

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

|                                                                                                                                                                             |                    |                               |                                                             |                                    |                                                  |                                       |                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------|-------------------------------------------------------------|------------------------------------|--------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>Virgin Islands for Plaskett                                                                                                          |                    |                               |                                                             |                                    |                                                  |                                       |                                                                                                                                              |
| <b>ADDRESS</b> (number and street) PO Box 1006                                                                                                                              |                    |                               |                                                             |                                    |                                                  |                                       |                                                                                                                                              |
| <b>CITY</b><br>Frederiksted                                                                                                                                                 | <b>STATE</b><br>VI | <b>ZIP CODE</b><br>00841      |                                                             |                                    |                                                  |                                       |                                                                                                                                              |
| <b>2. NAME OF CANDIDATE</b><br>Plaskett, Stacey, , ,                                                                                                                        |                    |                               | <b>3. OFFICE SOUGHT</b> (State and District)<br>House VI 01 |                                    | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00528182 |                                       |                                                                                                                                              |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____ |                    |                               |                                                             |                                    |                                                  |                                       |                                                                                                                                              |
| <b>A. FULL NAME</b><br>Bloomberg, Michael, R., ,                                                                                                                            |                    |                               |                                                             | Name of Employer<br>Bloomberg Inc. |                                                  | Date (month, day, year)<br>07/22/2024 | Amount<br>3300.00                                                                                                                            |
| <b>MAILING ADDRESS</b><br>PO Box 1060                                                                                                                                       |                    |                               |                                                             | <b>Transaction ID : 9344615</b>    |                                                  |                                       |                                                                                                                                              |
| <b>CITY</b><br>New York                                                                                                                                                     | <b>STATE</b><br>NY | <b>ZIP CODE</b><br>10150-1060 | Occupation<br>Founder                                       |                                    |                                                  |                                       |                                                                                                                                              |
| <b>B. FULL NAME</b>                                                                                                                                                         |                    |                               |                                                             | Name of Employer                   |                                                  | Date (month, day, year)               | Amount                                                                                                                                       |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |                    |                               |                                                             |                                    |                                                  |                                       |                                                                                                                                              |
| <b>CITY</b>                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                                                  |                                    |                                                  |                                       |                                                                                                                                              |
| <b>C. FULL NAME</b>                                                                                                                                                         |                    |                               |                                                             | Name of Employer                   |                                                  | Date (month, day, year)               | Amount                                                                                                                                       |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |                    |                               |                                                             |                                    |                                                  |                                       |                                                                                                                                              |
| <b>CITY</b>                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                                                  |                                    |                                                  |                                       |                                                                                                                                              |
| <b>D. FULL NAME</b>                                                                                                                                                         |                    |                               |                                                             | Name of Employer                   |                                                  | Date (month, day, year)               | Amount                                                                                                                                       |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |                    |                               |                                                             |                                    |                                                  |                                       |                                                                                                                                              |
| <b>CITY</b>                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                                                  |                                    |                                                  |                                       |                                                                                                                                              |
| <b>E. FULL NAME</b>                                                                                                                                                         |                    |                               |                                                             | Name of Employer                   |                                                  | Date (month, day, year)               | Amount                                                                                                                                       |
| <b>MAILING ADDRESS</b>                                                                                                                                                      |                    |                               |                                                             |                                    |                                                  |                                       |                                                                                                                                              |
| <b>CITY</b>                                                                                                                                                                 | <b>STATE</b>       | <b>ZIP CODE</b>               | Occupation                                                  |                                    |                                                  |                                       |                                                                                                                                              |
| <b>SIGNATURE (optional)</b><br>Eckard, Mark, W., ,                                                                                                                          |                    |                               |                                                             |                                    | <b>DATE</b><br>07/24/2024                        |                                       | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit <a href="http://www.fec.gov">www.fec.gov</a> |
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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

**FEC FORM 6**  
(Revised 03/2016)