

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Maggie's List

ADDRESS (number and street) 6675 Weeping Willow Way Tallahassee FL 32311 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00469023 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special Election on 11 02 2010 in the State of

5. Covering Period 10 01 2010 through 10 13 2010

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 Nancy H. Watkins, Assistant Treasurer Signature of Treasurer Electronically Filed by Nancy H. Watkins, Assistant Treasurer Date 11 30 2010

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 FE6AN026 FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Maggie's List

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		2000.28
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	24184.62									
(c) Total Receipts (from Line 19) .....	2350.00	39925.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	26534.62	41925.28								
7. Total Disbursements (from Line 31) .....	7700.00	23090.66								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	18834.62	18834.62								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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 3X (Rev. 06/2004)

Write or Type Committee Name  
Maggie's List

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	270.00	26320.00
(ii) Unitemized .....	80.00	2605.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	350.00	28925.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	2000.00	11000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	2350.00	39925.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	2350.00	39925.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2350.00	39925.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	400.00
(b) Other Federal Operating Expenditures.....	0.00	6360.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	6760.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7700.00	16330.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7700.00	23090.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7700.00	22690.66

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	2350.00	39925.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2350.00	39925.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	6360.66
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	6360.66

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 13
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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)  
Maggie's List

**A.**

Full Name (Last, First, Middle Initial) Candice D. Ericks		Date of Receipt MM / DD / YYYY 10 / 13 / 2010
Mailing Address 800 S.E. 4th Street, #102		<b>Transaction ID:</b> SA11AI.4420
City Fort Lauderdale	State FL	Zip Code 33301
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Ericks Consulting	Occupation govt. relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Jo Quittschreiber		Date of Receipt MM / DD / YYYY 10 / 09 / 2010
Mailing Address 2794 Kissimmee Bay Circle		<b>Transaction ID:</b> SA11AI.4454
City Kissimmee	State FL	Zip Code 34744
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer	Occupation	Earmarked-Sandy Adams for Congress
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	270.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	270.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 13	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Maggie's List

A.

Full Name (Last, First, Middle Initial) John Carter for Congress		Date of Receipt
Mailing Address 1717 North, IH-35 Suite 304		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
City	State	Zip Code
Round Rock	TX	78664
FEC ID number of contributing federal political committee.	<input type="text" value="C00371203"/>	Transaction ID: SA11C.4378
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="2000.00"/>
	<input type="text" value="2000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="2000.00"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maggie's List

A.	Full Name (Last, First, Middle Initial) Beth Anne Rankin for Congress <hr/> Mailing Address P. O. Box 2160 <hr/> City Magnolia State AR Zip Code 71754 <hr/> Purpose of Disbursement contribution Candidate Name Beth Anne Rankin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4381 Date of Disbursement 10 / 13 / 2010 <hr/> Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) Brickley for Congress <hr/> Mailing Address P. O. Box 290718 <hr/> City Wethersfield State CT Zip Code 06109 <hr/> Purpose of Disbursement contribution Candidate Name Ann Brickley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4391 Date of Disbursement 10 / 13 / 2010 <hr/> Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Carly for California, Inc. <hr/> Mailing Address 455 Capitol Mall, #801 <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement contribution Candidate Name Carly Fiorina Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4388 Date of Disbursement 10 / 13 / 2010 <hr/> Amount of Each Disbursement this Period 500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]



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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maggie's List

