

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 Michele Hyndman

Signature of Treasurer Michele Hyndman

[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))....	56770.00	233239.60
(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)).....	56770.00	233239.60
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	68758.95	229889.87
(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)).....	68758.95	229889.87
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2184.35	
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: / / 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).....	55450.00	228149.60
(ii) Unitemized.....	1320.00	5090.00
(iii) TOTAL of contributions from individuals ▶	56770.00	233239.60
(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))..	56770.00	233239.60
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)..... ▶	56770.00	233239.60

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	68758.95	229889.87
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) ►	68758.95	230139.87

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	14173.30
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	56770.00
25. SUBTOTAL (add Line 23 and Line 24).....	70943.30
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	68758.95
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2184.35

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

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

FOR LINE NUMBER: PAGE 5 OF 45
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

A. Full Name (Last, First, Middle Initial)
Elenor Blyden

Mailing Address **Commandant Gade**

City **St. Thomas** State **VI** Zip Code **00801**

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

Name of Employer **Retired** Occupation **Doctor**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : SA11AI.5122

Amount of Each Receipt this Period
100.00

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

Mailing Address **507 Capitol Court NE
Suite 101**

City **Washington** State **DC** Zip Code **20002**

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

Name of Employer **Callwood Associates** Occupation **Principal Advisor**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 24 / 2014

Transaction ID : SA11AI.5213

Amount of Each Receipt this Period
2500.00

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

Mailing Address **PO Box 6280**

City **St. Thomas** State **VI** Zip Code **00804**

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

Name of Employer **Isidor Paiewonsky Assoc. Inc.** Occupation **Executive Officer**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 19 / 2014

Transaction ID : SA11AI.5152

Amount of Each Receipt this Period
1000.00

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)
Julie Casinelli

Mailing Address PO Box 6280

City St. Thomas State VI Zip Code 00804

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 29 / 2014

Transaction ID : SA11AI.5207

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Sebastiano Paiewonsky Casinelli

Mailing Address PO Box 6280

City St. Thomas State VI Zip Code 00804

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

Name of Employer AH RIISE Co. Occupation Vice President / Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 29 / 2014

Transaction ID : SA11AI.5206

Amount of Each Receipt this Period
 2000.00

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

Mailing Address 9151 Est. Thomas Suite 205-08

City St. Thomas State VI Zip Code 00802

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
 09 / 05 / 2014

Transaction ID : SA11AI.5160

Amount of Each Receipt this Period
 500.00

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

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

3500.00

**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

Full Name (Last, First, Middle Initial) A. Peter B. Corr		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2014	
Mailing Address 6501 Redhook Plaza, Suite 201		Transaction ID : SA11AI.5169	
City St. Thomas	State VI	Zip Code 00802	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Auen Therapeutics	Occupation Partner/Fund Advisor		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) B. Prakash L. Daswani		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2014	
Mailing Address P.O. Box 1386		Transaction ID : SA11AI.5109	
City St. Thomas	State VI	Zip Code 00804	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Lucky Jewelers	Occupation 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) C. Vivek Daswani		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014	
Mailing Address PO Box 1386		Transaction ID : SA11AI.5150	
City St. Thomas	State VI	Zip Code 00804	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Daswani VI	Occupation 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).....	2500.00
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) Lawrence Delson		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 15 / 2014
Mailing Address 110 E. 59th Street		Transaction ID : SA11AI.5189
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Delson International, Inc.	Occupation Export / Import	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) Dialysis Access Specialists, LLC		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 26 / 2014
Mailing Address PO Box 8677		Transaction ID : SA11AI.5123
City St. Coix	State VI	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Alan Dlugash		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 15 / 2014
Mailing Address 622 3rd Ave.		Transaction ID : SA11AI.5193
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Marks, Paneth, LLP	Occupation CPA	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	5700.00
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 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

