

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 Christiansted VI 00824

X Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00528182 3. IS THIS REPORT NEW (N) OR AMENDED (A) VI 01

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) X 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 MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY 07/01/2013 through MM/DD/YYYY 09/30/2013

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

Type or Print Name of Treasurer Jonathan Buckney Small

Signature of Treasurer Jonathan Buckney Small [Electronically Filed] Date MM/DD/YYYY 05/01/2015

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 table with 8 columns and 1 row. FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

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

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	39459.90	48309.90
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	39459.90	48309.90
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	25060.33	31850.99
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	25060.33	31850.99
8. Cash on Hand at Close of Reporting Period (from Line 27).....	15293.53	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	18233.10	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**VIRGIN ISLANDS FOR PLASKETT**

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

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

**DETAILED SUMMARY PAGE**  
of Disbursements

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

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1143.96
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	39459.90
25. SUBTOTAL (add Line 23 and Line 24).....	40603.86
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	25310.33
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	15293.53

**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 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

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

Full Name (Last, First, Middle Initial) <b>B. Kenneth Brown</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 01 / 2013	
Mailing Address 1701 Kings Forest Trail		<b>Transaction ID : SA11AI.4426</b>	
City Mount Airy	State MD	Zip Code 21771	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Kenneth Brown Law Firm	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 35
	<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)  
**Darnell Carpenter**

Mailing Address 2007 N. Din Widdie

City: Arlington State: VA Zip Code: 22207

FEC ID number of contributing federal political committee: C

Name of Employer: Synergy Inc. Occupation: Developer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 09 / 05 / 2013

**Transaction ID : SA11AI.4407**

Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Sebastiano Paiewonsky Casinelli**

Mailing Address PO Box 6280

City: St. Thomas State: VI Zip Code: 00804

FEC ID number of contributing federal political committee: C

Name of Employer: AH RIISE Co. Occupation: Vice President / Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1164.90

Date of Receipt: 07 / 01 / 2013

**Transaction ID : SA11AI.4422**

Amount of Each Receipt this Period: 1164.90

**C.** Full Name (Last, First, Middle Initial)  
**Sebastiano Paiewonsky Casinelli**

Mailing Address PO Box 6280

City: St. Thomas State: VI Zip Code: 00804

FEC ID number of contributing federal political committee: C

Name of Employer: AH RIISE Co. Occupation: Vice President / Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2135.60

Date of Receipt: 07 / 01 / 2013

**Transaction ID : SA11AI.4423**

Amount of Each Receipt this Period: 970.70

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

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

2385.60

**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 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Ben Cerilli</b>		Date of Receipt MM / DD / YYYY 07 / 01 / 2013
Mailing Address 2425 Cotton Valley		<b>Transaction ID : SA11AI.4434</b>
City St. Croix	State VI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Ocean Offshore Energy	Occupation Investor / General Counsel	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. Elisa J. Colas</b>		Date of Receipt MM / DD / YYYY 08 / 27 / 2013
Mailing Address Le Bournett 22270		<b>Transaction ID : SA11AI.4415</b>
City Dolo	State ZZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer N/A	Occupation Homemaker	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Mary Cosnard</b>		Date of Receipt MM / DD / YYYY 08 / 28 / 2013
Mailing Address Les Roches Blanches		<b>Transaction ID : SA11AI.4414</b>
City Jugon Lars	State ZZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer N/A	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 12907 St. Edmund Way

City Mitchellville State MD Zip Code 20721

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

Name of Employer American Radiology Associates 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.4413**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address P.O. Box 6516

City St. Thomas State VI Zip Code 00804

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

Name of Employer Self-employed 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 / 24 / 2013

**Transaction ID : SA11AI.4394**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 9100 Havensight Suite 15-16

City St. Thomas State VI Zip Code 00802

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

Name of Employer Kellerhals Ferguson Kroblin PL 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 / 18 / 2013

**Transaction ID : SA11AI.4389**

Amount of Each Receipt this Period  
 250.00

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

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

1050.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

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

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

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

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

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

FOR LINE NUMBER: PAGE 10 OF 35  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Matthew F. Hagen**

