

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 11667

Check if different than previously reported. (ACC)

ST. THOMAS

VI

00824

2. FEC IDENTIFICATION NUMBER

C C00528182

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

X NEW (N)

OR

AMENDED (A)

VI

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

Termination Report (TER)

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

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

Election on MM/DD/YYYY in the State of

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

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

Election on MM/DD/YYYY in the State of

5. Covering Period

MM/DD/YYYY 10/01/2015

through

MM/DD/YYYY 12/31/2015

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

Type or Print Name of Treasurer Jonathan Buckney-Small

Signature of Treasurer Jonathan Buckney-Small

[Electronically Filed]

Date

MM/DD/YYYY 01/31/2016

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

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))....	28109.73	41169.73
(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)).....	28109.73	41169.73
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	26058.02	34732.06
(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)).....	26058.02	34732.06
8. Cash on Hand at Close of Reporting Period (from Line 27).....	20675.55	
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).....	6920.10	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

VIRGIN ISLANDS FOR PLASKETT

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

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).....	26834.73	29584.73
(ii) Unitemized.....	275.00	275.00
(iii) TOTAL of contributions from individuals ▶	27109.73	29859.73
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	11310.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	28109.73	41169.73
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)..... ▶	28109.73	41169.73

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	26058.02	34732.06
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	272.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	26058.02	35004.06

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	18623.84
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	28109.73
25. SUBTOTAL (add Line 23 and Line 24).....	46733.57
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	26058.02
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	20675.55

**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 18
	<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. Christine Antelo		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2015
Mailing Address 2312 First Street		Transaction ID : SA11AI.4191
City washington	State DC	
Zip Code 20001		Amount of Each Receipt this Period 242.45
FEC ID number of contributing federal political committee. C	Name of Employer Podesta Group	Election Cycle-to-Date 242.45
Occupation Principal	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Elizabeth Armstrong		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2015
Mailing Address PO Box 25200		Transaction ID : SA11AI.4179
City St. Croix	State VI	
Zip Code 00824		Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C	Name of Employer The Buccaneer Hotel	Election Cycle-to-Date 2700.00
Occupation Hotelier	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Alicia Barnes		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2015
Mailing Address PO Box 879		Transaction ID : SA11AI.4148
City Kingshill	State VI	
Zip Code 00851		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C	Name of Employer Vitol, Inc.	Election Cycle-to-Date 250.00
Occupation Energy Industry Executive	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Receipts This Page (optional).....	3192.45
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 6 OF 18
	<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. David Bornn		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 18 / 2015
Mailing Address PO Box 1677		Transaction ID : SA11AI.4187
City St. Thomas	State VI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Bornn Firm	Occupation Lawyer	
Receipt For: 2016 <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) B. Kenneth Brown		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 24 / 2015
Mailing Address 155 Potomac Passage		Transaction ID : SA11AI.4160
City National Harbor	State MD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Brown Consulting	Occupation CEO	
Receipt For: 2016 <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. Thomas Dooney		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2015
Mailing Address 305 Millbank Rd.		Transaction ID : SA11AI.4185
City Bryn Mawr	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Bostonia Group	Occupation Director	
Receipt For: 2016 <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).....	1250.00
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 7 OF 18
	<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. Sara Downs		Date of Receipt M M / D D / Y Y Y Y Y 10 / 14 / 2015	
Mailing Address 3012 Wood Lake Drive		Transaction ID : SA11AI.4140	
City State Zip Code Waco TX 76710	Amount of Each Receipt this Period _____ 1000.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Self Technology Executive		
Receipt For: 2016 <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. Adriane Dudley		Date of Receipt M M / D D / Y Y Y Y Y 11 / 10 / 2015	
Mailing Address 5194 Dronningens Gade Suite 3		Transaction ID : SA11AI.4164	
City State Zip Code St. Thomas VI 00802	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Dudley Rich Davis Lawyer		
Receipt For: 2016 <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. Mark Eckard		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2015	
Mailing Address PO Box 24849		Transaction ID : SA11AI.4150	
City State Zip Code Christiansted VI 00824	Amount of Each Receipt this Period _____ 2000.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Hamm Eckard Lawyer		
Receipt For: 2016 <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).....	_____ 3500.00
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 8 OF 18
	<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)
Gregory Ferguson