A. Full Name (Last, First, Middle Initial)
George Dudley

Mailing Address PO Box 9547

City St. Thomas State VI Zip Code 00804

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

Name of Employer Dudley, Topper & Feuerzeig Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 29 / 2014

Transaction ID : SA11AI.5180

Amount of Each Receipt this Period
1000.00

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

Mailing Address 2809 Valley Drive

City Alexandria State VA Zip Code 22302

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

Name of Employer Winston & Strawn Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 21 / 2014

Transaction ID : SA11AI.5147

Amount of Each Receipt this Period
1000.00

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

Mailing Address PO Box 9547

City St. Thomas State VI Zip Code 00801

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

Name of Employer Dudley Topper & Feuerzeig Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 26 / 2014

Transaction ID : SA11AI.5174

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 10 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. Simone Francis		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 1336 Beltjen Road Suite 201		Transaction ID : SA11AI.5211
City St. Thomas	State VI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Ogletree Deakins	Occupation Attorney	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Patricia Goins Gibson		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address One Chase Manhattan Plaza		Transaction ID : SA11AI.5209
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Hawkins Delafield & Wood, LLP	Occupation Attorney	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) C. Lesley Groff		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2014
Mailing Address 120 Oak Street		Transaction ID : SA11AI.5191
City New Canaan	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer New York Strategy Group	Occupation Personal Assistant	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

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 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

A. Full Name (Last, First, Middle Initial)
Steven Hanson

Mailing Address 2109 Broadway

City State Zip Code
New York NY 10023-2151

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

Name of Employer Occupation
B R Guest Hospitality President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2014

Transaction ID : SA11AI.5187

Amount of Each Receipt this Period
2600.00

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

Mailing Address PO Box 24098 GBS

City State Zip Code
Christansted VI 00824

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

Name of Employer Occupation
Professional Holding Co. Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 09 / 2014

Transaction ID : SA11AI.5148

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Barry J. Hart

Mailing Address 4052 Mansion Drive
NW

City State Zip Code
Washington DC 20007

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

Name of Employer Occupation
Winston & Strawn Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2014

Transaction ID : SA11AI.5154

Amount of Each Receipt this Period
250.00

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

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

5450.00

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

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

Mailing Address PO Box 308666

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 29 / 2014

Transaction ID : SA11AI.5112

Amount of Each Receipt this Period
 1600.00

Amount of Each Receipt this Period
 2600.00

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

Mailing Address PO Box 308666

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 29 / 2014

Transaction ID : SA11AI.5113

Amount of Each Receipt this Period
 2550.00

Amount of Each Receipt this Period
 5150.00

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

Mailing Address 17503 Edinberg Dr.

City Tampa State FL Zip Code 33647

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

Name of Employer Top of The Baths Occupation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 31 / 2014

Transaction ID : SA11AI.5120

Amount of Each Receipt this Period
 850.00

Amount of Each Receipt this Period
 850.00

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

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

5000.00

**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

Full Name (Last, First, Middle Initial) A. Peter N. Hiebert		Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2014	
Mailing Address 3207 Rolling Road		Transaction ID : SA11AI.5145	
City Chevy Chase	State MD	Zip Code 20815	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Winston & Strawn	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) B. Gregory Hodges		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2014	
Mailing Address PO Box 756 1A Loiusenhoj		Transaction ID : SA11AI.5176	
City St. Thomas	State VI	Zip Code 00804	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Dudley Topper & Feuerzeig	Occupation Attorney		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. Jobs Opportunity & Education PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2014	
Mailing Address 50 E St. SE Suite 1		Transaction ID : SA11AI.5155	
City Washington	State DC	Zip Code 20003	
FEC ID number of contributing federal political committee. C C00362384		Amount of Each Receipt this Period 1500.00	
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

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 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