Mailing Address P.O. Box 11360

City State Zip Code  
St. Thomas VI 00801

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

Name of Employer Occupation  
American Moulding, LLC President / Co-Chief Executive Officer

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2013

**Transaction ID : SA11AI.4438**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 2305 Houston Street

City State Zip Code  
Suitland MD 20746

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
450.00

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

**Transaction ID : SA11AI.4411**

Amount of Each Receipt this Period  
450.00

**C.** Full Name (Last, First, Middle Initial)  
**Victor John**

Mailing Address P.O. Box 61

City State Zip Code  
Suitland MD 20752

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

Name of Employer Occupation  
U.S. State Department Consultant

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  
 09 / 07 / 2013

**Transaction ID : SA11AI.4406**

Amount of Each Receipt this Period  
500.00

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

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

3550.00

**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 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Erika Kellerhals</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2013	
Mailing Address 9100 Port of Sale Mall Suite 15		<b>Transaction ID : SA11AI.4400</b>	
City St. Thomas	State VI	Zip Code 00802	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Kellerhals Ferguson Kroblin	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. Benjamin Manning</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2013	
Mailing Address 1331 Brickell Ave.		<b>Transaction ID : SA11AI.4419</b>	
City Miami	State FL	Zip Code 33131	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Capital Development Partners	Occupation Investment Banker		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>C. Matthew Martorello</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2013	
Mailing Address 5322 Yacht Haven #7		<b>Transaction ID : SA11AI.4432</b>	
City St. Thomas	State VI	Zip Code 00802	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Self Employed	Occupation Management Consultant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4100.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 2440 Peachtree Rd  
15

City Atlanta State GA Zip Code 30505

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

Name of Employer Alston & Bird, LLP Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.4420**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1 Estate Botany Bay  
#4-32

City St. Thomas State VI Zip Code 00802

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

Name of Employer Adlaur, LLC Occupation President (Manufacturing Co)

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

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

**Transaction ID : SA11AI.4440**

Amount of Each Receipt this Period  
750.00

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

Mailing Address PO Box 3040

City Christiansted State VI Zip Code 00851

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

Name of Employer US Viking, LLC Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2524.30

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

**Transaction ID : SA11AI.4427**

Amount of Each Receipt this Period  
2524.30

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

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

3774.30

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 13 OF 35

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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 State Zip Code  
 St. Croix VI 00841

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

Name of Employer Occupation  
 Progressive Veterinary Veterinarian

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 / 09 / 2013

**Transaction ID : SA11AI.4383**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 5093 Dronnigens Gade, Suite 1

City State Zip Code  
 St. Thomas VI 00802

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

Name of Employer Occupation  
 Marjorie Rawls Roberts, Esq. Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 1900.00

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

**Transaction ID : SA11AI.4431**

Amount of Each Receipt this Period  
 1900.00

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

Mailing Address 5900 16th Street, NW

City State Zip Code  
 Washington DC 20011

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

Name of Employer Occupation  
 Orrick, Herrington & Sutcliffe 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  
 09 / 05 / 2013

**Transaction ID : SA11AI.4405**

Amount of Each Receipt this Period  
 250.00

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

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

3150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 35
	<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)  
**Obie Shaw**

Mailing Address 809 Delafield Place, NW

City Washington State DC Zip Code 20011

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

Name of Employer Unemployed Occupation Development

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.4424**

Amount of Each Receipt this Period  
250.00

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

Mailing Address P.O. Box 1412

City St. John State VI Zip Code 00831

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

Name of Employer Tropico Management Occupation Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2013

**Transaction ID : SA11AI.4428**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 495 Brickell Ave.

City Miami State FL Zip Code 33131

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

Name of Employer Caribbean Development Partners Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

