

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 11 / 04 / 2014 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

10 / 01 / 2014 through 10 / 15 / 2014

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

10 / 21 / 2014

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 | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|

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)).... | 23250.00 | 256489.60 |
| (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))..... | 23250.00 | 256489.60 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 27832.55 | 257722.42 |
| (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))..... | 27832.55 | 257722.42 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | -3347.32 | |
| 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)..... | 22950.00 | 251099.60 |
| (ii) Unitemized..... | 300.00 | 5390.00 |
| (iii) TOTAL of contributions from individuals ▶ | 23250.00 | 256489.60 |
| (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)).. | 23250.00 | 256489.60 |
| 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)..... ▶ | 23250.00 | 256489.60 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 27832.55 | 257722.42 |
| 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 | 1750.00 | 2000.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 29582.55 | 259722.42 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 2985.23 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 23250.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 26235.23 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 29582.55 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | -3347.32 |

**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 18 |
| | <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) A. Adrien E. Austin | | Date of Receipt M M / D D / Y Y Y Y 10 / 06 / 2014 |
| Mailing Address P.O. Box 302336 | | Transaction ID : SA11AI.5234 |
| 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | |

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Richard Berry | | Date of Receipt M M / D D / Y Y Y Y 10 / 02 / 2014 |
| Mailing Address P.O. Box 303125 | | Transaction ID : SA11AI.5241 |
| 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | |

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Gloria Coursey | | Date of Receipt M M / D D / Y Y Y Y 10 / 08 / 2014 |
| Mailing Address P.O. Box 52 | | Transaction ID : SA11AI.5225 |
| City Christiansted | 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3000.00 |
| TOTAL 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 6 OF 18 |
| | <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. Sean Coursey | | Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 08 / 2014 |
| Mailing Address 4502 W. Sylvan Ramble | | Transaction ID : SA11AI.5223 |
| City St. Tampa | State FL | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1500.00 |
| Name of Employer | Occupation | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1500.00 | |

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Mark W. Eckerd | | Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 10 / 2014 |
| Mailing Address | | Transaction ID : SA11AI.5218 |
| City St. Croix | State VI | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer | Occupation Attorney | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2000.00 | |

| | | |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Patsy Fletcher | | Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 10 / 2014 |
| Mailing Address 3949 First Street NW | | Transaction ID : SA11AI.5245 |
| City Washington | State DC | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 150.00 |
| Name of Employer | Occupation Consultant | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 350.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2650.00 |
| TOTAL 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 7 OF 18 |
| | <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)
Kevin Hensley

Mailing Address P.O. Box 24785

City State Zip Code
Christiansted VI 00824

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
 10 / 08 / 2014

Transaction ID : SA11AI.5216

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Matthew Hogan

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
 10 / 06 / 2014

Transaction ID : SA11AI.5248

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Jacqueline Holt

Mailing Address 2132 Company Street

City State Zip Code
Christiansted VI 00820

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
 10 / 03 / 2014

Transaction ID : SA11AI.5236

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 8 OF 18
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

A. Full Name (Last, First, Middle Initial)
Joel Holt

Mailing Address 2132 Company Street

City State Zip Code
Christiansted VI 00820

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
 10 / 03 / 2014

Transaction ID : SA11AI.5231

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
John Lewis

Mailing Address P.O. Box 670

City State Zip Code
Christiansted VI 00821

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
 10 / 01 / 2014

Transaction ID : SA11AI.5219

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
G. Hunter Logan

Mailing Address 1131 King Street

City State Zip Code
Christiansted VI 00820

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
 10 / 09 / 2014

Transaction ID : SA11AI.5240

Amount of Each Receipt this Period
 200.00

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

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

4800.00

**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 18 |
| | <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)
Barabara O'Brien

Mailing Address 6501 Red Hook Plaza
Suite 201

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2014

Transaction ID : SA11AI.5256

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
William O. Perkins III

Mailing Address 6010 Estate Nazareth
#10

City St. Thomas State VI Zip Code 00803

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
 10 / 07 / 2014

Transaction ID : SA11AI.5229

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Colin B. Probyn

Mailing Address 5E Estate Misgunst

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2014

Transaction ID : SA11AI.5254

Amount of Each Receipt this Period
500.00

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

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

2000.00

**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 10 OF 18 |
| | <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)
David Ridgway

Mailing Address P.O. Box 24466

City State Zip Code
Christiansted VI 00824

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 08 / 2014

Transaction ID : SA11AI.5221

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Southland Gaming of the VI

Mailing Address 1003 Estate Ross Barbel Plaza
Suite 8

City State Zip Code
St. Thomas VI

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

Name of Employer 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
10 / 06 / 2014

Transaction ID : SA11AI.5252

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
The David W. Hughes Family Limited Partner

Mailing Address #14 Estate Sprat Hall
P.O. Box 3252

City State Zip Code
Christiansted VI 00821

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

Name of Employer 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
10 / 01 / 2014

Transaction ID : SA11AI.5243

Amount of Each Receipt this Period
2000.00

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

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

4500.00

**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 18 |
| | <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 10 / 08 / 2014 |
| Mailing Address 72 Estate River #2 City St. Croix State VI Zip Code 00850 | | Transaction ID : SA11AI.5227 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Self Employed | Occupation Business Owner | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 6200.00 | |

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Vickie R. Wessel | | Date of Receipt M M / D D / Y Y Y Y 10 / 08 / 2014 |
| Mailing Address 72 Estate River #2 City St. Croix State VI Zip Code 00850 | | Transaction ID : SA11AI.5228 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Self Employed | Occupation Business Owner | |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 3600.00 | |

