

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

VIRGIN ISLANDS FOR PLASKETT

ADDRESS (number and street) PO BOX 26502

Check if different than previously reported. (ACC)

Christiansted

VI

00824

2. **FEC IDENTIFICATION NUMBER** ▼

C C00528182

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

VI

01

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ / through / /

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

Type or Print Name of Treasurer Jonathan Small

Signature of Treasurer Jonathan Small

[Electronically Filed]

Date

/ /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
VIRGIN ISLANDS FOR PLASKETT

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	61425.00	164919.60
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	61425.00	164919.60
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	46373.14	140104.92
(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)).....	46373.14	140104.92
8. Cash on Hand at Close of Reporting Period (from Line 27).....	23649.30	
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).....	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: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

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).....	59750.00	161349.60
(ii) Unitemized.....	1675.00	3570.00
(iii) TOTAL of contributions from individuals ▶	61425.00	164919.60
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	61425.00	164919.60
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	61425.00	164919.60

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	46373.14	140104.92
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	250.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	46373.14	140354.92

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8597.44
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	61425.00
25. SUBTOTAL (add Line 23 and Line 24).....	70022.44
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	46373.14
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	23649.30

**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)	PAGE 5 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

A. Full Name (Last, First, Middle Initial)
Alfred L Arcidi

Mailing Address **PO Box 26502**

City **St. Croix** State **VI** Zip Code **00824**

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

Name of Employer **Greenleaf VI** Occupation **Director**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 29 / 2014

Transaction ID : SA11AI.4748

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Philip M Arcidi

Mailing Address **PO Box 24908**

City **St. Croix** State **VI** Zip Code **00824**

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

Name of Employer **Greenleaf VI** Occupation **President**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 29 / 2014

Transaction ID : SA11AI.4750

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Joan Batzold-Kupfer

Mailing Address **PO Box 1438**

City **St. Croix** State **VI** Zip Code **00851**

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

Name of Employer **Not applicable** Occupation **Homemaker**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11AI.4917

Amount of Each Receipt this Period

2600.00

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

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

3600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 45
	<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)
Joan Batzold-Kupfer

Mailing Address PO Box 1438

City St. Croix State VI Zip Code 00851

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

Name of Employer Not applicable Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.4919

Amount of Each Receipt this Period
2400.00

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

Mailing Address 3000 Estate Orange Grove

City St. Croix State VI Zip Code 00820

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

Name of Employer J. Benton Construction Occupation Contractor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.4714

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
Peter B. Corr

Mailing Address 6501 Redhook Plaza, Suite 201

City St. Thomas State VI Zip Code 00802

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

Name of Employer Auen Therapeutics Occupation P.H. D. & General Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.4729

Amount of Each Receipt this Period
500.00

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

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

4400.00

**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 45
	<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)
Marc Cosnard Des Clostes

Mailing Address 39 de Valmy

City Paris State ZZ Zip Code 75010

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

Name of Employer La Riviere Cosmetics Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2014

