

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

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

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 / / in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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

/ /

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

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))....	33509.90	42359.90
(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)).....	33509.90	42359.90
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	58570.23	74210.89
(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)).....	58570.23	74210.89
8. Cash on Hand at Close of Reporting Period (from Line 27).....	-32215.49	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY 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: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	32559.90	41409.90
(ii) Unitemized.....	950.00	950.00
(iii) TOTAL of contributions from individuals ▶	33509.90	42359.90
(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))..	33509.90	42359.90
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(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
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	33509.90	42359.90

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	58570.23	74210.89
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	58820.23	74460.89

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	-6905.16
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	33509.90
25. SUBTOTAL (add Line 23 and Line 24).....	26604.74
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	58820.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	-32215.49

**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 36
	<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

A. Full Name (Last, First, Middle Initial)
Kenneth Brown

Mailing Address

City State Zip Code
MD

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
 07 / 01 / 2013

Transaction ID : SA11AI.4221

Amount of Each Receipt this Period
 500.00

In-kind -

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

Mailing Address 1300 E. Saint George Ct.

City State Zip Code
Mitchellville MD 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 Y Y
 09 / 07 / 2013

Transaction ID : SA11AI.4169

Amount of Each Receipt this Period
 500.00

In-kind -

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

Mailing Address 2007 N. Din Widdie

City State Zip Code
Arlington VA 22207

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

Name of Employer Occupation
Developer

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.4163

Amount of Each Receipt this Period
 250.00

In-kind -

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

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

1250.00

**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 6 OF 36
	<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) A. Sebastiano Paiewonsky Casinelli		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 01 / 2013
Mailing Address City State Zip Code St. Thomas VI		Transaction ID : SA11AI.4212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1164.90 In-kind -
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. Sebastiano Paiewonsky Casinelli		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 01 / 2013
Mailing Address City State Zip Code St. Thomas VI		Transaction ID : SA11AI.4224
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 970.70 In-kind -
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	

Full Name (Last, First, Middle Initial) C. Ben Cerilli		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 01 / 2013
Mailing Address 2425 Cotton Valley City State Zip Code St. Croix VI 00820		Transaction ID : SA11AI.4255
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 In-kind -
Name of Employer	Occupation Investor	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	2635.60
TOTAL 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 36
	<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)
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
1000.00

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

Transaction ID : SA11AI.4186

Amount of Each Receipt this Period
1000.00

In-kind -

B. 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
1000.00

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

Transaction ID : SA11AI.4183

Amount of Each Receipt this Period
1000.00

In-kind -

C. 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
300.00

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

Transaction ID : SA11AI.4179

Amount of Each Receipt this Period
300.00

In-kind -

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

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

2300.00

**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 36
	<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)
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 Self Employed Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.4122

Amount of Each Receipt this Period
250.00

In-kind -

B. Full Name (Last, First, Middle Initial)
Stephen E. Freke

Mailing Address P.O. Box 270

City St. Thomas State VI Zip Code 00804

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

Name of Employer Self Employed Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 17 / 2013

Transaction ID : SA11AI.4113

Amount of Each Receipt this Period
2000.00

In-kind -

C. Full Name (Last, First, Middle Initial)
James F. Gallivan

Mailing Address P.O. Box 1320

City St. Thomas State VI Zip Code 00804

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

Name of Employer Occupation

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 / 16 / 2013

Transaction ID : SA11AI.4125

Amount of Each Receipt this Period
1000.00

In-kind -

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

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

3250.00

**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 36
	<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) A. Michelle Generous		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2013	
Mailing Address 618 E Street, NW		Transaction ID : SA11AI.4107	
City Washington	State DC	Zip Code 20004	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00	
Name of Employer Occupation Administrator		In-kind -	
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. Dodson Daryl J.		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2013	
Mailing Address P.O. Box 6516		Transaction ID : SA11AI.4135	
City St. Thomas	State VI	Zip Code 00804	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer Occupation Self Employed Attorney		In-kind -	
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) C. Ivy John		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2013	
Mailing Address 2305 Houston Street		Transaction ID : SA11AI.4174	
City Suitland	State MD	Zip Code 20746	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 450.00	
Name of Employer Occupation Retired		In-kind -	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 450.00	