Mailing Address 9100 Port of Sale Mall
Ste 15

City St. Thomas State VI Zip Code 00802

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

Name of Employer Kellerhals Ferguson Kroblin PL Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 12 / 2015

Transaction ID : SA11AI.4174

Amount of Each Receipt this Period
500.00

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

Mailing Address PO Box 12139

City St. Thomas State VI Zip Code 00801

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

Name of Employer Port of Sale Inc, Occupation Property Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 12 / 2015

Transaction ID : SA11AI.4172

Amount of Each Receipt this Period
500.00

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

Mailing Address PO Box 304166

City St. Thomas State VI Zip Code 00803

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 10 / 2015

Transaction ID : SA11AI.4162

Amount of Each Receipt this Period
2700.00

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

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

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 18
	<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. Waleed Hamed		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2015	
Mailing Address PO Box 24363		Transaction ID : SA11AI.4146	
City Christiansted	State VI	Zip Code 00824	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Plaza West	Occupation Grocer		
Receipt For: 2016 <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. Darold Hamlin		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2015	
Mailing Address 103 Delmar Lane		Transaction ID : SA11AI.4154	
City Newport News	State VA	Zip Code 23602	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Emerging Technology Consultant	Occupation CEO		
Receipt For: 2016 <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. John Harper		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2015	
Mailing Address PO box 24331		Transaction ID : SA11AI.4177	
City St. Croix	State VI	Zip Code 00824	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Marshall & Sterling	Occupation Insurance Executive		
Receipt For: 2016 <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).....	1750.00
TOTAL This Period (last page this line number only).....	1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 18
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

A. Full Name (Last, First, Middle Initial)
Joel Holt

Mailing Address 2132 Company Street

City State Zip Code
St. Croix VI 00820

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

Name of Employer Occupation
Joel H. Holt PC Lawyer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.4181

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
G, Hunter Logan

Mailing Address 1131 King Street

City State Zip Code
Christiansted VI 00830

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

Name of Employer Occupation
Nichols Newman Logan Lawyer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.4144

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1050 Connecticut Ave NW
#100

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation
baker Hostetler Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 22 / 2015

Transaction ID : SA11AI.4158

Amount of Each Receipt this Period
500.00

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

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Michael melusky		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2015
Mailing Address PO Box 26304		Transaction ID : SA11AI.4193
City St. Croix	State VI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2621.14
Name of Employer Broadband VI	Occupation Executive	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2621.14	

Full Name (Last, First, Middle Initial) B. William Neville		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 24 / 2015
Mailing Address PO Box 3040		Transaction ID : SA11AI.4189
City Kingshill	State VI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2621.14
Name of Employer Viking Software	Occupation CEO	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2621.14	

Full Name (Last, First, Middle Initial) C. Todd Newman		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 15 / 2015
Mailing Address 1131 King Street		Transaction ID : SA11AI.4142
City Christiansted	State VI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Nichols Newman Logan	Occupation Lawyer	
Receipt For: 2016 <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).....	6242.28
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 18
	<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)
Gertrude Prior

Mailing Address PO Box 12030

City St. Thomas State VI Zip Code 00801

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

Name of Employer Coral World Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 12 / 2015

Transaction ID : SA11AI.4168

Amount of Each Receipt this Period
 1500.00

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

Mailing Address 2111 Company Street

City St Croix State VI Zip Code 00820

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

Name of Employer Kevin A Rames PC Occupation Lawyer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 16 / 2015

Transaction ID : SA11AI.4183

Amount of Each Receipt this Period
 500.00

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

Mailing Address PO Box 6347

City St. Thomas State VI Zip Code 00804

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

Name of Employer Marjorie Rawls Roberts PC Occupation Lawyer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.4166

Amount of Each Receipt this Period
 2700.00

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

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

4700.00

26834.73

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

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

FOR LINE NUMBER: PAGE 13 OF 18
(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)
DIAGEO NORTH AMERICA, INC. EMPLOYEES' POLITICAL PARTICIPATION COMMITTEE

Mailing Address 801 MAIN AVENUE

City NORWALK State CT Zip Code 06851

FEC ID number of contributing federal political committee. **C** C00034470

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1310.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2015

Transaction ID : SA11C.4195

Amount of Each Receipt this Period
 1000.00

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).....

