTTE**

Mailing Address P.O. BOX 937

City  
MANCHESTER

State  
NH

Zip Code  
03105

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	1	6

FEC Identification Number

**C** C00464297

**Transaction ID : SB23.I969**

Amount of Each Disbursement this Period

2	5	0	0
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Memo Item **EARMARKED- PATRICIA CAFFERATA**

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

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

7	5	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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 KELLY AYOTTE**

Mailing Address P.O. BOX 937

City MANCHESTER State NH Zip Code 03105

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2016

FEC Identification Number

C C00464297

Transaction ID : SB23.1970

Amount of Each Disbursement this Period

25.00

Memo Item EARMARKED-PATRICIA CAFFERATA

Full Name (Last, First, Middle Initial)

**B. ROS-LEHTINEN FOR CONGRESS**

Mailing Address P. O. BOX 522784

City MIAMI State FL Zip Code 33152

Purpose of Disbursement CONTRIBUTION

Candidate Name

**ROS-LEHTINEN, ILEANA, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: FL District: 27

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2016

FEC Identification Number

C C00280537

Transaction ID : SB23.1973

Amount of Each Disbursement this Period

25.00

Memo Item EARMARKED-PATRICIA CAFFERATA

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

50.00

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

125.00