Transaction ID : SA11AI.4766

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Paul Due

Mailing Address PO Box 25869

City St. Croix State VI Zip Code 00824

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
 04 / 30 / 2014

Transaction ID : SA11AI.4752

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Thelma Duggin

Mailing Address 7214 Evans Mill Road

City McLean State VA Zip Code 22101

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

Name of Employer United Health Group, Inc. Occupation President AmeriChoice

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 21 / 2014

Transaction ID : SA11AI.4795

Amount of Each Receipt this Period
 1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Thomas V Eagan		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2014	
Mailing Address 4620 Santa Maria		Transaction ID : SA11AI.4772	
City Coral Gables	State FL	Zip Code 33146	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Squire Patton Boggs, LLP	Occupation Attorney / Patner		
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. William Forster		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 342 W. 22nd St		Transaction ID : SA11AI.4770	
City New York	State NY	Zip Code 10011	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Milward Brown	Occupation Brand Strategy Analyst		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Grand Jewelers		Date of Receipt M M / D D / Y Y Y Y 04 / 24 / 2014	
Mailing Address PO Box 6108		Transaction ID : SA11AI.4716	
City St. Thomas	State VI	Zip Code 00804	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Matthew F. Hagen		Date of Receipt M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address P.O. Box 11360		Transaction ID : SA11AI.4790
City St. Thomas	State VI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer American Moulding, LLC	Occupation President / Co-Chief Executive Officer	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) B. Hamilton & Miller, P.A.		Date of Receipt M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 150 SE 2 Ave		Transaction ID : SA11AI.4786
City Miami	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. Charleene Henderson		Date of Receipt M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address PO Box 308666		Transaction ID : SA11AI.4784
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 The Top of The Baths	Occupation President	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	4100.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 10 OF 45
(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)
John D Hourihan

Mailing Address **PO Box 24921**

City **St. Croix** State **VI** Zip Code **00824**

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

Name of Employer **Royal Palms Villas** Occupation **President**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.4774

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Kenrick D Isaac

Mailing Address **1600 Kongens Gade**

City **St. Thomas** State **VI** Zip Code **00802**

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

Name of Employer **Int'l Capital Mgmt. Co., LLC** Occupation **Management 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
06 / 16 / 2014

Transaction ID : SA11AI.4913

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Adolfo E Jimenez

Mailing Address **4437 Post Ave**

City **Miami** State **FL** Zip Code **33140**

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

Name of Employer **Holland & Knight** Occupation **Attorney**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.4776

Amount of Each Receipt this Period
300.00

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

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

1300.00

**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 45
	<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) David Johnson		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 17 / 2014
Mailing Address 555 4th St. NW		Transaction ID : SA11AI.4792
City Washington	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer U.S. Attorneys Office D.C.	Occupation Assistant Chief Legal Counsel	
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) James F Kenefick		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 02 / 2014
Mailing Address 11561 Brass Lantern		Transaction ID : SA11AI.4788
City Reston	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Working Excellence	Occupation President / CEO	
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) Brad Lenhart		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 29 / 2014
Mailing Address P.O. Box 25248 GBS		Transaction ID : SA11AI.4743
City St. Croix	State VI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Denali Asset Management	Occupation Money Manager	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

SUBTOTAL of Receipts This Page (optional).....	4600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 45
	<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)
Sarah Lowenstien

Mailing Address 905 West End Ave.
Unit 124

City New York State NY Zip Code 10025

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

Name of Employer Alpine Air Occupation Coordinator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 11 / 2014

Transaction ID : SA11AI.4799

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
LRW Management

Mailing Address 4435 Univ. Blvd

City Dallas State TX Zip Code 75205

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 24 / 2014

Transaction ID : SA11AI.4920

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Jean Su Maeng-Kim

Mailing Address 6100 Redhook #2

City St. Thomas State VI Zip Code 00802

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

Name of Employer Banana rum Studio Occupation Jeweler

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.4725

Amount of Each Receipt this Period
 750.00

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

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

2250.00

**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 13 OF 45
	<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)
MOLINA HEALTHCARE, INC. PAC

Mailing Address 200 OCEANGATE
SUITE 100

City State Zip Code
LONG BEACH CA 90802

FEC ID number of contributing federal political committee. **C** C00430256

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 01 / 2014

Transaction ID : SA11AI.4756

Amount of Each Receipt this Period
 1000.00

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

Mailing Address PO Box 307098

City State Zip Code
St. Thomas VI 00804

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

Name of Employer Occupation
TOPA Properties Ltd. President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11AI.4780

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
David Mugar

Mailing Address 222 Berkeley St

City State Zip Code
Boston MA 02116

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

Name of Employer Occupation
Mugar Enterprises Chief Executive Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : SA11AI.4761

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Florence Murphy		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 29 / 2014	
Mailing Address 54 Chestnut St.		Transaction ID : SA11AI.4735	
City Milltown	State NJ	Zip Code 08850	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 750.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

