

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
07 / 01 / 2013 through 09 / 30 / 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 Michele Hyndman  
Signature of Treasurer Michele Hyndman *[Electronically Filed]* Date M M / D D / Y Y Y Y  
12 / 30 / 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.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**VIRGIN ISLANDS FOR PLASKETT**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	39459.90	48309.90
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	39459.90	48309.90
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	25060.33	31850.99
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	25060.33	31850.99
8. Cash on Hand at Close of Reporting Period (from Line 27).....	16094.41	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**VIRGIN ISLANDS FOR PLASKETT**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	38509.90	47359.90
(ii) Unitemized.....	950.00	950.00
(iii) TOTAL of contributions from individuals ▶	39459.90	48309.90
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	39459.90	48309.90
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	39459.90	48309.90

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	25060.33	31850.99
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	250.00	250.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	25310.33	32100.99

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1944.84
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	39459.90
25. SUBTOTAL (add Line 23 and Line 24).....	41404.74
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	25310.33
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	16094.41

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial) <b>A. Elli M. Ausubel</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2013	
Mailing Address 8100 Red Hook Qtr #2 Suite A2-5		<b>Transaction ID : SA11AI.4436</b>	
City St. Thomas	State VI	Zip Code 00802	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Self Employed	Occupation Money Manager		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>B. Kenneth Brown</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2013	
Mailing Address		<b>Transaction ID : SA11AI.4426</b>	
City	State MD	Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>C. Kim Callwood</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2013	
Mailing Address 1300 E. Saint George Ct.		<b>Transaction ID : SA11AI.4410</b>	
City Mitchellville	State MD	Zip Code 20721	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer	Occupation Doctor		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3600.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial) <b>A. Darnell Carpenter</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2013
Mailing Address 2007 N. Din Widdie		<b>Transaction ID : SA11AI.4407</b>
City Arlington	State VA	
Zip Code 22207		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Developer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Sebastiano Paiewonsky Casinelli</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address		<b>Transaction ID : SA11AI.4422</b>
City St. Thomas	State VI	
Zip Code		Amount of Each Receipt this Period 1164.90
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Business Owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1164.90	

Full Name (Last, First, Middle Initial) <b>C. Sebastiano Paiewonsky Casinelli</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address		<b>Transaction ID : SA11AI.4423</b>
City St. Thomas	State VI	
Zip Code		Amount of Each Receipt this Period 970.70
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Business Owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2135.60	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2385.60
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**VIRGIN ISLANDS FOR PLASKETT**

**A.** Full Name (Last, First, Middle Initial)  
**Ben Cerilli**

Mailing Address 2425 Cotton Valley

City St. Croix State VI Zip Code 00820

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

Name of Employer Occupation Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 01 / 2013

**Transaction ID : SA11AI.4434**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Elisa J. Colas**

Mailing Address Le Bournett 22270

City Dolo State ZZ Zip Code

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

Name of Employer Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 27 / 2013

**Transaction ID : SA11AI.4415**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mary Cosnard**

Mailing Address Les Roches Blanches

City Jugon Lars State ZZ Zip Code

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

Name of Employer Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 28 / 2013

**Transaction ID : SA11AI.4414**

Amount of Each Receipt this Period  
 1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**VIRGIN ISLANDS FOR PLASKETT**

**A.** Full Name (Last, First, Middle Initial)  
**Boliva T. Davis**

Mailing Address 12907 St. Edmund Way

City Mitchellville State MD Zip Code 20721

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

Name of Employer Occupation Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 07 / 2013

**Transaction ID : SA11AI.4413**

Amount of Each Receipt this Period  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
**J. Dodson**

Mailing Address P.O. Box 6516

City St. Thomas State VI Zip Code 00804

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

Name of Employer Occupation Attorney  
Self-employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 24 / 2013

**Transaction ID : SA11AI.4394**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Greg J. Ferguson**

Mailing Address 9100 Havensight Suite 15-16

City St. Thomas State VI Zip Code 00802

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

Name of Employer Occupation Attorney  
Self Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 18 / 2013