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

**Transaction ID : SA11AI.4418**

Amount of Each Receipt this Period  
2600.00

**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 15 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 35			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Ackley Media</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2013
Mailing Address PO Box 302179		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.4319</b>
City St. Thomas	State VI	
Zip Code 00803	Purpose of Disbursement Radio Advertisement	Category/ Type 004
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) <b>B. Lee Ashley</b>		Date of Disbursement MM / DD / YYYY 08 / 29 / 2013
Mailing Address PO Box 6987 Sunny Isle		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4331</b>
City St. Croix	State VI	
Zip Code 00823	Purpose of Disbursement Photos for Fundraiser	Category/ Type 003
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) <b>c. Lee Ashley</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2013
Mailing Address PO Box 6987 Sunny Isle		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4350</b>
City St. Croix	State VI	
Zip Code 00823	Purpose of Disbursement Photos for Fundraiser	Category/ Type 003
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 35			
	<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)		Date of Disbursement
<b>A. Capital Tees</b>		M M / D D / Y Y Y Y 07 / 10 / 2013
Mailing Address PO Box 7111, Sunny Isle		Amount of Each Disbursement this Period
City St. Croix	State VI	Zip Code 00823
Purpose of Disbursement Campaign T-Shirts	Category/Type 006	700.00
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Disbursement For: 2014	<b>Transaction ID : SB17.4302</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 01		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Choice Communications</b>		M M / D D / Y Y Y Y 07 / 11 / 2013
Mailing Address 6006 Estate Peters Rest Suite 6		Amount of Each Disbursement this Period
City Christiansted	State VI	Zip Code 00820
Purpose of Disbursement Internet/phone	Category/Type 001	126.75
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Disbursement For: 2014	<b>Transaction ID : SB17.4307</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 01		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>c. Choice Communications</b>		M M / D D / Y Y Y Y 08 / 20 / 2013
Mailing Address 6006 Estate Peters Rest Suite 6		Amount of Each Disbursement this Period
City Christiansted	State VI	Zip Code 00820
Purpose of Disbursement Internet/Phone	Category/Type 001	125.00
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Disbursement For: 2014	<b>Transaction ID : SB17.4322</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	951.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 35			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Choice Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2013
Mailing Address 6006 Estate Peters Rest Suite 6		Amount of Each Disbursement this Period 125.50
City Christiansted State VI Zip Code 00820	Category/Type 001	
Purpose of Disbursement Internet/phone	Candidate Name VIRGIN ISLANDS FOR PLASKETT	<b>Transaction ID : SB17.4351</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VI District: 01	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Delmin Garcia</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2013
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 650.00
City St. Croix State VI Zip Code 00824	Category/Type 006	
Purpose of Disbursement Office Equipment/Supplies	Candidate Name VIRGIN ISLANDS FOR PLASKETT	<b>Transaction ID : SB17.4300</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VI District: 01	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Delmin Garcia</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2013
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 650.00
City St. Croix State VI Zip Code 00824	Category/Type 006	
Purpose of Disbursement Cash	Candidate Name VIRGIN ISLANDS FOR PLASKETT	<b>Transaction ID : SB17.4308</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VI District: 01	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1425.50
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4300

Reimbursement to Delmin Garcia for expenses incurred to Office Max in the amount of \$650.00 for the following items: 6 boxes copy paper \$282, printer ink \$156, white boards \$68, printing of palm cards \$144

Form/Schedule: SB17

Transaction ID: SB17.4308

Reimbursement for payment to St. Croix Avis for newspaper advertisement of campaign announcement

**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 35	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Delmin Garcia</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2013
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.4309</b>
City St. Croix	State VI	
Zip Code 00824	Purpose of Disbursement Office Supplies	Category/ Type 001
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) <b>B. Delmin Garcia</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2013
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 1120.00 <b>Transaction ID : SB17.4312</b>
City St. Croix	State VI	
Zip Code 00824	Purpose of Disbursement Travel to NY and DC	Category/ Type 002
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) <b>c. Delmin Garcia</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2013
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.4314</b>
City St. Croix	State VI	
Zip Code 00824	Purpose of Disbursement Giveaways/ Campaign promotional material	Category/ Type 012
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1770.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4309

Reimbursement for expenses incurred at Office Max for jump drives \$243, staplers \$22, and three hole punch \$35