Full Name (Last, First, Middle Initial) B. William Neville		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 17 / 2014	
Mailing Address PO Box 3040		Transaction ID : SA11AI.4794	
City Christiansted	State VI	Zip Code 00851	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2600.00	
Name of Employer US Viking, LLC	Occupation President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5124.30		

Full Name (Last, First, Middle Initial) C. Rick Nielsen		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 14 / 2014	
Mailing Address 1301 NW Bath Ave		Transaction ID : SA11AI.4768	
City Miami	State FL	Zip Code 33126	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1500.00	
Name of Employer Lifeline Pharmaceuticals	Occupation Chief Executive Officer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

SUBTOTAL of Receipts This Page (optional).....	4850.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 45
	<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)
OFF THE SIDELINES PAC

Mailing Address P.O. BOX 78182

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00525600

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 27 / 2014

Transaction ID : SA11AI.4927

Amount of Each Receipt this Period
10000.00

B. Full Name (Last, First, Middle Initial)
Thomas R. Peil

Mailing Address 58 Sheridan Dr.

City State Zip Code
Atlanta GA 30305

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

Name of Employer Occupation
Masters Capital Management Hedge Fund Trader

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA11AI.4744

Amount of Each Receipt this Period
2600.00

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

Mailing Address 58 Sheridan Dr.

City State Zip Code
Atlanta GA 30305

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

Name of Employer Occupation
Masters Capital Management Hedge Fund Trader

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.4923

Amount of Each Receipt this Period
2600.00

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

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

15200.00

**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 16 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Edgar Rios		Date of Receipt MM / DD / YYYY 05 / 26 / 2014
Mailing Address 658 Live Oak Drive		Transaction ID : SA11AI.4911
City McLean	State VA	
Zip Code 22101		Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Self-Employed	Occupation Attorney	
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. Sea Glass Properties		Date of Receipt MM / DD / YYYY 04 / 23 / 2014
Mailing Address 5328 Yacht Have Grand		Transaction ID : SA11AI.4718
City St. Thomas	State VI	
Zip Code 00802		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C. William J. Tennis		Date of Receipt MM / DD / YYYY 04 / 05 / 2014
Mailing Address 3 Bethesda Metro Center Suite 1500		Transaction ID : SA11AI.4706
City Bethesda	State MD	
Zip Code 20817		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Diamond Rock Hospitality Co.	Occupation Exec. Vice President	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	3350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 45
	<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)
John Thomas

Mailing Address **PO Box 49**

City **Cotuit** State **MA** Zip Code **02635**

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

Name of Employer **Brownsfield Recovery** Occupation **President**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.4778

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
David Ting

Mailing Address **303 Columbus Ave**

City **Boston** State **MA** Zip Code **02116**

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

Name of Employer **Mugar Enterprises** Occupation **President**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 05 / 2014

Transaction ID : SA11AI.4754

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Anthony Welters

Mailing Address **919 Saigon Road**

City **McClellan** State **VA** Zip Code **22102**

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

Name of Employer **United Health Group, Inc.** Occupation **Vice President**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 24 / 2014

Transaction ID : SA11AI.4797

Amount of Each Receipt this Period
2000.00

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

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

4000.00

**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 18 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. John Wessel		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 72 Estate River #2 City State Zip Code St. Croix VI 00850		Transaction ID : SA11AI.4922
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) B. Bradley P Wilson		Date of Receipt M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 6005 Est. Nazareth City State Zip Code St. Thomas VI 00802		Transaction ID : SA11AI.4723
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Island Wilson Excursions	Occupation President / Captain	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) C. Windward Passage		Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address PO Box 640 City State Zip Code St. Thomas VI 00804		Transaction ID : SA11AI.4764
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	4350.00
TOTAL This Period (last page this line number only).....	[Empty Box]

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 OF 45
(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)
Jehangir Zakaria

Mailing Address 6002 Diamond Ruby

City St. Croix State VI Zip Code 00820

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

Name of Employer St. Croix Renaissance Group Occupation Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 07 / 2014

Transaction ID : SA11AI.4762

Amount of Each Receipt this Period
500.00

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

Mailing Address

City State Zip Code

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Amount of Each Receipt this Period