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL 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 10 OF 36
	<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)
Victor John

Mailing Address P.O. Box 61

City Suitland State MD Zip Code 20752

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

Name of Employer Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4156

Amount of Each Receipt this Period
 500.00

In-kind -

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

Mailing Address P.O. Box 608

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 Y
 07 / 24 / 2013

Transaction ID : SA11AI.4116

Amount of Each Receipt this Period
 500.00

In-kind -

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

Mailing Address 1331 Brickell Ave.

City Miami State FL Zip Code 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

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

Transaction ID : SA11AI.4203

Amount of Each Receipt this Period
 2600.00

In-kind -

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

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

3600.00

**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 11 OF 36
	<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) A. Matthew Martorello		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address 5322 Yacht Haven #7 City St. Thomas State VI Zip Code 00802		Transaction ID : SA11AI.4272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00 In-kind -
Name of Employer Self Employed Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Management Consultant Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. Robert McCallum Jr.		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2013
Mailing Address 2440 Peachtree Rd 15 City Atlanta State GA Zip Code 30505		Transaction ID : SA11AI.4206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 In-kind -
Name of Employer Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Attorney Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. William Neville		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address City State Zip Code		Transaction ID : SA11AI.4227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2524.30 In-kind -
Name of Employer Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Election Cycle-to-Date 2524.30	

SUBTOTAL of Receipts This Page (optional).....	4024.30
TOTAL 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 12 OF 36
	<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
 07 / 09 / 2013

Transaction ID : SA11AI.4252

Amount of Each Receipt this Period
 1000.00

In-kind -

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
 07 / 01 / 2013

Transaction ID : SA11AI.4274

Amount of Each Receipt this Period
 1900.00

In-kind -

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:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4153

Amount of Each Receipt this Period
 250.00

In-kind -

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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 13 OF 36

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

A. Full Name (Last, First, Middle Initial)
Obie Shaw

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 Y
 07 / 01 / 2013

Transaction ID : SA11AI.4215

Amount of Each Receipt this Period
 250.00

In-kind -

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

Mailing Address P.O. Box 1412

City State Zip Code
 St. John VI 00831

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

Name of Employer Occupation
 Self Employed Business Owner

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 / 16 / 2013

Transaction ID : SA11AI.4230

Amount of Each Receipt this Period
 2600.00

In-kind -

C. Full Name (Last, First, Middle Initial)
James R. Watson

Mailing Address 495 Brickell Ave.

City State Zip Code
 Miami FL 33131

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

Name of Employer Occupation
 Developer

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 / 17 / 2013

Transaction ID : SA11AI.4199

Amount of Each Receipt this Period
 2600.00

In-kind -

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

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

5450.00

**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 36
	<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) A. John Wessel		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 27 / 2013
Mailing Address 72 Estate River #2 City St. Croix State VI Zip Code 00850		Transaction ID : SA11AI.4145
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00 In-kind -
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. Vickie R. Wessel		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 27 / 2013
Mailing Address 72 Estate River #2 City St. Croix State VI Zip Code 00850		Transaction ID : SA11AI.4147
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00 In-kind -
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) C. Aleta Williams		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 08 / 2013
Mailing Address 5216 Illinois Ave., NW City Washington State DC Zip Code 20011		Transaction ID : SA11AI.4137
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 In-kind -
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	

SUBTOTAL of Receipts This Page (optional).....	5700.00
TOTAL This Period (last page this line number only).....	32559.90