A. Full Name (Last, First, Middle Initial)
LEADERSHIP FOR TODAY AND TOMORROW

Mailing Address 700 13TH STREET, NW
SUITE 600

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00299149

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2014

Transaction ID : SA11AI.5167

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Gerald A. Morrissey III

Mailing Address 425 M St. NE

City State Zip Code
Washington DC 20002

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

Name of Employer Occupation
Winston & Strawn Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2014

Transaction ID : SA11AI.5141

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Thomas O'Keefe

Mailing Address PO Box 11660

City State Zip Code
St. Thomas VI 00801

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

Name of Employer Occupation
Dudley Topper & Feuerzeig Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2014

Transaction ID : SA11AI.5178

Amount of Each Receipt this Period
1000.00

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 15 OF 45
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

A. Full Name (Last, First, Middle Initial)
PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City State Zip Code
LONG BRANCH NJ 07740

FEC ID number of contributing federal political committee. **C** C00226928

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 18 / 2014

Transaction ID : SA11AI.5157

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
PEPSICO, INC. CONCERNED CITIZENS FUND

Mailing Address 700 ANDERSON HILL ROAD

City State Zip Code
PURCHASE NY 10577

FEC ID number of contributing federal political committee. **C** C00039321

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 23 / 2014

Transaction ID : SA11AI.5170

Amount of Each Receipt this Period
1000.00

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

Mailing Address 6015 Estate Smith Bay

City State Zip Code
St. Thomas VI 00802

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

Name of Employer Occupation
LSJ Employees, LLC Property Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 15 / 2014

Transaction ID : SA11AI.5132

Amount of Each Receipt this Period
600.00

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 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

A. Full Name (Last, First, Middle Initial)
Ann Rodriguez

Mailing Address 6015 Estate Smith Bay

City St. Thomas State VI Zip Code 00802

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

Name of Employer LSJ Employees, LLC Occupation Property Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2014

Transaction ID : SA11AI.5134

Amount of Each Receipt this Period
1000.00

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

Mailing Address 6015 Estate Smith Bay

City St. Thomas State VI Zip Code 00802

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

Name of Employer LSJ Employees, LLC Occupation Property Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2014

Transaction ID : SA11AI.5135

Amount of Each Receipt this Period
1000.00

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

Mailing Address 122 Greenwich Ave.
#7A

City New York State NY Zip Code 10011

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

Name of Employer Hawkeye Capital Management LLC Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2014

Transaction ID : SA11AI.5143

Amount of Each Receipt this Period
250.00

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 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)
B A Simmonds

Mailing Address 8830 W. Fort Foote
TER

City State Zip Code
Fort Washington MD 20744

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

Name of Employer Occupation
Greater Southeast Hospital Certified Registered Nurse Anesthetist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2014

Transaction ID : SA11AI.5184

Amount of Each Receipt this Period
300.00

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

Mailing Address 5000 South Grapetree Bay

City State Zip Code
Christiansted VI 00820

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

Name of Employer Occupation
Grapetree Hotel St. Croix CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2014

Transaction ID : SA11AI.5127

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
R. Miles Stair

Mailing Address 517 Mongoose

City State Zip Code
St. John VI 00830

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

Name of Employer Occupation
Holiday Homes of St. John President / Broker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2014

Transaction ID : SA11AI.5162

Amount of Each Receipt this Period
500.00

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

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

3300.00

**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

A. Full Name (Last, First, Middle Initial)
S. Donald Sussman

Mailing Address 217 Commercial Street
Suite 500

City Portland State ME Zip Code 04101

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

Name of Employer Paloma Funds Occupation Financier / Philanthropist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 15 / 2014

Transaction ID : SA11AI.5106

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
S. Donald Sussman

Mailing Address 217 Commercial Street
Suite 500

City Portland State ME Zip Code 04101

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

Name of Employer Paloma Funds Occupation Financier / Philanthropist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 15 / 2014

Transaction ID : SA11AI.5108

Amount of Each Receipt this Period
 2600.00

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

Mailing Address 6609 Persimmon Tree

City Fairfax State VA Zip Code 20818

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

Name of Employer Winston & Strawn Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 21 / 2014

Transaction ID : SA11AI.5140

Amount of Each Receipt this Period
 250.00

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

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

5450.00

**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)
Donald Weeden

Mailing Address 85 Middle River Rd.