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

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

500.00

59750.00

**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 20 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Bellows International		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address PO Box 45191 Kingshill		Amount of Each Disbursement this Period 348.00
City St. Croix	State VI	
Zip Code 00851	Purpose of Disbursement Cool Session Jam STT	Transaction ID : SB17.4901
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Category/Type 007	
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. Lawrence Benjamin		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address PO Box 738		Amount of Each Disbursement this Period 300.00
City St. Thomas	State VI	
Zip Code 00801	Purpose of Disbursement Sign on Boat STT	Transaction ID : SB17.4907
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Category/Type 004	
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) c. Cape Air		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2014
Mailing Address 660 Barn Stable Rd.		Amount of Each Disbursement this Period 219.00
City Hyannia	State MA	
Zip Code 02601	Purpose of Disbursement airfare	Transaction ID : SB17.4870
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Category/Type 002	
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		

SUBTOTAL of Disbursements This Page (optional).....	867.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Cape Air		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 660 Barn Stable Rd.		Amount of Each Disbursement this Period 219.00 Transaction ID : SB17.4822
City Hyannia State MA Zip Code 02601	Purpose of Disbursement airfare 002 Category/Type	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
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. Cape Air		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 660 Barn Stable Rd.		Amount of Each Disbursement this Period 219.00 Transaction ID : SB17.4839
City Hyannia State MA Zip Code 02601	Purpose of Disbursement airfare 002 Category/Type	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
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) c. Capital Tees		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address PO Box 7111, Sunny Isle		Amount of Each Disbursement this Period 244.00 Transaction ID : SB17.4827
City St. Croix State VI Zip Code 00823	Purpose of Disbursement T-Shirts 004 Category/Type	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
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)	

SUBTOTAL of Disbursements This Page (optional).....	682.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Choice Communications		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 6006 Estate Peters Rest Suite 6		Amount of Each Disbursement this Period 134.13 Transaction ID : SB17.4877
City Christiansted State VI Zip Code 00820	Purpose of Disbursement Phone & internet 001 Category/Type	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 01		

Full Name (Last, First, Middle Initial) B. Choice Communications		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 6006 Estate Peters Rest Suite 6		Amount of Each Disbursement this Period 135.50 Transaction ID : SB17.4820
City Christiansted State VI Zip Code 00820	Purpose of Disbursement Phone and internet 001 Category/Type	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 01		

Full Name (Last, First, Middle Initial) c. Choice Communications		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 6006 Estate Peters Rest Suite 6		Amount of Each Disbursement this Period 125.25 Transaction ID : SB17.4853
City Christiansted State VI Zip Code 00820	Purpose of Disbursement HQ internet/phone 001 Category/Type	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 01		

SUBTOTAL of Disbursements This Page (optional).....	394.88
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 45			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Color Max		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 4001 Raphune Hill Rd. AI Cohen Plaza		Amount of Each Disbursement this Period 348.00
City St. Thomas	State VI Zip Code 00802	
Purpose of Disbursement Posters	Category/Type 004	Transaction ID : SB17.4884
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 01		

Full Name (Last, First, Middle Initial) B. CRC		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 5001 Tamarind Reef Suite 28		Amount of Each Disbursement this Period 1000.00
City Christiansted	State VI Zip Code 00820	
Purpose of Disbursement Rent for HQ on St. Croix	Category/Type 001	Transaction ID : SB17.4909
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 01		

Full Name (Last, First, Middle Initial) C. CRC		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 5001 Tamarind Reef Suite 28		Amount of Each Disbursement this Period 1402.00
City Christiansted	State VI Zip Code 00820	
Purpose of Disbursement Rent St. Croix HQ	Category/Type 001	Transaction ID : SB17.4833
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 01		