1000.00

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 18			
	<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. Jermaine George		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2015
Mailing Address 9912 Greenspire Way		Amount of Each Disbursement this Period 1235.00 Transaction ID : SB17.4205
City Bowie	State MD Zip Code 20721	
Purpose of Disbursement Cocktail Party Meet & Greet		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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial) B. National Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015
Mailing Address 30 Ivy St		Amount of Each Disbursement this Period 712.65 Transaction ID : SB17.4218
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Campaign Meet & Greet		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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial) c. Newgrange Consulting Group		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015
Mailing Address 43 Charles St		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4215
City Boston	State MA Zip Code 02114	
Purpose of Disbursement Consulting Fee		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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

SUBTOTAL of Disbursements This Page (optional).....	6947.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 18			
	<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 11 / 27 / 2015
Mailing Address PO Box 24668		Amount of Each Disbursement this Period 625.00 Transaction ID : SB17.4216
City St. Croix	State VI	
Zip Code 00824	Purpose of Disbursement VI Vote Logo	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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 00	

Full Name (Last, First, Middle Initial) B. Lori Silverman		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2015
Mailing Address 2605 S. Kenmore Ct/		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4203
City Arlington	State VA	
Zip Code 22206	Purpose of Disbursement Consulting Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Lori Silverman		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015
Mailing Address 2605 S. Kenmore Ct/		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4207
City Arlington	State VA	
Zip Code 22206	Purpose of Disbursement Consulting	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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 00	

SUBTOTAL of Disbursements This Page (optional).....	10625.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 18			
	<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. Lori Silverman		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 2605 S. Kenmore Ct/		Amount of Each Disbursement this Period 4574.14
City Arlington	State VA	
Zip Code 22206	Purpose of Disbursement Consulting Fee	Transaction ID : SB17.4209
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial) B. SportsPlus		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address United Shopping Plaza		Amount of Each Disbursement this Period 500.00
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Trophies Boxing Day Races	Transaction ID : SB17.4211
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

Full Name (Last, First, Middle Initial) c. The Buccaneer		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2015
Mailing Address PO Box 25200		Amount of Each Disbursement this Period 1661.23
City Christiansted	State VI	
Zip Code 00824	Purpose of Disbursement Cocktail Party Meet & Greet	Transaction ID : SB17.4197
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 00		

SUBTOTAL of Disbursements This Page (optional).....	6735.37
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 18	
	<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. Traxco		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address 1A Manning Bay		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4213
City State Zip Code St. Croix VI 00830	Purpose of Disbursement Sponsorship Fee for Campaign Sponsored Horse Race	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VI District: 00	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. VIRGIN ISLANDS FOR PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address PO BOX 11667		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4210
City State Zip Code ST. THOMAS VI 00824	Purpose of Disbursement Cash for Miscellaneous Expenses	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VI District: 00	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

SUBTOTAL of Disbursements This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	26058.02

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

NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mark Eckard		Nature of Debt (Purpose): Travel for candidate
Mailing Address PO Box 24849		
City	State	Zip Code
Christiansted	VI	00824

Outstanding Balance Beginning This Period	Transaction ID : SD10.4222	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="183.10"/>	<input type="text" value="0.00"/>	<input type="text" value="183.10"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mark Eckard		Nature of Debt (Purpose): Travel for Candidate Family to Campaign Event
Mailing Address PO Box 24849		
City	State	Zip Code
Christiansted	VI	00824

Outstanding Balance Beginning This Period	Transaction ID : SD10.4223	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="237.00"/>	<input type="text" value="0.00"/>	<input type="text" value="237.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Newgrange Consulting Group		Nature of Debt (Purpose): Swearing in Reception
Mailing Address 43 Charles St		
City	State	Zip Code
Boston	MA	02114

Outstanding Balance Beginning This Period	Transaction ID : SD10.4136	
<input type="text" value="6500.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="6500.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="6920.10"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="6920.10"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="6920.10"/>