City Danbury State CT Zip Code 06811

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

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2014

Transaction ID : SA11A1.5172

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 M / D 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 M / D 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

55450.00

**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. American Cancer Society		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2014
Mailing Address PO Box 6987 Christiansted		Amount of Each Disbursement this Period 926.20 Transaction ID : SB17.5076
City St. Croix	State VI	
Zip Code 00823	Purpose of Disbursement Event ticket	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) B. Lee Ashley		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address PO Box 6987 Sunny Isle		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.5099
City St. Croix	State VI	
Zip Code 00823	Purpose of Disbursement Photos	Category/ Type 006
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) c. Bellows International		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address PO Box 45191 Kingshill		Amount of Each Disbursement this Period 276.20 Transaction ID : SB17.5086
City St. Croix	State VI	
Zip Code 00851	Purpose of Disbursement Purchased Beverages	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

SUBTOTAL of Disbursements This Page (optional).....	926.20
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)		Date of Disbursement
A. Capital Tees		M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address PO Box 7111, Sunny Isle		Amount of Each Disbursement this Period
City St. Croix	State VI	Zip Code 00823
Purpose of Disbursement T-Shirts	Category/ Type 004	800.00
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Disbursement For: 2014	Transaction ID : SB17.4991
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)		Date of Disbursement
B. Capital Tees		M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address PO Box 7111, Sunny Isle		Amount of Each Disbursement this Period
City St. Croix	State VI	Zip Code 00823
Purpose of Disbursement T-shirts	Category/ Type 004	120.00
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Disbursement For: 2014	Transaction ID : SB17.5044
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 01		

Full Name (Last, First, Middle Initial)		Date of Disbursement
c. Chicken Shack		M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 24B Estate Slob, Kingshill		Amount of Each Disbursement this Period
City Ct. Croix	State VI	Zip Code 00850
Purpose of Disbursement Poll food	Category/ Type 005	392.00
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Disbursement For: 2014	Transaction ID : SB17.5002
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).....	1312.00
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 07 / 23 / 2014
Mailing Address 6006 Estate Peters Rest Suite 6		Amount of Each Disbursement this Period 134.13 Transaction ID : SB17.4980
City Christiansted State VI Zip Code 00820	Purpose of Disbursement Internet and phones 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)	

Full Name (Last, First, Middle Initial) B. Choice Communications		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 6006 Estate Peters Rest Suite 6		Amount of Each Disbursement this Period 125.25 Transaction ID : SB17.5035
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 State: VI District: 01	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Choice Communications		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 6006 Estate Peters Rest Suite 6		Amount of Each Disbursement this Period 135.00 Transaction ID : SB17.5078
City Christiansted State VI Zip Code 00820	Purpose of Disbursement Internet and 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 State: VI District: 01	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	394.38
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. Monae Clarke		Date of Disbursement MM / DD / YYYY 08 / 21 / 2014
Mailing Address PO Box 1546 Cruz Bay		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.5031
City St. John	State VI	
Zip Code 00831	Purpose of Disbursement Phone banking	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) B. Classic Style		Date of Disbursement MM / DD / YYYY 09 / 24 / 2014
Mailing Address 1113 Strand Street Suite 103		Amount of Each Disbursement this Period 649.96 Transaction ID : SB17.5088
City St. Croix	State VI	
Zip Code 00820	Purpose of Disbursement Image 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) c. Connolly Printing		Date of Disbursement MM / DD / YYYY 09 / 19 / 2014
Mailing Address 17B Gill Street		Amount of Each Disbursement this Period 3704.93 Transaction ID : SB17.5069
City Woburn	State MA	
Zip Code 01801	Purpose of Disbursement Printing	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