SUBTOTAL of Disbursements This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 45			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Dollar and a Dream		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address PO Box 631		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4879
City St. Thomas	State VI	
Zip Code 00804	Purpose of Disbursement Sponsorship	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) B. Epok		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 6088a Castle Coakley		Amount of Each Disbursement this Period 90.00 Transaction ID : SB17.4871
City St. Croix	State VI	
Zip Code 00820	Purpose of Disbursement Carnival Posters & Easter signs	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) c. Epok		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 6088a Castle Coakley		Amount of Each Disbursement this Period 90.00 Transaction ID : SB17.4872
City St. Croix	State VI	
Zip Code 00820	Purpose of Disbursement Carnival Posters	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

SUBTOTAL of Disbursements This Page (optional).....	680.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Epok		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 6088a Castle Coakley		Amount of Each Disbursement this Period 810.00 Transaction ID : SB17.4819
City St. Croix	State VI Zip Code 00820	
Purpose of Disbursement Road signs	Category/Type 004	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 01		

Full Name (Last, First, Middle Initial) B. Epok		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 6088a Castle Coakley		Amount of Each Disbursement this Period 561.00 Transaction ID : SB17.4828
City St. Croix	State VI Zip Code 00820	
Purpose of Disbursement Stickers	Category/Type 004	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 01		

Full Name (Last, First, Middle Initial) c. Federal Post Office		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address Estate Richmond		Amount of Each Disbursement this Period 440.00 Transaction ID : SB17.4809
City Christiansted	State VI Zip Code 00820	
Purpose of Disbursement Postal Permit	Category/Type	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 01		

SUBTOTAL of Disbursements This Page (optional).....	1811.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Federal Post Office		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address Estate Richmond		Amount of Each Disbursement this Period 34.00 Transaction ID : SB17.4805
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement PO Box Fee	Category/ Type 001
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) B. Festival St. John		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address PO Box 1515		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.4895
City St. John	State VI	
Zip Code 00831	Purpose of Disbursement Booklet	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) c. Delmin Garcia		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 198.00 Transaction ID : SB17.4865
City St. Croix	State VI	
Zip Code 00824	Purpose of Disbursement Web template reimbursement	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

SUBTOTAL of Disbursements This Page (optional).....	582.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 45			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Delmin Garcia		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 1294.00 Transaction ID : SB17.4888
City St. Croix	State VI	
Purpose of Disbursement Reimburse Cape Air	Category/ Type 002	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: VI	District: 01	

Full Name (Last, First, Middle Initial) B. Delmin Garcia		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 645.00 Transaction ID : SB17.4905
City St. Croix	State VI	
Purpose of Disbursement Chamelot Database	Category/ Type 007	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: VI	District: 01	

Full Name (Last, First, Middle Initial) c. Delmin Garcia		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 360.00 Transaction ID : SB17.4840
City St. Croix	State VI	
Purpose of Disbursement cellphones for phone bank	Category/ Type 001	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: VI	District: 01	

SUBTOTAL of Disbursements This Page (optional).....	2299.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 45			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Delmin Garcia		Date of Disbursement MM / DD / YYYY 06 / 03 / 2014
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 135.45 Transaction ID : SB17.4844
City St. Croix	State VI	
Purpose of Disbursement Office Max printing	Category/ Type 001	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: VI	District: 01	

Full Name (Last, First, Middle Initial) B. Delmin Garcia		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 520.00 Transaction ID : SB17.4847
City St. Croix	State VI	
Purpose of Disbursement Reimburse for bank overdraft	Category/ Type 001	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: VI	District: 01	

Full Name (Last, First, Middle Initial) c. Delmin Garcia		Date of Disbursement MM / DD / YYYY 06 / 27 / 2014
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4859
City St. Croix	State VI	
Purpose of Disbursement Reimburse Camelot database	Category/ Type 001	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: VI	District: 01	

SUBTOTAL of Disbursements This Page (optional).....	1155.45
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 45			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Samuel Garrett		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address PO BOx 16381		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.4817
City Christiansted	State VI	
Zip Code 00823	Purpose of Disbursement Consultant	Category/ Type 001
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) B. Daphne Jean-Marie		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address #28 Mount Pleasant Suite 7		Amount of Each Disbursement this Period 70.00 Transaction ID : SB17.4841
City Frederiksted	State VI	
Zip Code 00840	Purpose of Disbursement Stylist	Category/ Type 001
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) c. Lockhart Realty		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 9800 Buckaneer Mall Building 2, Suite 9		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4874
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Rent for STT HQ	Category/ Type 001
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

