

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

PLASKETT, STACEY

ADDRESS (number and street)

PO BOX 1006

Check if different than previously reported. (ACC)

FREDERIKSTED

VI

00841

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 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
01 / 01 / 2015

through

MM / DD / YYYY
03 / 31 / 2015

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
04 / 15 / 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								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
PLASKETT, STACEY

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))....	52000.00	52000.00
(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)).....	52000.00	52000.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	33292.58	33292.58
(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)).....	33292.58	33292.58
8. Cash on Hand at Close of Reporting Period (from Line 27).....	18707.42	
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).....	6500.00	

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

PLASKETT, STACEY

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).....	51600.00	51600.00
(ii) Unitemized.....	400.00	400.00
(iii) TOTAL of contributions from individuals ▶	52000.00	52000.00
(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))..	52000.00	52000.00
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)..... ▶	52000.00	52000.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	33292.58	33292.58
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	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	33292.58	33292.58

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	52000.00
25. SUBTOTAL (add Line 23 and Line 24).....	52000.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	33292.58
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	18707.42

**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 19
	<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)
PLASKETT, STACEY

A. Full Name (Last, First, Middle Initial)
Elizabeth Armstrong

Mailing Address PO Box 25200

City State Zip Code
Christiansted VI 00824

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2015

Transaction ID : SA11AI.4099

Amount of Each Receipt this Period
1300.00

B. Full Name (Last, First, Middle Initial)
Elizabeth Armstrong

Mailing Address PO Box 25200

City State Zip Code
Christiansted VI 00824

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2015

Transaction ID : SA11AI.4101

Amount of Each Receipt this Period
1300.00

C. Full Name (Last, First, Middle Initial)
Beachside Associates, LLC

Mailing Address 8800 Pennsylvania Ave

City State Zip Code
Upper Marlboro MD 20772

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2015

Transaction ID : SA11AI.4102

Amount of Each Receipt this Period
2600.00

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

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

5200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 19
	<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)
PLASKETT, STACEY

A. Full Name (Last, First, Middle Initial)
John Bode

Mailing Address 26389 Catalpa Point Rd

City Easton State MD Zip Code 21601

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2015

Transaction ID : SA11AI.4104

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
CLYBURN, JAMES E.

Mailing Address 501 JUNIPER STREET

City COLUMBIA State Zip Code 29203

FEC ID number of contributing federal political committee. **C** C00399196

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11AI.4148

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Paul Dinino

Mailing Address 9216 Levelle Dr

City Chevy Chase State MD Zip Code 20815

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2015

Transaction ID : SA11AI.4106

Amount of Each Receipt this Period
250.00

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

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

5500.00

**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 7 OF 19
	<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)
PLASKETT, STACEY

A. Full Name (Last, First, Middle Initial)
Elizabeth Dobrowski

Mailing Address 122 Paddock Dr

City Columbus State NJ Zip Code 08022

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2015

Transaction ID : SA11AI.4108

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
James Dobrowski

Mailing Address 122 Paddock Dr

City Columbus State NJ Zip Code 08022

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2015

Transaction ID : SA11AI.4110

Amount of Each Receipt this Period
 2600.00

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

Mailing Address PO Box 25148
Gallows Bay

City St. Croix State VI Zip Code 00824

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2015

Transaction ID : SA11AI.4112

Amount of Each Receipt this Period
 500.00

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

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

5700.00

**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 19
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PLASKETT, STACEY

A. Full Name (Last, First, Middle Initial)
Geoffrey Gonella

Mailing Address 4204 Franklin St

City Kensington State MD Zip Code 20695

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2015

Transaction ID : SA11AI.4114

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Steven Gordon

Mailing Address 1604 Briar Ridge Court

City Mclean State VA Zip Code 22101

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2015

Transaction ID : SA11AI.4116

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Robert Halk

Mailing Address PO Box 21204

City Christiansted State VI Zip Code 00824

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2015

Transaction ID : SA11AI.4118

Amount of Each Receipt this Period
1300.00

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

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

2550.00

**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 19	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
PLASKETT, STACEY