SUBTOTAL of Disbursements This Page (optional).....	4604.89
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. Joanne Cooksey		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address		Amount of Each Disbursement this Period 700.00 Transaction ID : SB17.4988
City	State Zip Code	
Purpose of Disbursement Meet and greet catering	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. Cost-U-Less		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 4300 Scion Farm		Amount of Each Disbursement this Period 277.85 Transaction ID : SB17.5007
City	State Zip Code	
Purpose of Disbursement Food for pollers	Category/Type 005	
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. CPM		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 5012 Star Board St. Gallows Bay		Amount of Each Disbursement this Period 213.04 Transaction ID : SB17.5000
City	State Zip Code	
Purpose of Disbursement SP Business Cards	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).....	1190.89
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. CRC		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 5001 Tamarind Reef Suite 28		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.5085
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Rent	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) B. Crucian Educational NPG		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address PO Box 8294		Amount of Each Disbursement this Period 90.00 Transaction ID : SB17.5004
City Christiansted	State VI	
Zip Code 00823	Purpose of Disbursement Spanish 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) c. Epok		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 6088a Castle Coakley		Amount of Each Disbursement this Period 570.00 Transaction ID : SB17.5018
City St. Croix	State VI	
Zip Code 00820	Purpose of Disbursement Ballot Signs	Category/ Type 005
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).....	1660.00
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. Samuel Ferdinand		Date of Disbursement MM / DD / YYYY 08 / 05 / 2014
Mailing Address		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.5014
City	State Zip Code	
Purpose of Disbursement Jingle by Mighty Pat	Category/Type 004	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Delmin Garcia		Date of Disbursement MM / DD / YYYY 08 / 12 / 2014
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 0.00 Transaction ID : SB17.5020
City	State Zip Code	
St. Croix VI 00824	Purpose of Disbursement Reimbursement for bank overdraft	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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 09 / 18 / 2014
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 567.17 Transaction ID : SB17.5066
City	State Zip Code	
St. Croix VI 00824	Purpose of Disbursement Reimbursement	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 01		

SUBTOTAL of Disbursements This Page (optional).....	2067.17
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. Verna Garcia		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2014
Mailing Address PO Box 538		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.5041
City Christiansted	State VI	
Zip Code 00821	Purpose of Disbursement Reimburse cover bank OD	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) B. Samuel Garrett		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address PO Box 16381		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.5051
City Christiansted	State VI	
Zip Code 00823	Purpose of Disbursement Consultation	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) c. Global Tours		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2014
Mailing Address 1A Diamond Crest, Sunny Isle		Amount of Each Disbursement this Period 995.40 Transaction ID : SB17.5067
City St. Croix	State VI	
Zip Code 00821	Purpose of Disbursement CBC tickets DC	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

SUBTOTAL of Disbursements This Page (optional).....	2195.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 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. Global Tours		Date of Disbursement MM / DD / YYYY 09 / 10 / 2014
Mailing Address 1A Diamond Crest, Sunny Isle		Amount of Each Disbursement this Period 477.70 Transaction ID : SB17.5043
City St. Croix	State VI	
Purpose of Disbursement Stacy Plaskett-DC Fundraising		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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 01	

Full Name (Last, First, Middle Initial) B. Grand Cru Restaurant		Date of Disbursement MM / DD / YYYY 09 / 26 / 2014
Mailing Address 5314 Yacht Haven Grande		Amount of Each Disbursement this Period 1293.15 Transaction ID : SB17.5094
City St. Thomas	State VI	
Purpose of Disbursement Fundraising Event 10/9/2014		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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 01	