**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 15 OF 36	
	<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) A. Ackley Media		Date of Disbursement MM / DD / YYYY 08 / 22 / 2013
Mailing Address		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4319
City	State Zip Code	
Purpose of Disbursement Radio Advertisement	Category/Type 004	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
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. Lee Ashley		Date of Disbursement MM / DD / YYYY 08 / 29 / 2013
Mailing Address		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4331
City	State Zip Code	
Purpose of Disbursement Photos for Fundraiser	Category/Type 003	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
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) c. Lee Ashley		Date of Disbursement MM / DD / YYYY 09 / 17 / 2013
Mailing Address		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4350
City	State Zip Code	
Purpose of Disbursement Photos for Fundraiser	Category/Type 003	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
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		

SUBTOTAL of Disbursements This Page (optional)	1300.00
TOTAL 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 16 OF 36	
	<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) A. Kenneth Brown		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4223
City	State MD Zip Code	
Purpose of Disbursement In-kind -	Category/Type	
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Buccaneer		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2013
Mailing Address		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4324
City	State Zip Code	
Purpose of Disbursement Fundraiser	Category/Type 003	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
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) c. Kim Callwood		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2013
Mailing Address 1300 E. Saint George Ct.		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4171
City	State MD Zip Code 20721	
Purpose of Disbursement In-kind -	Category/Type	
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	2500.00
TOTAL 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 36	
	<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) A. Capital Tees		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2013
Mailing Address		Amount of Each Disbursement this Period 700.00 Transaction ID : SB17.4302
City	State Zip Code	
Purpose of Disbursement Campaign T-Shirts	Category/Type 006	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	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. Darnell Carpenter		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2013
Mailing Address 2007 N. Din Widdie		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4164
City	State Zip Code	
Purpose of Disbursement In-kind -	Category/Type	
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) C. Sebastiano Paiewonsky Casinelli		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address		Amount of Each Disbursement this Period 1164.90 Transaction ID : SB17.4214
City	State Zip Code	
Purpose of Disbursement In-kind -	Category/Type	
Candidate Name	Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	2114.90
TOTAL 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 36	
	<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) A. Sebastiano Paiewonsky Casinelli		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2013
Mailing Address		Amount of Each Disbursement this Period 970.70 Transaction ID : SB17.4226
City St. Thomas	State VI	
Purpose of Disbursement In-kind -	Category/ Type	
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Ben Cerilli		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address 2425 Cotton Valley		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4257
City St. Croix	State VI	
Purpose of Disbursement In-kind -	Category/ Type	
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Choice Communications		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2013
Mailing Address		Amount of Each Disbursement this Period 126.75 Transaction ID : SB17.4307
City	State	
Purpose of Disbursement Internet/phone	Category/ Type 001	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
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		

SUBTOTAL of Disbursements This Page (optional).....	1597.45
TOTAL 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 36			
	<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) A. Choice Communications		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2013
Mailing Address		Amount of Each Disbursement this Period 125.00 Transaction ID : SB17.4322
City	State Zip Code	
Purpose of Disbursement Internet/Phone	001	Category/ Type
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
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. Choice Communications		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2013
Mailing Address		Amount of Each Disbursement this Period 125.50 Transaction ID : SB17.4351
City	State Zip Code	
Purpose of Disbursement Internet/phone	001	Category/ Type
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
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) c. Elisa J. Colas		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2013
Mailing Address Le Bournett 22270		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4189
City	State Zip Code Dolo ZZ	
Purpose of Disbursement In-kind -		Category/ Type
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	1250.50
TOTAL 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 36	
	<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) A. Mary Cosnard		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2013
Mailing Address Les Roches Blanches		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4185
City Jugon Lars	State ZZ	
Purpose of Disbursement In-kind -	Candidate Name	Category/ Type
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Boliva T. Davis		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2013
Mailing Address 12907 St. Edmund Way		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4181
City Mitchellville	State MD	
Purpose of Disbursement In-kind -	Candidate Name	Category/ Type
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Greg J. Ferguson		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2013
Mailing Address 9100 Havensight Suite 15-16		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4124
City St. Thomas	State VI	
Purpose of Disbursement In-kind -	Candidate Name	Category/ Type
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	1550.00
TOTAL 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 36	
	<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) A. Stephen E. Freke		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2013
Mailing Address P.O. Box 270		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4115
City St. Thomas	State VI	
Zip Code 00804	Purpose of Disbursement In-kind -	Category/ Type
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. James F. Gallivan		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2013
Mailing Address P.O. Box 1320		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4127
City St. Thomas	State VI	
Zip Code 00804	Purpose of Disbursement In-kind -	Category/ Type
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) c. Delmin Garcia		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2013
Mailing Address		Amount of Each Disbursement this Period 650.00 Transaction ID : SB17.4300
City St. Croix	State VI	
Zip Code	Purpose of Disbursement Office Equipment/Supplies	Category/ Type 006
Candidate Name VIRGIN ISLANDS FOR PLASKETT	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	