**Transaction ID : SA11AI.4389**

Amount of Each Receipt this Period  
 250.00

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial) <b>A. Stephen E. Freke</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 17 / 2013
Mailing Address P.O. Box 270		<b>Transaction ID : SA11AI.4388</b>
City St. Thomas	State VI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Self Employed	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>B. James F. Gallivan</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 16 / 2013
Mailing Address P.O. Box 1320		<b>Transaction ID : SA11AI.4390</b>
City St. Thomas	State VI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Michelle Generous</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 15 / 2013
Mailing Address 618 E Street, NW		<b>Transaction ID : SA11AI.4429</b>
City Washington	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Administrator	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial) <b>A. Matthew F. Hagen</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2013	
Mailing Address P.O. Box 11360		<b>Transaction ID : SA11AI.4438</b>	
City St. Thomas	State VI	Zip Code 00801	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Money Manager Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>B. Ivy John</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2013	
Mailing Address 2305 Houston Street		<b>Transaction ID : SA11AI.4411</b>	
City Suitland	State MD	Zip Code 20746	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Retired Election Cycle-to-Date 450.00		

Full Name (Last, First, Middle Initial) <b>C. Victor John</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2013	
Mailing Address P.O. Box 61		<b>Transaction ID : SA11AI.4406</b>	
City Suitland	State MD	Zip Code 20752	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Consultant Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3550.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**VIRGIN ISLANDS FOR PLASKETT**

**A.** Full Name (Last, First, Middle Initial)  
**Erika Kellerhals**

Mailing Address P.O. Box 608

City State Zip Code  
St. Thomas VI 00804

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

Name of Employer Occupation  
Self Employed Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2013

**Transaction ID : SA11AI.4400**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Benjamin Manning**

Mailing Address 1331 Brickell Ave.

City State Zip Code  
Miami FL 33131

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

Name of Employer Occupation  
Investment Banker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2013

**Transaction ID : SA11AI.4419**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Matthew Martorello**

Mailing Address 5322 Yacht Haven #7

City State Zip Code  
St. Thomas VI 00802

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

Name of Employer Occupation  
Self Employed Management Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2013

**Transaction ID : SA11AI.4432**

Amount of Each Receipt this Period  
1000.00

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

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

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**VIRGIN ISLANDS FOR PLASKETT**

**A.** Full Name (Last, First, Middle Initial)  
**Robert McCallum Jr.**

Mailing Address 2440 Peachtree Rd  
15

City Atlanta State GA Zip Code 30505

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

Name of Employer Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 18 / 2013

**Transaction ID : SA11AI.4420**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Shaun Miller**

Mailing Address 1 Estate Botany Bay  
#4-32

City St. Thomas State VI Zip Code 00802

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 28 / 2013

**Transaction ID : SA11AI.4440**

Amount of Each Receipt this Period  
 750.00

**C.** Full Name (Last, First, Middle Initial)  
**William Neville**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 01 / 2013

**Transaction ID : SA11AI.4427**

Amount of Each Receipt this Period  
 2524.30

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

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

3774.30

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**VIRGIN ISLANDS FOR PLASKETT**

**A.** Full Name (Last, First, Middle Initial)  
**Eugene A. Petersen**

Mailing Address 41 King St.

City St. Croix State VI Zip Code 00841

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

Name of Employer Occupation Veterinarian

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2013

**Transaction ID : SA11AI.4383**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Marjorie Roberts**

Mailing Address

City State VI Zip Code

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

Name of Employer Occupation Attorney  
Self Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2013

**Transaction ID : SA11AI.4431**

Amount of Each Receipt this Period  
 1900.00

**C.** Full Name (Last, First, Middle Initial)  
**Pauline Schneider**

Mailing Address 5900 16th Street, NW

City Washington State DC Zip Code 20011

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

Name of Employer Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : SA11AI.4405**

Amount of Each Receipt this Period  
 250.00

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

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

3150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial) <b>A. Obie Shaw</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address		<b>Transaction ID : SA11AI.4424</b>
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Andrew Stillman</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2013
Mailing Address P.O. Box 1412		<b>Transaction ID : SA11AI.4428</b>
City	State Zip Code	
St. John	VI 00831	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2600.00
Name of Employer	Occupation	
Self Employed	Business Owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>C. James R. Watson</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2013
Mailing Address 495 Brickell Ave.		<b>Transaction ID : SA11AI.4418</b>
City	State Zip Code	
Miami	FL 33131	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2600.00
Name of Employer	Occupation	
	Developer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 27
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial) <b>A. John Wessel</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2013
Mailing Address 72 Estate River #2 City St. Croix State VI Zip Code 00850		<b>Transaction ID : SA11AI.4402</b>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Self Employed	Occupation Business Owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>B. Vickie R. Wessel</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2013
Mailing Address 72 Estate River #2 City St. Croix State VI Zip Code 00850		<b>Transaction ID : SA11AI.4403</b>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Self Employed	Occupation Business Owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>C. Aleta Williams</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2013
Mailing Address 5216 Illinois Ave., NW City Washington State DC Zip Code 20011		<b>Transaction ID : SA11AI.4401</b>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Consultant	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5700.00
<b>TOTAL</b> This Period (last page this line number only).....	38509.90