**A.**

Full Name (Last, First, Middle Initial)  
Friends of Christine O'Donnell

**Transaction ID:** SB23.4400  
Date of Disbursement

Mailing Address P. O. Box 3987

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

City Wilmington State DE Zip Code 19807

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement contribution

Category/Type

Candidate Name  
Christine O'Donnell

Office Sought:  House  Senate  President

Disbursement For: 2010  Primary  General  Other (specify) ▼

State: DE District: 00

**B.**

Full Name (Last, First, Middle Initial)  
Friends of Kelly Ayotte

**Transaction ID:** SB23.4407  
Date of Disbursement

Mailing Address P. O. Box 233

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

City Nashua State NH Zip Code 03061

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement contribution

Category/Type

Candidate Name  
Kelly A. Ayotte

Office Sought:  House  Senate  President

Disbursement For: 2010  Primary  General  Other (specify) ▼

State: NH District: 00

**C.**

Full Name (Last, First, Middle Initial)  
Friends of Sharron Angle

**Transaction ID:** SB23.4411  
Date of Disbursement

Mailing Address P. O. Box 33058

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

City Reno State NV Zip Code 89533

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement contribution

Category/Type

Candidate Name  
Sharron E. Angle

Office Sought:  House  Senate  President

Disbursement For: 2010  Primary  General  Other (specify) ▼

State: NV District: 00

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

**1500.00**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maggie's List

<b>A.</b> Full Name (Last, First, Middle Initial) Linda McMahon for Senate <hr/> Mailing Address P. O. Box 271386 <hr/> City West Hartford State CT Zip Code 06127 <hr/> Purpose of Disbursement contribution Candidate Name Linda McMahon Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4397 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Matti Fein for Congress <hr/> Mailing Address P. O. Box 2006 <hr/> City Redondo Beach State CA Zip Code 90278 <hr/> Purpose of Disbursement contribution Candidate Name Mattie Fein Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 36 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4384 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Miller-Meeks for Congress <hr/> Mailing Address P. O. Box 3091 <hr/> City Iowa City State IA Zip Code 52244 <hr/> Purpose of Disbursement contribution Candidate Name Mariannette Jane Miller-Meeks Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4403 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maggie's List

A.

Full Name (Last, First, Middle Initial)  
Peckinpaugh for Congress

Transaction ID: SB23.4394  
Date of Disbursement

Mailing Address P. O. Box 615

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

City Essex State CT Zip Code 06426

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement contribution

Category/ Type
-------------------

Candidate Name  
Janet Peckinpaugh

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CT District: 02

B.

Full Name (Last, First, Middle Initial)  
Renee Ellmers for Congress Committee

Transaction ID: SB23.4414  
Date of Disbursement

Mailing Address P. O. Box 904

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	1	0

City Dunn State NC Zip Code 28335

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement contribution

Category/ Type
-------------------

Candidate Name  
Renee Jacisin Ellmers

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NC District: 02

C.

Full Name (Last, First, Middle Initial)  
Sandy Adams for Congress

Transaction ID: SB23.4368  
Date of Disbursement

Mailing Address P. O. Box 1566

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	4		2	0	1	0

City Orlando State FL Zip Code 32802

Amount of Each Disbursement this Period

100.00
--------

Purpose of Disbursement  
Jerry Buchanana

Category/ Type
-------------------

Candidate Name  
Sandy Adams

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: FL District: 24

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

1100.00
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**TOTAL** This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maggie's List

A.

Full Name (Last, First, Middle Initial)  
Sandy Adams for Congress

Transaction ID: SB23.4369  
Date of Disbursement

Mailing Address P. O. Box 1566

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	4		2	0	1	0

City Orlando State FL Zip Code 32802

Amount of Each Disbursement this Period

Purpose of Disbursement  
Nancy Bradley

Category/ Type
-------------------

1000.00
---------

Candidate Name  
Sandy Adams

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: FL District: 24

B.

Full Name (Last, First, Middle Initial)  
Sandy Adams for Congress

Transaction ID: SB23.4370  
Date of Disbursement

Mailing Address P. O. Box 1566

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	4		2	0	1	0

City Orlando State FL Zip Code 32802

Amount of Each Disbursement this Period

Purpose of Disbursement  
Judith Abertelli

Category/ Type
-------------------

1000.00
---------

Candidate Name  
Sandy Adams

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: FL District: 24

C.

Full Name (Last, First, Middle Initial)  
Sandy Adams for Congress

Transaction ID: SB23.4458  
Date of Disbursement

Mailing Address P. O. Box 1566

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	1	0

City Orlando State FL Zip Code 32802

Amount of Each Disbursement this Period

Purpose of Disbursement  
Diane Larson

Category/ Type
-------------------

20.00
-------

Candidate Name  
Sandy Adams

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: FL District: 24

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

2020.00
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TOTAL This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Maggie's List

A.	Full Name (Last, First, Middle Initial) Sandy Adams for Congress	Transaction ID: SB23.4460 Date of Disbursement
	Mailing Address P. O. Box 1566	<input type="text" value="10"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Orlando State FL Zip Code 32802	Amount of Each Disbursement this Period
	Purpose of Disbursement Jo Quittschreiber	<input type="text" value="20.00"/>
	Candidate Name Sandy Adams	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sandy Adams for Congress	Transaction ID: SB23.4461 Date of Disbursement
	Mailing Address P. O. Box 1566	<input type="text" value="10"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Orlando State FL Zip Code 32802	Amount of Each Disbursement this Period
	Purpose of Disbursement Vicky J. Wells	<input type="text" value="10.00"/>
	Candidate Name Sandy Adams	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sandy Adams for Congress	Transaction ID: SB23.4462 Date of Disbursement
	Mailing Address P. O. Box 1566	<input type="text" value="10"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Orlando State FL Zip Code 32802	Amount of Each Disbursement this Period
	Purpose of Disbursement Jeanne McIntosh	<input type="text" value="50.00"/>
	Candidate Name Sandy Adams	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="80.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="7700.00"/>