Full Name (Last, First, Middle Initial) c. Jens Deli		Date of Disbursement MM / DD / YYYY 08 / 14 / 2014
Mailing Address 43-46 Norre Gade		Amount of Each Disbursement this Period 320.00 Transaction ID : SB17.5025
City St. Thomas	State VI	
Purpose of Disbursement Primary pollers lunch		Category/ Type 005
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).....	2090.85
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. Erika Kellerhals		Date of Disbursement MM / DD / YYYY 09 / 10 / 2014
Mailing Address 9100 Port of Sale Mall Suite 15		Amount of Each Disbursement this Period 1302.00 Transaction ID : SB17.5045
City St. Thomas State VI Zip Code 00802	Purpose of Disbursement Arline tickets Category/Type 002	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.4977
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VI District: 01	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Lambert Media		Date of Disbursement MM / DD / YYYY 07 / 15 / 2014
Mailing Address 7840 Mountain Top		Amount of Each Disbursement this Period 4238.00 Transaction ID : SB17.4997
City St. Thomas State VI Zip Code 00802	Purpose of Disbursement TV Commercials Category/Type 004	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		Amount of Each Disbursement this Period 10540.00
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. Lambert Media		Date of Disbursement MM / DD / YYYY 07 / 28 / 2014
Mailing Address 7840 Mountain Top		Amount of Each Disbursement this Period 10540.00
City St. Thomas State VI Zip Code 00802	Purpose of Disbursement Radio Talk show Category/Type 004	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		Amount of Each Disbursement this Period 10540.00
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).....	10540.00
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. Lambert Media		Date of Disbursement MM / DD / YYYY 09 / 11 / 2014
Mailing Address 7840 Mountain Top		Amount of Each Disbursement this Period 3838.00 Transaction ID : SB17.5039
City St. Thomas	State VI	
Zip Code 00802	Purpose of Disbursement Media/TV	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) B. Lambert Media		Date of Disbursement MM / DD / YYYY 09 / 29 / 2014
Mailing Address 7840 Mountain Top		Amount of Each Disbursement this Period 4044.00 Transaction ID : SB17.5100
City St. Thomas	State VI	
Zip Code 00802	Purpose of Disbursement Energy ad	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) c. Lambert Media		Date of Disbursement MM / DD / YYYY 09 / 29 / 2014
Mailing Address 7840 Mountain Top		Amount of Each Disbursement this Period 2696.00 Transaction ID : SB17.5101
City St. Thomas	State VI	
Zip Code 00802	Purpose of Disbursement Health Media Ad	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

SUBTOTAL of Disbursements This Page (optional).....	10578.00
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 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. Life Radio VBM		Date of Disbursement MM / DD / YYYY 07 / 30 / 2014
Mailing Address 15 Peters Rest		Amount of Each Disbursement this Period 390.00 Transaction ID : SB17.5010
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Life radio station	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. Lockhart Realty		Date of Disbursement MM / DD / YYYY 08 / 14 / 2014
Mailing Address 9800 Buckaneer Mall Building 2, Suite 9		Amount of Each Disbursement this Period 798.91 Transaction ID : SB17.5027
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Rent/Utilities	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 01	

Full Name (Last, First, Middle Initial) c. Camille Macedon		Date of Disbursement MM / DD / YYYY 07 / 15 / 2014
Mailing Address PO Box 628 Kingshill		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4978
City St. Croix	State VI	
Zip Code 00851	Purpose of Disbursement Partial jingle	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).....	1688.91
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. Camille Macedon		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address PO Box 628 Kingshill		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.4999
City St. Croix	State VI	
Purpose of Disbursement Campaign jingle	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. Camille Macedon		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address PO Box 628 Kingshill		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.5019
City St. Croix	State VI	
Purpose of Disbursement Jingle balance	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. Frances McIntosh		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address PO Box 4765 Kingshill		Amount of Each Disbursement this Period 80.00 Transaction ID : SB17.4987
City St. Croix	State VI	
Purpose of Disbursement Office cleaning	Category/Type 001	
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).....	1580.00
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. Frances McIntosh		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address PO Box 4765 Kingshill		Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.5016
City St. Croix	State VI	
Zip Code 00851	Purpose of Disbursement HQ Cleaning	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. Frances McIntosh		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address PO Box 4765 Kingshill		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.5083
City St. Croix	State VI	
Zip Code 00851	Purpose of Disbursement Office help/cleaning	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 type="checkbox"/> Primary <input checked="" 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 09 / 24 / 2014
Mailing Address PO Box 24668		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5084
City Christiansted	State VI	
Zip Code 00824	Purpose of Disbursement Ad materials	Category/ Type 006
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