Form/Schedule: SB17

Transaction ID: SB17.4312

Reimbursement for expenses incurred to American Airlines for travel to NYC and DCA for campaign fundraisers

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4314

Reimbursement for expenses incurred at Office Max for giveaways for back to school event: Sharpeners \$80, pens \$63, caryons \$28, note pads \$34, pencils \$12, rulers \$70, notebooks \$63

Form/Schedule:

Transaction ID:

**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 35			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Delmin Garcia</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2013
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 700.00 <b>Transaction ID : SB17.4315</b>
City St. Croix	State VI	
Zip Code 00824	Purpose of Disbursement Reimbursement for back to school supplies	Category/ Type 012
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) <b>B. Delmin Garcia</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2013
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 291.00 <b>Transaction ID : SB17.4323</b>
City St. Croix	State VI	
Zip Code 00824	Purpose of Disbursement Reimbursement - Cost-U-Less, Office Max	Category/ Type 001
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) <b>c. Delmin Garcia</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2013
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : SB17.4326</b>
City St. Croix	State VI	
Zip Code 00824	Purpose of Disbursement NYC - DC Fundraiser	Category/ Type 003
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1591.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4315

Reimbursement for expenses incurred to Marco Promotions for backpacks\$480 and pencils \$248.30

Form/Schedule: SB17

Transaction ID: SB17.4326

Reimbursement to Harlem Tavern, 2153 Fredrick Douglass Blvd. NY, NY 10026 for campaign fundraiser.



**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 35			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Delmin Garcia</b>		Date of Disbursement MM / DD / YYYY 08 / 29 / 2013
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 2100.00 <b>Transaction ID : SB17.4335</b>
City St. Croix	State VI	
Purpose of Disbursement DC/NYC Vendors	Category/ Type 007	
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 01	

Full Name (Last, First, Middle Initial) <b>B. Delmin Garcia</b>		Date of Disbursement MM / DD / YYYY 09 / 11 / 2013
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 2675.00 <b>Transaction ID : SB17.4344</b>
City St. Croix	State VI	
Purpose of Disbursement Reimbursement - DC/NYC Credit Card	Category/ Type 002	
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 01	

Full Name (Last, First, Middle Initial) <b>c. Delmin Garcia</b>		Date of Disbursement MM / DD / YYYY 09 / 11 / 2013
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4347</b>
City St. Croix	State VI	
Purpose of Disbursement Airline Tickets - ATL	Category/ Type 002	
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5775.00
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4347

Reimbursement for expense paid to American Airlines for ticket for candidate to ATL \$1000.56

Form/Schedule:

Transaction ID:

**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 35			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Delmin Garcia</b>		Date of Disbursement MM / DD / YYYY 09 / 17 / 2013
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 4200.00 <b>Transaction ID : SB17.4348</b>
City St. Croix	State VI	
Purpose of Disbursement ATL Expense Events	Category/ Type 007	
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 01	

Full Name (Last, First, Middle Initial) <b>B. Delmin Garcia</b>		Date of Disbursement MM / DD / YYYY 09 / 24 / 2013
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.4354</b>
City St. Croix	State VI	
Purpose of Disbursement Paint Office Supply	Category/ Type 001	
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 01	

Full Name (Last, First, Middle Initial) <b>c. Jermaine George</b>		Date of Disbursement MM / DD / YYYY 09 / 11 / 2013
Mailing Address		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4346</b>
City	State	
Purpose of Disbursement Kinko/Kinis -Food	Category/ Type 001	
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 01	

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4346

Reimbursement for expenses incurred to Kinkos for copying charges (\$149) and food from Jin 2017 14th Street, NW 20009 (\$851).