SUBTOTAL of Disbursements This Page (optional).....	3650.00
TOTAL 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 36	
	<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) A. Delmin Garcia		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2013
Mailing Address		Amount of Each Disbursement this Period 650.00 Transaction ID : SB17.4308
City St. Croix	State VI	
Purpose of Disbursement Cash	Category/ Type 006	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	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. Delmin Garcia		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2013
Mailing Address		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4309
City St. Croix	State VI	
Purpose of Disbursement Office Supplies	Category/ Type 001	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	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) c. Delmin Garcia		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2013
Mailing Address		Amount of Each Disbursement this Period 1120.00 Transaction ID : SB17.4312
City St. Croix	State VI	
Purpose of Disbursement Travel to NY and DC	Category/ Type 002	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	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	

SUBTOTAL of Disbursements This Page (optional).....	2070.00
TOTAL 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 36			
	<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) A. Delmin Garcia		Date of Disbursement MM / DD / YYYY 08 / 03 / 2013
Mailing Address		Amount of Each Disbursement this Period 350.00
City St. Croix	State VI	
Purpose of Disbursement Cash for School Supplies	Category/ Type 012	Transaction ID : SB17.4314
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
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. Delmin Garcia		Date of Disbursement MM / DD / YYYY 08 / 05 / 2013
Mailing Address		Amount of Each Disbursement this Period 700.00
City St. Croix	State VI	
Purpose of Disbursement Reimbursement for back to school supplies	Category/ Type 012	Transaction ID : SB17.4315
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
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) c. Delmin Garcia		Date of Disbursement MM / DD / YYYY 08 / 20 / 2013
Mailing Address		Amount of Each Disbursement this Period 291.00
City St. Croix	State VI	
Purpose of Disbursement Reimbursement - Cost-U-Less, Office Max	Category/ Type 001	Transaction ID : SB17.4323
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
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	

SUBTOTAL of Disbursements This Page (optional).....	1341.00
TOTAL 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 36	
	<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) A. Delmin Garcia		Date of Disbursement MM / DD / YYYY 08 / 28 / 2013
Mailing Address		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.4326
City St. Croix	State VI	
Purpose of Disbursement NYC - DC Fundraiser	Category/Type 003	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	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. Delmin Garcia		Date of Disbursement MM / DD / YYYY 08 / 29 / 2013
Mailing Address		Amount of Each Disbursement this Period 2100.00 Transaction ID : SB17.4335
City St. Croix	State VI	
Purpose of Disbursement DC/NYC Vendors	Category/Type 007	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	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) c. Delmin Garcia		Date of Disbursement MM / DD / YYYY 09 / 11 / 2013
Mailing Address		Amount of Each Disbursement this Period 2675.00 Transaction ID : SB17.4344
City St. Croix	State VI	
Purpose of Disbursement Reimbursement - DC/NYC Credit Card	Category/Type 002	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	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	