SUBTOTAL of Disbursements This Page (optional).....	1070.00
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 30 OF 45			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Lockhart Realty		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 9800 Buckaneer Mall Building 2, Suite 9		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4855
City Christiansted State VI Zip Code 00820	Category/Type 001	
Purpose of Disbursement STT HQ Rent	Candidate Name VIRGIN ISLANDS FOR PLASKETT	
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. Jean Picou		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address PO Box 24668		Amount of Each Disbursement this Period 2309.50 Transaction ID : SB17.4860
City Christiansted State VI Zip Code 00824	Category/Type 004	
Purpose of Disbursement Rally towels & Road signs	Candidate Name VIRGIN ISLANDS FOR PLASKETT	
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) c. Jean Picou		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address PO Box 24668		Amount of Each Disbursement this Period 244.64 Transaction ID : SB17.4886
City Christiansted State VI Zip Code 00824	Category/Type 004	
Purpose of Disbursement Freight rally towels	Candidate Name VIRGIN ISLANDS FOR PLASKETT	
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)	

SUBTOTAL of Disbursements This Page (optional).....	2954.14
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 45			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Jean Picou		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address PO Box 24668		Amount of Each Disbursement this Period 2506.00 Transaction ID : SB17.4898
City Christiansted	State VI	
Zip Code 00824	Purpose of Disbursement T-Shirts	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Disbursement For: 2014	
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) B. Jean Picou		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address PO Box 24668		Amount of Each Disbursement this Period 520.00 Transaction ID : SB17.4834
City Christiansted	State VI	
Zip Code 00824	Purpose of Disbursement Large car magnets	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Disbursement For: 2014	
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) c. Jean Picou		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address PO Box 24668		Amount of Each Disbursement this Period 590.60 Transaction ID : SB17.4835
City Christiansted	State VI	
Zip Code 00824	Purpose of Disbursement Baseball Caps	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Disbursement For: 2014	
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	

SUBTOTAL of Disbursements This Page (optional).....	3616.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. STACEY PLASKETT		Date of Disbursement MM / DD / YYYY 04 / 16 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4864
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Mardi Gras	Category/ Type 007
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VI District: 01	

Full Name (Last, First, Middle Initial) B. STACEY PLASKETT		Date of Disbursement MM / DD / YYYY 04 / 17 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 70.00 Transaction ID : SB17.4873
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Easter Eggs	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VI District: 01	

Full Name (Last, First, Middle Initial) C. STACEY PLASKETT		Date of Disbursement MM / DD / YYYY 04 / 22 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 1630.00 Transaction ID : SB17.4878
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Radio Ads	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VI District: 01	

SUBTOTAL of Disbursements This Page (optional).....	1950.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 900.00 Transaction ID : SB17.4885
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement STT Carnival expenses	Category/ Type 007
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 01	

Full Name (Last, First, Middle Initial) B. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4906
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement JFK/MIA Plane Tickets	Category/ Type 002
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 01	

Full Name (Last, First, Middle Initial) C. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 325.00 Transaction ID : SB17.4897
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement SP Cake/HQ Liquor	Category/ Type 001
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 01	

SUBTOTAL of Disbursements This Page (optional).....	3225.00
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 34 OF 45			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 1100.00 Transaction ID : SB17.4812
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Stacey Plaskett B-day Radio Ads	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VI District: 01	

Full Name (Last, First, Middle Initial) B. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4813
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Bar for quadrille	Category/ Type 007
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VI District: 01	

Full Name (Last, First, Middle Initial) C. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 1800.00 Transaction ID : SB17.4814
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Newspaper ad/Quadrille food	Category/ Type 007
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VI District: 01	

SUBTOTAL of Disbursements This Page (optional).....	3150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 45			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 900.00 Transaction ID : SB17.4818
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Radio Ads	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VI District: 01	