Form/Schedule:

Transaction ID:

**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 35			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Partners for Health</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2013
Mailing Address		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.4352</b>
City	State Zip Code	
Purpose of Disbursement Tickets/Advertisement	Category/Type 004	
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 01		

Full Name (Last, First, Middle Initial) <b>B. Jean Picou</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2013
Mailing Address PO Box 24668		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4304</b>
City	State Zip Code	
Christiansted VI 00824		
Purpose of Disbursement Graphics	Category/Type 006	
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 01		

Full Name (Last, First, Middle Initial) <b>C. Jean Picou</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2013
Mailing Address PO Box 24668		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4321</b>
City	State Zip Code	
Christiansted VI 00824		
Purpose of Disbursement Graphics	Category/Type 006	
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 35	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Jean Picou</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2013
Mailing Address PO Box 24668		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4349</b>
City Christiansted	State VI	
Zip Code 00824	Purpose of Disbursement Graphics	Category/ Type 006
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) <b>B. STACEY PLASKETT</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2013
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.4306</b>
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Candidate Meet and Greet	Category/ Type 007
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) <b>C. STACEY PLASKETT</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2013
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 630.00 <b>Transaction ID : SB17.4330</b>
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Per Diem (DC/NYC)	Category/ Type 002
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1330.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 35	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Seaborne Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2013
Mailing Address 34 Strand Street		Amount of Each Disbursement this Period 203.00 <b>Transaction ID : SB17.4301</b>
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Airline Tickets	Category/ Type 002
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) <b>B. Jonathan Small</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2013
Mailing Address PO Box 1006		Amount of Each Disbursement this Period 553.08 <b>Transaction ID : SB17.4327</b>
City Frederiksted	State VI	
Zip Code 00841	Purpose of Disbursement Car Rental (DC/NYC)	Category/ Type 002
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) <b>c. Jonathan Small</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2013
Mailing Address PO Box 1006		Amount of Each Disbursement this Period 720.00 <b>Transaction ID : SB17.4329</b>
City Frederiksted	State VI	
Zip Code 00841	Purpose of Disbursement Reimbursement - Trip Expenses	Category/ Type 002
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1476.08
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4327

Reimbursement for expense to Avis for car rental in NYC & DC

Form/Schedule:

Transaction ID:



**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 35	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Sprint</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2013
Mailing Address 300 Peters Rest		Amount of Each Disbursement this Period 230.00 <b>Transaction ID : SB17.4313</b>
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Office cell phone	Category/ Type 001
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) <b>B. The Buccaneer Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2013
Mailing Address PO Box 25200		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.4324</b>
City Christiansted	State VI	
Zip Code 00824	Purpose of Disbursement Fundraiser	Category/ Type 003
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) <b>c. Walker's By the Sea</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2013
Mailing Address 70 W. Lindbergh Bay		Amount of Each Disbursement this Period 336.00 <b>Transaction ID : SB17.4316</b>
City St. Thomas	State VI	
Zip Code 00802	Purpose of Disbursement Meet and greet	Category/ Type 007
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2066.00
<b>TOTAL</b> This Period (last page this line number only).....	24585.33

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 35	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Federal Election Commission</b>		Date of Disbursement M M / D D / Y Y Y Y <b>09 / 11 / 2013</b>
Mailing Address 999 E Street NW		Amount of Each Disbursement this Period <b>250.00</b> <b>Transaction ID : SB21.4337</b>
City Washington State DC Zip Code 20463	Purpose of Disbursement Late File Penalty Category/Type <b>001</b>	
Candidate Name <b>VIRGIN ISLANDS FOR PLASKETT</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 01		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	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) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	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:		

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

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**VIRGIN ISLANDS FOR PLASKETT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Axis Promotions**

Mailing Address 8 W. 38th Street

City State Zip Code  
 New York NY 10018

Nature of Debt (Purpose):  
 Campaign Materials

Outstanding Balance Beginning This Period **Transaction ID : SD10.5513**  
 17393.10

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 0.00 0.00 17393.10

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Christiansted Restoration Corp**

Mailing Address 5001 Tamarind Reef Ste 28

City State Zip Code  
 St. Croix VI 00850

Nature of Debt (Purpose):  
 Rent

Outstanding Balance Beginning This Period **Transaction ID : SD10.5514**  
 840.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 0.00 0.00 840.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	18233.10
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	18233.10
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶		18233.10