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Hatim Yusuf | | Date of Receipt M M / D D / Y Y Y Y 10 / 10 / 2014 |
| Mailing Address #1 Estate Cane City Fredricksted State VI Zip Code 00840 | | Transaction ID : SA11AI.5250 |
| 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | |

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 3000.00 |
| TOTAL This Period (last page this line number only)..... | 22950.00 |

**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 12 OF 18 | |
| | <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. Connolly Printing | | Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 3704.50 Transaction ID : SB17.5286 |
| City | State Zip Code | |
| Purpose of Disbursement Balance Due - Campaign Materials | 006 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: VI District: 00 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Epok | | Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 104.00 Transaction ID : SB17.5284 |
| City | State Zip Code | |
| Purpose of Disbursement Hostess Signs | 006 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 type="checkbox"/> Primary <input checked="" 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 10 / 01 / 2014 |
| Mailing Address P.O. Box 26502 | | Amount of Each Disbursement this Period 561.00 Transaction ID : SB17.5259 |
| City | State Zip Code | |
| St. Croix VI 00824 | | |
| Purpose of Disbursement Avis/ Stacey;s database | 002 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: VI District: 00 | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4369.50 |
| 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 13 OF 18 | | | |
| | <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 10 / 08 / 2014 |
| Mailing Address P.O. Box 26502 | | Amount of Each Disbursement this Period 436.05 Transaction ID : SB17.5283 |
| City St. Croix | State VI | |
| Zip Code 00824 | Purpose of Disbursement Office depot/ Epok | 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: VI District: 00 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Lambert Media | | Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 4966.00 Transaction ID : SB17.5270 |
| City | State | |
| Zip Code | Purpose of Disbursement Radio ads | 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: VI District: 00 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Wilfredo Michaels | | Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 1200.00 Transaction ID : SB17.5280 |
| City | State | |
| Zip Code | Purpose of Disbursement Hartatak Band | 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: VI District: 00 | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 6602.05 |
| 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 14 OF 18 | | | |
| | <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 10 / 10 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 930.00 Transaction ID : SB17.5279 |
| City | State Zip Code | |
| Purpose of Disbursement Campaign hats | 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: VI District: 00 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. STACEY PLASKETT | | Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014 |
| Mailing Address PO BOX 1006 | | Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.5285 |
| City | State Zip Code | |
| Purpose of Disbursement St. Thomas/Debate Expense | 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: VI District: 00 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. STACEY PLASKETT | | Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014 |
| Mailing Address PO BOX 1006 | | Amount of Each Disbursement this Period 3410.00 Transaction ID : SB17.5287 |
| City | State Zip Code | |
| Purpose of Disbursement Radio ads | 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: VI District: 00 | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 4740.00 |
| 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 15 OF 18 | | | |
| | <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 10 / 14 / 2014 |
| Mailing Address PO BOX 1006 | | Amount of Each Disbursement this Period 2432.00 Transaction ID : SB17.5288 |
| City FREDERICKSTED | State VI | |
| Zip Code 00841 | Purpose of Disbursement Grill of radio ads | 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: VI District: 00 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. STACEY PLASKETT | | Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014 |
| Mailing Address PO BOX 1006 | | Amount of Each Disbursement this Period 2600.00 Transaction ID : SB17.5291 |
| City FREDERICKSTED | State VI | |
| Zip Code 00841 | Purpose of Disbursement Avis/Cost U Less/ Bar cash | 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: VI District: 00 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) c. Seaborne Airlines | | Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 65.00 Transaction ID : SB17.5260 |
| City | State | |
| Zip Code | Purpose of Disbursement Travel | 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: VI District: 00 | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5097.00 |
| 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 18 | |
| | <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. Seaborne Airlines | | Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 77.50 Transaction ID : SB17.5265 |
| City | State Zip Code | |
| Purpose of Disbursement Packages to St. Thomas | 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: VI District: 00 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Seaborne Airlines | | Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 63.00 Transaction ID : SB17.5273 |
| City | State Zip Code | |
| Purpose of Disbursement Change ticket fee | 002 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: VI District: 00 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Seaborne Airlines | | Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.5277 |
| City | State Zip Code | |
| Purpose of Disbursement Interisland travel | 002 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: VI District: 00 | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 940.50 |
| 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 17 OF 18 | |
| | <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. Tutto Bene | | Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 1300.00 Transaction ID : SB17.5289 |
| City | State Zip Code | |
| Purpose of Disbursement Democratic Meet & 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: VI District: 00 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Larry William | | Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014 |
| Mailing Address P.O. Box 24150 GBS | | Amount of Each Disbursement this Period 3500.00 Transaction ID : SB17.5276 |
| City | State Zip Code | |
| Purpose of Disbursement Contribution returned | Category/Type 010 | |
| 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: VI District: 00 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. WSTA | | Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 930.00 Transaction ID : SB17.5278 |
| City | State Zip Code | |
| Purpose of Disbursement Radio ad - back to school | 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: VI District: 00 | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 5730.00 |
| TOTAL This Period (last page this line number only)..... | 27479.05 |

**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 18 | | | |
| | <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 10 / 01 / 2014 |
| Mailing Address | | Amount of Each Disbursement this Period 1750.00 Transaction ID : SB21.5262 |
| City | State Zip Code | |
| Purpose of Disbursement FEC Penalty | 001 Category/ Type | |
| 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. | | 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) 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 | 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: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1750.00 |
| TOTAL This Period (last page this line number only)..... | 1750.00 |