Full Name (Last, First, Middle Initial) B. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.4821
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Stacey NY expenses	Category/ Type 002
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VI District: 01	

Full Name (Last, First, Middle Initial) C. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 1100.00 Transaction ID : SB17.4826
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement radio ads	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VI District: 01	

SUBTOTAL of Disbursements This Page (optional).....	2600.00
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 36 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 3800.00 Transaction ID : SB17.4836
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Radio ads (2 weeks)	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: VI	District: 01	

Full Name (Last, First, Middle Initial) B. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB17.4845
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Jonathan Smalls loan repay	Category/ Type 009
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: VI	District: 01	

Full Name (Last, First, Middle Initial) C. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.4846
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Radio Ads	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: VI	District: 01	

SUBTOTAL of Disbursements This Page (optional).....	5800.00
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 37 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. STACEY PLASKETT		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 845.00 Transaction ID : SB17.4852
City FREDERICKSTED	State VI	
Zip Code 00841		Category/ Type 001
Purpose of Disbursement Office and Cleaning Supplies		
Candidate Name VIRGIN ISLANDS FOR PLASKETT		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VI District: 01	

Full Name (Last, First, Middle Initial) B. STACEY PLASKETT		Date of Disbursement MM / DD / YYYY 06 / 25 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 220.00 Transaction ID : SB17.4854
City FREDERICKSTED	State VI	
Zip Code 00841		Category/ Type 004
Purpose of Disbursement Radio ad		
Candidate Name VIRGIN ISLANDS FOR PLASKETT		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VI District: 01	

Full Name (Last, First, Middle Initial) c. Reef Broadcasting		Date of Disbursement MM / DD / YYYY 05 / 28 / 2014
Mailing Address 79A Castle Coakley		Amount of Each Disbursement this Period 475.00 Transaction ID : SB17.4837
City Christiansted	State VI	
Zip Code 00820		Category/ Type 004
Purpose of Disbursement Radio Ads		
Candidate Name VIRGIN ISLANDS FOR PLASKETT		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VI District: 01	

SUBTOTAL of Disbursements This Page (optional).....	845.00
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 38 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Monique Rogers-Clarke		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address PO Box 1546 Cruz Bay		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4889
City St. John	State VI	
Zip Code 00831	Purpose of Disbursement Tea Party in STJ	Category/ Type 007
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) B. Seaborne Airlines		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 34 Strand Street		Amount of Each Disbursement this Period 178.00 Transaction ID : SB17.4861
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement airfare	Category/ Type 002
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) c. Seaborne Airlines		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 34 Strand Street		Amount of Each Disbursement this Period 730.00 Transaction ID : SB17.4869
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement airfare (Carnival & Primary)	Category/ Type 002
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

SUBTOTAL of Disbursements This Page (optional).....	1408.00
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 39 OF 45			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Seaborne Airlines		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 34 Strand Street		Amount of Each Disbursement this Period 224.50 Transaction ID : SB17.4875
City Christiansted	State VI	
Purpose of Disbursement airfare	Category/ Type 002	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: VI	District: 01	

Full Name (Last, First, Middle Initial) B. Seaborne Airlines		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 34 Strand Street		Amount of Each Disbursement this Period 456.00 Transaction ID : SB17.4876
City Christiansted	State VI	
Purpose of Disbursement airfares	Category/ Type 002	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: VI	District: 01	

Full Name (Last, First, Middle Initial) c. Seaborne Airlines		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 34 Strand Street		Amount of Each Disbursement this Period 131.50 Transaction ID : SB17.4887
City Christiansted	State VI	
Purpose of Disbursement airfare	Category/ Type 002	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: VI	District: 01	

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 40 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Seaborne Airlines		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 34 Strand Street		Amount of Each Disbursement this Period 487.50 Transaction ID : SB17.4893
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement airfare	Category/ Type 002
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) B. Seaborne Airlines		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 34 Strand Street		Amount of Each Disbursement this Period 203.00 Transaction ID : SB17.4894
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement airfare	Category/ Type 002
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) c. Seaborne Airlines		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 34 Strand Street		Amount of Each Disbursement this Period 136.00 Transaction ID : SB17.4815
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement airfare	Category/ Type 002
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