SUBTOTAL of Disbursements This Page (optional).....	5375.00
TOTAL 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 36	
	<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) A. Delmin Garcia		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2013
Mailing Address		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4347
City St. Croix	State VI	
Purpose of Disbursement Airline Tickets - ATL	Category/Type 002	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	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. Delmin Garcia		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2013
Mailing Address		Amount of Each Disbursement this Period 4200.00 Transaction ID : SB17.4348
City St. Croix	State VI	
Purpose of Disbursement ATL Expense Events	Category/Type 007	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	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) c. Delmin Garcia		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2013
Mailing Address		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4354
City St. Croix	State VI	
Purpose of Disbursement Paint Office Supply	Category/Type 001	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	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	

SUBTOTAL of Disbursements This Page (optional).....	5500.00
TOTAL 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 36		
	<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) A. Michelle Generous		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2013
Mailing Address 618 E Street, NW		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4109
City Washington State DC Zip Code 20004	Purpose of Disbursement In-kind - Candidate Name Office Sought: <input 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: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Jermaine George		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2013
Mailing Address		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4346
City State Zip Code	Purpose of Disbursement Kinko/Kinis -Food Candidate Name 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	Category/Type 001	

Full Name (Last, First, Middle Initial) C. Dodson Daryl J.		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2013
Mailing Address P.O. Box 6516		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4136
City St. Thomas State VI Zip Code 00804	Purpose of Disbursement In-kind - Candidate Name Office Sought: <input 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: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1750.00
TOTAL 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 27 OF 36	
	<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) A. Ivy John		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2013
Mailing Address 2305 Houston Street		Amount of Each Disbursement this Period 450.00 Transaction ID : SB17.4176
City Suitland State MD Zip Code 20746	Purpose of Disbursement In-kind - Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Victor John		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2013
Mailing Address P.O. Box 61		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4158
City Suitland State MD Zip Code 20752	Purpose of Disbursement In-kind - Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Erika Kellerhals		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2013
Mailing Address P.O. Box 608		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4118
City St. Thomas State VI Zip Code 00804	Purpose of Disbursement In-kind - Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1450.00
TOTAL 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 28 OF 36	
	<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) A. Benjamin Manning		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2013
Mailing Address 1331 Brickell Ave.		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB17.4205
City Miami	State FL	
Zip Code 33131	Purpose of Disbursement In-kind -	Category/ Type
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. Matthew Martorello		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address 5322 Yacht Haven #7		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4273
City St. Thomas	State VI	
Zip Code 00802	Purpose of Disbursement In-kind -	Category/ Type
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) c. Robert McCallum Jr.		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2013
Mailing Address 2440 Peachtree Rd 15		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4208
City Atlanta	State GA	
Zip Code 30505	Purpose of Disbursement In-kind -	Category/ Type
Candidate Name	Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	4100.00
TOTAL 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 29 OF 36	
	<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) A. William Neville		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address		Amount of Each Disbursement this Period 2524.30 Transaction ID : SB17.4229
City	State Zip Code	
Purpose of Disbursement In-kind -	Category/Type	
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Partners for Health		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2013
Mailing Address		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4352
City	State Zip Code	
Purpose of Disbursement Tickets/Advertisement	Category/Type 004	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
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) c. Eugene A. Petersen		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2013
Mailing Address 41 King St.		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4254
City	State Zip Code	
St. Croix VI 00841		
Purpose of Disbursement In-kind -	Category/Type	
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	3924.30
TOTAL 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 30 OF 36	
	<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) A. Jean Picou		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2013
Mailing Address		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4304
City	State Zip Code	
Purpose of Disbursement Graphics	Category/Type 006	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
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. Jean Picou		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2013
Mailing Address		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4321
City	State Zip Code	
Purpose of Disbursement Graphics	Category/Type 006	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
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) c. Jean Picou		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2013
Mailing Address		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4349
City	State Zip Code	
Purpose of Disbursement Graphics	Category/Type 006	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
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		

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL 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 31 OF 36	
	<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) A. STACEY PLASKETT		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 Transaction ID : SB17.4306
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Candidate Meet and Greet	Category/ Type 007
Candidate Name VIRGIN ISLANDS FOR PLASKETT	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	
State: VI	District: 00	