A. Full Name (Last, First, Middle Initial)
HUSCH BLACKWELL POLITICAL ACTION COMMITTEE

Mailing Address 4801 MAIN STREET
SUITE 1000

City KANSAS CITY State MO Zip Code 64112

FEC ID number of contributing federal political committee. **C** C00424382

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 23 / 2015

Transaction ID : SA11AI.4152

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
JOBS, OPPORTUNITIES AND EDUCATION PAC (JOE-PAC)

Mailing Address 410 1ST ST, SE
SUITE 310

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00362384

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 18 / 2015

Transaction ID : SA11AI.4120

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Todd Klindworth

Mailing Address PO Box 25918

City Christiansted State VI Zip Code 00824

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 14 / 2015

Transaction ID : SA11AI.4122

Amount of Each Receipt this Period
3000.00

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

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

8000.00

**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 19
	<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)
PLASKETT, STACEY

A. Full Name (Last, First, Middle Initial)
Randolph Knight

Mailing Address PO Box 8209

City St. Thomas State VI Zip Code 00801

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2015

Transaction ID : SA11AI.4124

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Louie Perry

Mailing Address 314 Independence Ave SE

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2015

Transaction ID : SA11AI.4126

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Jim Richards

Mailing Address 6438 Noble Dr

City Mclean State VA Zip Code 22101

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2015

Transaction ID : SA11AI.4128

Amount of Each Receipt this Period
250.00

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: (check only one)	PAGE 11 OF 19
	<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)
PLASKETT, STACEY

A. Full Name (Last, First, Middle Initial)
Richmond for Congress LLC

Mailing Address 1631 Elysian Ave

City State Zip Code
New Orleans LA 70117

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2015

Transaction ID : SA11AI.4131

Amount of Each Receipt this Period
1000.00

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

Mailing Address G 9 Calle Granada

City State Zip Code
Carolina PR 00983

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2015

Transaction ID : SA11AI.4133

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Thomas Shipman

Mailing Address 2417 Barbour Rd

City State Zip Code
Falls Church VA 22043

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2015

Transaction ID : SA11AI.4135

Amount of Each Receipt this Period
250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 19
	<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)
PLASKETT, STACEY

A. Full Name (Last, First, Middle Initial)
Michael Smith

Mailing Address 3513 Bradley Lane

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2015

Transaction ID : SA11AI.4137

Amount of Each Receipt this Period
5200.00

B. Full Name (Last, First, Middle Initial)
Synergy Group, LLC

Mailing Address PO Box 7111

City State Zip Code
Arlington VA 22207

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 12 / 2015

Transaction ID : SA11AI.4194

Amount of Each Receipt this Period
5200.00

C. Full Name (Last, First, Middle Initial)
Ronald Turner

Mailing Address 713 Indian Hills Dr

City State Zip Code
Tuscaloosa AL 35406

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2015

Transaction ID : SA11AI.4139

Amount of Each Receipt this Period
2000.00

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

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

12400.00

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

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

FOR LINE NUMBER: PAGE 13 OF 19
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
PLASKETT, STACEY

A. Full Name (Last, First, Middle Initial)
John Wessel

Mailing Address 73 Estate River #2

City Kingshill State VI Zip Code 00850

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

Name of Employer Self Employed Occupation Business Owner

Receipt For: Primary General Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt 01 / 29 / 2015

Transaction ID : SA11AI.4141

Amount of Each Receipt this Period 2500.00

B. Full Name (Last, First, Middle Initial)
Vickie Wessel

Mailing Address 75 Estate River #2

City Kingshill State VI Zip Code 00850

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

Name of Employer Occupation

Receipt For: Primary General Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt 01 / 29 / 2015

Transaction ID : SA11AI.4143

Amount of Each Receipt this Period 2500.00

C. Full Name (Last, First, Middle Initial)
Cornell Williams

Mailing Address PO Box 5814

City Charlotte Amalie State VI Zip Code 00803

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

Name of Employer Occupation

Receipt For: Primary General Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt 01 / 08 / 2015

Transaction ID : SA11AI.4145

Amount of Each Receipt this Period 2500.00

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

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

7500.00

51600.00

**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 14 OF 19			
	<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)
PLASKETT, STACEY