SUBTOTAL of Disbursements This Page (optional).....	487.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Seaborne Airlines		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 34 Strand Street		Amount of Each Disbursement this Period 901.50 Transaction ID : SB17.4808
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Five airline tickets for Stacey Plaskett	Category/ Type 002
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 01	

Full Name (Last, First, Middle Initial) B. Jonathan Small		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address PO Box 1006		Amount of Each Disbursement this Period 450.00 Transaction ID : SB17.4816
City Frederiksted	State VI	
Zip Code 00841	Purpose of Disbursement NY car rental & gas	Category/ Type 002
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 01	

Full Name (Last, First, Middle Initial) c. St. Patrick Church		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 416 Custom House		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.4903
City Frederiksted	State VI	
Zip Code 00841	Purpose of Disbursement Hall rental	Category/ Type 007
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 01	

SUBTOTAL of Disbursements This Page (optional).....	1951.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. St. Thomas Chamber of Commerce		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address PO Box 324		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4899
City St. Thomas	State VI	
Zip Code 00804		Category/ Type 004
Purpose of Disbursement Booklet AD		
Candidate Name VIRGIN ISLANDS FOR PLASKETT		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VI District: 01	

Full Name (Last, First, Middle Initial) B. STT/STJ Horseman Association		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address PO Box 306755		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.4891
City St. Thomas	State VI	
Zip Code 00803		Category/ Type 004
Purpose of Disbursement Race sponsorship		
Candidate Name VIRGIN ISLANDS FOR PLASKETT		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VI District: 01	

Full Name (Last, First, Middle Initial) c. Ten Sleepless Night		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address PO Box 411		Amount of Each Disbursement this Period 1800.00 Transaction ID : SB17.4810
City Christiansted	State VI	
Zip Code 00821		Category/ Type 007
Purpose of Disbursement Quadrille		
Candidate Name VIRGIN ISLANDS FOR PLASKETT		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VI District: 01	

SUBTOTAL of Disbursements This Page (optional).....	2650.00
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 43 OF 45	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Theodore Tunick & Co.		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 1336 Beltjen Road Suite 300		Amount of Each Disbursement this Period 615.00 Transaction ID : SB17.4857
City St. Thomas State VI Zip Code 00802	Purpose of Disbursement STT HQ insurance 001 Category/Type	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 01		

Full Name (Last, First, Middle Initial) B. West Indies Corp.		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address PO Box 7660		Amount of Each Disbursement this Period 218.58 Transaction ID : SB17.4829
City St. Thomas State VI Zip Code 00801	Purpose of Disbursement Liquor 007 Category/Type	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 01		

Full Name (Last, First, Middle Initial) C. WSTA		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address PO Box 1340		Amount of Each Disbursement this Period 234.00 Transaction ID : SB17.4825
City St. Thomas State VI Zip Code 00804	Purpose of Disbursement radio ads 004 Category/Type	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 01		

SUBTOTAL of Disbursements This Page (optional).....	1067.58
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 44 OF 45		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. WSTA		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address PO Box 1340		Amount of Each Disbursement this Period 586.00 Transaction ID : SB17.4807
City St. Thomas	State VI	
Zip Code 00804	Purpose of Disbursement Radio Ads	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

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

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
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).....	586.00
TOTAL This Period (last page this line number only).....	45394.65

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 45 OF 45
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Axis Promotions		Nature of Debt (Purpose): Campaign Materials
Mailing Address 8 W. 38th Street		
City State	Zip Code	
New York	NY 10018	

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		Nature of Debt (Purpose): Rent
Mailing Address 5001 Tamarind Reef Ste 28		
City State	Zip Code	
St. Croix	VI 00850	

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		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code

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)	18233.10
2) TOTALS This Period (last page this line number only)	18233.10
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) ▶	18233.10