Full Name (Last, First, Middle Initial) B. STACEY PLASKETT		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 Transaction ID : SB17.4330
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Per Diem (DC/NYC)	Category/ Type 002
Candidate Name VIRGIN ISLANDS FOR PLASKETT	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	
State: VI	District: 00	

Full Name (Last, First, Middle Initial) c. Marjorie Roberts		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address		Amount of Each Disbursement this Period 1900.00 Transaction ID : SB17.4275
City	State VI	
Zip Code	Purpose of Disbursement In-kind -	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	2730.00
TOTAL 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 32 OF 36	
	<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) A. Pauline Schneider		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2013
Mailing Address 5900 16th Street, NW		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4155
City Washington State DC Zip Code 20011	Purpose of Disbursement In-kind - Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type

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

Full Name (Last, First, Middle Initial) c. Obie Shaw		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4217
City State Zip Code	Purpose of Disbursement In-kind - Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type

SUBTOTAL of Disbursements This Page (optional).....	703.00
TOTAL 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 33 OF 36	
	<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) A. Jonathan Small		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2013
Mailing Address		Amount of Each Disbursement this Period 553.08 Transaction ID : SB17.4327
City	State Zip Code	
Purpose of Disbursement Car Rental (DC/NYC)	Category/Type 002	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
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. Jonathan Small		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2013
Mailing Address		Amount of Each Disbursement this Period 720.00 Transaction ID : SB17.4329
City	State Zip Code	
Purpose of Disbursement Reimbursement - Trip Expenses	Category/Type 002	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
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) c. Sprint		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2013
Mailing Address		Amount of Each Disbursement this Period 230.00 Transaction ID : SB17.4313
City	State Zip Code	
Purpose of Disbursement Office cell phone	Category/Type 001	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
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		

SUBTOTAL of Disbursements This Page (optional).....	1503.08
TOTAL 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 34 OF 36	
	<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) A. Andrew Stillman		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2013
Mailing Address P.O. Box 1412		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB17.4232
City St. John	State VI	
Zip Code 00831	Purpose of Disbursement In-kind -	Category/ Type
Candidate Name	Office Sought: <input 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: District:	

Full Name (Last, First, Middle Initial) B. Walker's By the Sea		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2013
Mailing Address		Amount of Each Disbursement this Period 336.00 Transaction ID : SB17.4316
City	State	
Zip Code	Purpose of Disbursement Meet and greet	Category/ Type 007
Candidate Name VIRGIN ISLANDS FOR PLASKETT	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) C. James R. Watson		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2013
Mailing Address 495 Brickell Ave.		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB17.4202
City Miami	State FL	
Zip Code 33131	Purpose of Disbursement In-kind -	Category/ Type
Candidate Name	Office Sought: <input 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: District:	

SUBTOTAL of Disbursements This Page (optional).....	5536.00
TOTAL 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 35 OF 36	
	<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) A. John Wessel		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2013
Mailing Address 72 Estate River #2		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB17.4146
City St. Croix	State VI Zip Code 00850	
Purpose of Disbursement In-kind -	Category/Type	
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) B. Vickie R. Wessel		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2013
Mailing Address 72 Estate River #2		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB17.4149
City St. Croix	State VI Zip Code 00850	
Purpose of Disbursement In-kind -	Category/Type	
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) C. Aleta Williams		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2013
Mailing Address 5216 Illinois Ave., NW		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4139
City Washington	State DC Zip Code 20011	
Purpose of Disbursement In-kind -	Category/Type	
Candidate Name		
Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional).....	5700.00
TOTAL This Period (last page this line number only).....	57145.23

**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 36 OF 36	
	<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) A. Federal Election Commission		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2013
Mailing Address		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.4337
City	State Zip Code	
Purpose of Disbursement Late File Penalty	Category/Type 001	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
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.		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		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		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		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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