Full Name (Last, First, Middle Initial) A. Dollar and Sense Comedy Show		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2015
Mailing Address		Amount of Each Disbursement this Period 500.00
City State Zip Code		
Purpose of Disbursement Campaign Ad in event booklet	Category/ Type	Transaction ID : SB17.4190
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. Global Tours		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address		Amount of Each Disbursement this Period 953.10
City State Zip Code		
Purpose of Disbursement Travel From DC	Category/ Type	Transaction ID : SB17.4155
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Global Tours		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address		Amount of Each Disbursement this Period 613.30
City State Zip Code		
Purpose of Disbursement Candidate Airline Tickets	Category/ Type	Transaction ID : SB17.4170
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2066.40
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 19			
	<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)
PLASKETT, STACEY

Full Name (Last, First, Middle Initial) A. Newgrange Consulting Group			Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2015		
Mailing Address 43 Charles St			Amount of Each Disbursement this Period 10000.00		
City Boston	State MA	Zip Code 02114	Transaction ID : SB17.4217		
Purpose of Disbursement Swearing In Reception- Debt Repayment		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. Newgrange Consulting Group			Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2015		
Mailing Address 43 Charles St			Amount of Each Disbursement this Period 10000.00		
City Boston	State MA	Zip Code 02114	Transaction ID : SB17.4219		
Purpose of Disbursement Swearing In Reception- Debt Repayment		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Newgrange Consulting Group			Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2015		
Mailing Address 43 Charles St			Amount of Each Disbursement this Period 5000.00		
City Boston	State MA	Zip Code 02114	Transaction ID : SB17.4220		
Purpose of Disbursement Swearing In Reception- Debt Repayment		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	25000.00
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 19			
	<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)
PLASKETT, STACEY

Full Name (Last, First, Middle Initial) A. Jean Picou		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address PO BOX 24668		Amount of Each Disbursement this Period 1350.00 Transaction ID : SB17.4188
City CHRISTIANSTED	State VI	
Zip Code 00824	Purpose of Disbursement Graphic Artist	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. Seven Flag Storage		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2015
Mailing Address 5190 Estate Solitude		Amount of Each Disbursement this Period 318.64 Transaction ID : SB17.4164
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Storage Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Sheraton Hotel		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address 201 N 17th St		Amount of Each Disbursement this Period 1150.00 Transaction ID : SB17.4171
City Philadelphia	State PA	
Zip Code 19103	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2818.64
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 19			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
PLASKETT, STACEY

Full Name (Last, First, Middle Initial) A. Sprint		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015
Mailing Address Online		Amount of Each Disbursement this Period 222.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Campaign Phone	Transaction ID : SB17.4185
Candidate Name	Category/Type	
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. Sprint		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2015
Mailing Address Online		Amount of Each Disbursement this Period 150.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Campaign Phone	Transaction ID : SB17.4187
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. St. Croix District Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2015
Mailing Address PO Box 222848		Amount of Each Disbursement this Period 440.00
City Christiansted	State VI	
Zip Code 00822	Purpose of Disbursement	Transaction ID : SB17.4176
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	812.00
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 18 OF 19	
	<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)
PLASKETT, STACEY

Full Name (Last, First, Middle Initial) A. St. Croix District Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2015
Mailing Address PO Box 222848		Amount of Each Disbursement this Period 320.00 Transaction ID : SB17.4178
City Christiansted	State VI	
Zip Code 00822	Purpose of Disbursement Membership	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. The Buccaneer		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2015
Mailing Address		Amount of Each Disbursement this Period 1452.00 Transaction ID : SB17.4183
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Fundraising Reception	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

SUBTOTAL of Disbursements This Page (optional).....	1772.00
TOTAL This Period (last page this line number only).....	32469.04

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

PLASKETT, STACEY

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Newgrange Consulting Group

Mailing Address 43 Charles St

City State Zip Code
 Boston MA 02114

Nature of Debt (Purpose):
 Swearing In Reception

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4216	
Amount Incurred This Period 31500.00	Payment This Period 25000.00	Outstanding Balance at Close of This Period 6500.00

B. 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

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) SUBTOTALS This Period This Page (optional)	6500.00
2) TOTALS This Period (last page this line number only)	6500.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	6500.00