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial) <b>A. Ackley Media</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2013
Mailing Address		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.4319</b>
City	State Zip Code	
Purpose of Disbursement Radio Advertisement	Category/Type 004	
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial) <b>B. Lee Ashley</b>		Date of Disbursement MM / DD / YYYY 08 / 29 / 2013
Mailing Address		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4331</b>
City	State Zip Code	
Purpose of Disbursement Photos for Fundraiser	Category/Type 003	
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial) <b>c. Lee Ashley</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2013
Mailing Address		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4350</b>
City	State Zip Code	
Purpose of Disbursement Photos for Fundraiser	Category/Type 003	
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1300.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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NAME OF COMMITTEE (In Full)  
**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial) <b>A. Buccaneer</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2013
Mailing Address		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.4324</b>
City	State Zip Code	
Purpose of Disbursement Fundraiser	003 Category/Type	
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial) <b>B. Capital Tees</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2013
Mailing Address		Amount of Each Disbursement this Period 700.00 <b>Transaction ID : SB17.4302</b>
City	State Zip Code	
Purpose of Disbursement Campaign T-Shirts	006 Category/Type	
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial) <b>c. Choice Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2013
Mailing Address		Amount of Each Disbursement this Period 126.75 <b>Transaction ID : SB17.4307</b>
City	State Zip Code	
Purpose of Disbursement Internet/phone	001 Category/Type	
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2326.75
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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NAME OF COMMITTEE (In Full)  
**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial) <b>A. Choice Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2013
Mailing Address		Amount of Each Disbursement this Period 125.00 <b>Transaction ID : SB17.4322</b>
City	State Zip Code	
Purpose of Disbursement Internet/Phone	001	Category/ Type
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial) <b>B. Choice Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2013
Mailing Address		Amount of Each Disbursement this Period 125.50 <b>Transaction ID : SB17.4351</b>
City	State Zip Code	
Purpose of Disbursement Internet/phone	001	Category/ Type
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial) <b>c. Delmin Garcia</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2013
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 650.00 <b>Transaction ID : SB17.4300</b>
City	State Zip Code	
St. Croix	VI 00824	Category/ Type
Purpose of Disbursement Office Equipment/Supplies	006	
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	900.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)  
**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial) <b>A. Delmin Garcia</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2013
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 650.00 <b>Transaction ID : SB17.4308</b>
City St. Croix	State VI	
Purpose of Disbursement Cash		Category/ Type 006
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 00	

Full Name (Last, First, Middle Initial) <b>B. Delmin Garcia</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2013
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.4309</b>
City St. Croix	State VI	
Purpose of Disbursement Office Supplies		Category/ Type 001
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 00	

Full Name (Last, First, Middle Initial) <b>c. Delmin Garcia</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2013
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 1120.00 <b>Transaction ID : SB17.4312</b>
City St. Croix	State VI	
Purpose of Disbursement Travel to NY and DC		Category/ Type 002
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2070.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)  
**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial) <b>A. Delmin Garcia</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2013
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.4314</b>
City St. Croix	State VI	
Purpose of Disbursement Cash for School Supplies		Category/ Type 012
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 00	

Full Name (Last, First, Middle Initial) <b>B. Delmin Garcia</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2013
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 700.00 <b>Transaction ID : SB17.4315</b>
City St. Croix	State VI	
Purpose of Disbursement Reimbursement for back to school supplies		Category/ Type 012
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 00	

Full Name (Last, First, Middle Initial) <b>c. Delmin Garcia</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2013
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 291.00 <b>Transaction ID : SB17.4323</b>
City St. Croix	State VI	
Purpose of Disbursement Reimbursement - Cost-U-Less, Office Max		Category/ Type 001
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1341.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)  
**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial) <b>A. Delmin Garcia</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2013
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : SB17.4326</b>
City St. Croix	State VI	
Purpose of Disbursement NYC - DC Fundraiser	Category/ Type 003	
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: VI	District: 00	

Full Name (Last, First, Middle Initial) <b>B. Delmin Garcia</b>		Date of Disbursement MM / DD / YYYY 08 / 29 / 2013
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 2100.00 <b>Transaction ID : SB17.4335</b>
City St. Croix	State VI	
Purpose of Disbursement DC/NYC Vendors	Category/ Type 007	
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: VI	District: 00	