SUBTOTAL of Disbursements This Page (optional).....	940.00
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 07 / 25 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 925.00 Transaction ID : SB17.4986
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Primary Election expense	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. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 109.00 Transaction ID : SB17.5013
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Breakfast for pollers	Category/ Type 005
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 08 / 01 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.5017
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Election day drivers	Category/ Type 005
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).....	1384.00
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 MM / DD / YYYY 08 / 01 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5037
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Travel expenses	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) B. STACEY PLASKETT		Date of Disbursement MM / DD / YYYY 09 / 01 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 2100.00 Transaction ID : SB17.5040
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Back to school announcement	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) C. STACEY PLASKETT		Date of Disbursement MM / DD / YYYY 09 / 12 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 1300.00 Transaction ID : SB17.5050
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Back to school	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

SUBTOTAL of Disbursements This Page (optional).....	3900.00
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 09 / 15 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5059
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Per diem	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 type="checkbox"/> Primary <input checked="" 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 09 / 30 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 2870.00 Transaction ID : SB17.5102
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) c. RCH Technologies		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 9160 Estate Thomas PMB 277		Amount of Each Disbursement this Period 1520.00 Transaction ID : SB17.5089
City St. Thomas	State VI	
Zip Code 00802	Purpose of Disbursement Web services	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

SUBTOTAL of Disbursements This Page (optional).....	4890.00
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. Reef Broadcasting		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 79A Castle Coakley		Amount of Each Disbursement this Period 390.00 Transaction ID : SB17.5077
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Radio talk show	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) B. Bruce Rhymer		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address 143 A2 Annas Retreat		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.5029
City St. Thoms	State VI	
Zip Code 00802	Purpose of Disbursement Phone banking	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) c. Sakuri		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 1104 Strand Street #2		Amount of Each Disbursement this Period 240.00 Transaction ID : SB17.5063
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Wardrobe	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

SUBTOTAL of Disbursements This Page (optional).....	880.00
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. Seaborne Airlines		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address 34 Strand Street		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4981
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement 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) B. Seaborne Airlines		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 34 Strand Street		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5038
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Travel	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 type="checkbox"/> Primary <input checked="" 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 09 / 17 / 2014
Mailing Address 34 Strand Street		Amount of Each Disbursement this Period 315.40 Transaction ID : SB17.5065
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Travel	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

SUBTOTAL of Disbursements This Page (optional).....	1815.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 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 09 / 20 / 2014
Mailing Address 34 Strand Street		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.5075
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Travel	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 type="checkbox"/> Primary <input checked="" 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 09 / 30 / 2014
Mailing Address 34 Strand Street		Amount of Each Disbursement this Period 1161.00 Transaction ID : SB17.5103
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Interisland travel	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) c. Jonathan Small		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address PO Box 1006		Amount of Each Disbursement this Period 280.00 Transaction ID : SB17.4990
City Frederiksted	State VI	
Zip Code 00841	Purpose of Disbursement Travel expense	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).....	1491.00
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. Jonathan Small		Date of Disbursement MM / DD / YYYY 08 / 01 / 2014
Mailing Address PO Box 1006		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.5036
City Frederiksted	State VI	
Zip Code 00841	Purpose of Disbursement Travel to DC	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) B. Jonathan Small		Date of Disbursement MM / DD / YYYY 09 / 01 / 2014
Mailing Address PO Box 1006		Amount of Each Disbursement this Period 650.00 Transaction ID : SB17.5096
City Frederiksted	State VI	
Zip Code 00841	Purpose of Disbursement DC CBC travel expense	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) c. Sports, Park & Recreation Dept.		Date of Disbursement MM / DD / YYYY 09 / 26 / 2014
Mailing Address 3000 LBJ Gardens		Amount of Each Disbursement this Period 525.00 Transaction ID : SB17.5091
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Event	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