Full Name (Last, First, Middle Initial) <b>c. Delmin Garcia</b>		Date of Disbursement MM / DD / YYYY 09 / 11 / 2013
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 2675.00 <b>Transaction ID : SB17.4344</b>
City St. Croix	State VI	
Purpose of Disbursement Reimbursement - DC/NYC Credit Card	Category/ Type 002	
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: VI	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5375.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 27			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial) <b>A. Delmin Garcia</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2013
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4347</b>
City St. Croix	State VI	
Zip Code 00824	Purpose of Disbursement Airline Tickets - ATL	Category/ Type 002
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 00	

Full Name (Last, First, Middle Initial) <b>B. Delmin Garcia</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2013
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 4200.00 <b>Transaction ID : SB17.4348</b>
City St. Croix	State VI	
Zip Code 00824	Purpose of Disbursement ATL Expense Events	Category/ Type 007
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 00	

Full Name (Last, First, Middle Initial) <b>c. Delmin Garcia</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2013
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.4354</b>
City St. Croix	State VI	
Zip Code 00824	Purpose of Disbursement Paint Office Supply	Category/ Type 001
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial) <b>A. Jermaine George</b>		Date of Disbursement MM / DD / YYYY 09 / 11 / 2013
Mailing Address		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4346</b>
City	State Zip Code	
Purpose of Disbursement Kinko/Kinis -Food	Category/Type 001	
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 00	

Full Name (Last, First, Middle Initial) <b>B. Partners for Health</b>		Date of Disbursement MM / DD / YYYY 09 / 23 / 2013
Mailing Address		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.4352</b>
City	State Zip Code	
Purpose of Disbursement Tickets/Advertisement	Category/Type 004	
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 00	

Full Name (Last, First, Middle Initial) <b>c. Jean Picou</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2013
Mailing Address		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4304</b>
City	State Zip Code	
Purpose of Disbursement Graphics	Category/Type 006	
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1900.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial) <b>A. Jean Picou</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2013
Mailing Address		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4321</b>
City	State Zip Code	
Purpose of Disbursement Graphics	Category/ Type 006	
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial) <b>B. Jean Picou</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2013
Mailing Address		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4349</b>
City	State Zip Code	
Purpose of Disbursement Graphics	Category/ Type 006	
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial) <b>C. STACEY PLASKETT</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2013
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.4306</b>
City	State Zip Code FREDERICKSTED VI 00841	
Purpose of Disbursement Candidate Meet and Greet	Category/ Type 007	
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial) <b>A. STACEY PLASKETT</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2013
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 630.00 <b>Transaction ID : SB17.4330</b>
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Per Diem (DC/NYC)	Category/ Type 002
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 00	

Full Name (Last, First, Middle Initial) <b>B. Seabornne Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2013
Mailing Address		Amount of Each Disbursement this Period 203.00 <b>Transaction ID : SB17.4301</b>
City	State	
Zip Code	Purpose of Disbursement Airline Tickets	Category/ Type 002
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 00	

Full Name (Last, First, Middle Initial) <b>c. Jonathan Small</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2013
Mailing Address		Amount of Each Disbursement this Period 553.08 <b>Transaction ID : SB17.4327</b>
City	State	
Zip Code	Purpose of Disbursement Car Rental (DC/NYC)	Category/ Type 002
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1386.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 27			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial) <b>A. Jonathan Small</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2013
Mailing Address		Amount of Each Disbursement this Period 720.00 <b>Transaction ID : SB17.4329</b>
City	State Zip Code	
Purpose of Disbursement Reimbursement - Trip Expenses	Category/Type 002	
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial) <b>B. Sprint</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2013
Mailing Address		Amount of Each Disbursement this Period 230.00 <b>Transaction ID : SB17.4313</b>
City	State Zip Code	
Purpose of Disbursement Office cell phone	Category/Type 001	
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial) <b>c. Walker's By the Sea</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2013
Mailing Address		Amount of Each Disbursement this Period 336.00 <b>Transaction ID : SB17.4316</b>
City	State Zip Code	
Purpose of Disbursement Meet and greet	Category/Type 007	
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1286.00
<b>TOTAL</b> This Period (last page this line number only).....	24585.33

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

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

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NAME OF COMMITTEE (In Full)  
**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial) <b>A. Federal Election Commission</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2013
Mailing Address		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB21.4337</b>
City	State Zip Code	
Purpose of Disbursement Late File Penalty	Category/ Type 001	
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VI District: 00	

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	250.00