SUBTOTAL of Disbursements This Page (optional).....	1975.00
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 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. Sports, Park & Recreation Dept.		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 3000 LBJ Gardens		Amount of Each Disbursement this Period 325.00 Transaction ID : SB17.5104
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Rental space for cook-off	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) B. Sports, Park & Recreation Dept.		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 3000 LBJ Gardens		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.5105
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Rental space deposit	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) c. The Daily News		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address 9155 Estate Thomas		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4984
City St. Thomas	State VI	
Zip Code 00802	Purpose of Disbursement advertisement	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).....	1025.00
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 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. The Daily News		Date of Disbursement MM / DD / YYYY 08 / 13 / 2014
Mailing Address 9155 Estate Thomas		Amount of Each Disbursement this Period 351.00 Transaction ID : SB17.5024
City St. Thomas State VI Zip Code 00802	Purpose of Disbursement Thank you ad 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 01		

Full Name (Last, First, Middle Initial) B. The Reef Broadcasting		Date of Disbursement MM / DD / YYYY 07 / 29 / 2014
Mailing Address 79A Castle Coakley		Amount of Each Disbursement this Period 825.00 Transaction ID : SB17.4993
City Christiansted State VI Zip Code 00820	Purpose of Disbursement Radio talk show 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. The Reef Broadcasting		Date of Disbursement MM / DD / YYYY 07 / 29 / 2014
Mailing Address 79A Castle Coakley		Amount of Each Disbursement this Period 390.00 Transaction ID : SB17.4998
City Christiansted State VI Zip Code 00820	Purpose of Disbursement Mario Talk show 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).....	1566.00
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. Stephan Todman		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address 6421 Estate Nadir #5		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.5033
City State Zip Code St. Thomas VI 00802	Purpose of Disbursement Phone banking 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 01		

Full Name (Last, First, Middle Initial) B. US Postal Service		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address Estate Richmond		Amount of Each Disbursement this Period 3963.00 Transaction ID : SB17.4985
City State Zip Code Christiansted VI 00821	Purpose of Disbursement Mailers 003 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. US Postal Service		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2014
Mailing Address Estate Richmond		Amount of Each Disbursement this Period 1125.00 Transaction ID : SB17.4992
City State Zip Code Christiansted VI 00821	Purpose of Disbursement Mailers 003 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).....	5338.00
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 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. Westside Designs		Date of Disbursement MM / DD / YYYY 09 / 19 / 2014
Mailing Address 12 King Street		Amount of Each Disbursement this Period 420.00 Transaction ID : SB17.5071
City Frederiksted	State VI	
Zip Code 00840	Purpose of Disbursement Sportsmanship T-shirt designs	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) B. WSTA		Date of Disbursement MM / DD / YYYY 08 / 14 / 2014
Mailing Address PO Box 1340		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5028
City St. Thomas	State VI	
Zip Code 00804	Purpose of Disbursement NYC radio	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) C. WSTA		Date of Disbursement MM / DD / YYYY 09 / 16 / 2014
Mailing Address PO Box 1340		Amount of Each Disbursement this Period 192.00 Transaction ID : SB17.5062
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

SUBTOTAL of Disbursements This Page (optional).....	1112.00
TOTAL This Period (last page this line number only).....	67145.09

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 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