

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

VIRGIN ISLANDS FOR PLASKETT

ADDRESS (number and street) PO BOX 26502

Check if different than previously reported. (ACC)

Christiansted

VI

00824

2. **FEC IDENTIFICATION NUMBER**

C C00528182

CITY

STATE

ZIP CODE

STATE DISTRICT

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

VI

01

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

(a) Quarterly Reports:

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

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

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

Election on / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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

Type or Print Name of Treasurer Jonathan Small

Signature of Treasurer Jonathan Small

[Electronically Filed]

Date

/ /

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

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
VIRGIN ISLANDS FOR PLASKETT

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	37734.70	103494.60
(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)).....	37734.70	103494.60
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	37143.08	93731.78
(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)).....	37143.08	93731.78
8. Cash on Hand at Close of Reporting Period (from Line 27).....	8597.44	
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).....	37089.70	101599.60
(ii) Unitemized.....	645.00	1895.00
(iii) TOTAL of contributions from individuals ▶	37734.70	103494.60
(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))..	37734.70	103494.60
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)..... ▶	37734.70	103494.60

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	37143.08	93731.78
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) ▶	37143.08	93981.78

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8005.82
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	37734.70
25. SUBTOTAL (add Line 23 and Line 24).....	45740.52
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	37143.08
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	8597.44

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

A. Full Name (Last, First, Middle Initial)
Joseph Baptiste

Mailing Address 1400 EW Highway

City Silver Spring State MD Zip Code 20910

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

Name of Employer Occupation
JB Dental Implant Center Dentist

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
 03 / 31 / 2014

Transaction ID : SA11AI.4658

Amount of Each Receipt this Period
1000.00

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

Mailing Address 4055 Est. Judith's Fancy 318 Robin

City St. Croix State VI Zip Code 00820

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

Name of Employer Occupation
Self-Employed Writer/Editor

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
 03 / 19 / 2014

Transaction ID : SA11AI.4555

Amount of Each Receipt this Period
250.00

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

Mailing Address 3000 Estate Orange Grove

City St. Croix State VI Zip Code 00820

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

Name of Employer Occupation
J. Benton Construction Contractor

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
 02 / 13 / 2014

Transaction ID : SA11AI.4660

Amount of Each Receipt this Period
500.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 35			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

A. 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 **2660.60**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.4663

Amount of Each Receipt this Period
525.00

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 **3160.60**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.4664

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Heather Certner-Brugger

Mailing Address 2 E. Wing Ct.

City Bethesda State MD Zip Code 20817

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

Name of Employer None Occupation Homemaker

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
02 / 14 / 2014

Transaction ID : SA11AI.4702

Amount of Each Receipt this Period
500.00

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

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

1525.00

**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 35
	<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)
Cletis Clendinen

Mailing Address PO Box 7864

City St. Thomas State VI Zip Code 00801

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

Name of Employer Lockhart Realty, Inc. Occupation Facilities Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4665

Amount of Each Receipt this Period
 910.00

B. Full Name (Last, First, Middle Initial)
Mark W. Eckard

Mailing Address 53 King Street 3rd Fl.

City St. Croix State VI Zip Code 00824

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

Name of Employer Eckard PC Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4666

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Greg J. Ferguson

Mailing Address 9100 Havensight Suite 15-16

City St. Thomas State VI Zip Code 00802

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

Name of Employer Kellerhals Ferguson Kroblin PL Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.4670

Amount of Each Receipt this Period
 500.00

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

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

2410.00

**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 35
	<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. Katherine Gibson		Date of Receipt M M / D D / Y Y Y Y 02 / 20 / 2014	
Mailing Address PO Box 1435		Transaction ID : SA11AI.4553	
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 Katherine Gibson PC	Occupation CPA		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. Clarence Green		Date of Receipt M M / D D / Y Y Y Y 02 / 12 / 2014	
Mailing Address PO Box 26424		Transaction ID : SA11AI.4672	
City Christiansted	State VI	Zip Code 00824	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Self	Occupation Information Technology Specialist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Benjamin Hale		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 7504 Phelps Close		Transaction ID : SA11AI.4559	
City New Albany	State OH	Zip Code 43054	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Smith & Hale	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

SUBTOTAL of Receipts This Page (optional).....	3600.00
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 9 OF 35
	<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)
Benjamin Hale

Mailing Address 7504 Phelps Close

City State Zip Code
New Albany OH 43054

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

Name of Employer Occupation
Smith & Hale Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4854.70

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11AI.4561

Amount of Each Receipt this Period
2254.70

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

Mailing Address 9100 Port of Sale Mall Suite 15

City State Zip Code
St. Thomas VI 00802

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

Name of Employer Occupation
Kellerhals Ferguson Kroblin 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
01 / 14 / 2014

Transaction ID : SA11AI.4674

Amount of Each Receipt this Period
500.00

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

Mailing Address 9100 Port of Sale Mall Suite 15

City State Zip Code
St. Thomas VI 00802

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

Name of Employer Occupation
Kellerhals Ferguson Kroblin PL Attorney

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
03 / 31 / 2014

Transaction ID : SA11AI.4675

Amount of Each Receipt this Period
250.00

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

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

3004.70

**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 35
	<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)
Lawrence Kupfer

Mailing Address 9015 Havensity Shopping Center
Ste 7

City St. Thomas State VI Zip Code 00802

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

Name of Employer: VI Next Generatin Network Occupation: Business Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 03 / 31 / 2014

Transaction ID : SA11AI.4677

Amount of Each Receipt this Period: 2500.00

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

Mailing Address 9015 Havensity Shopping Center
Ste 7

City St. Thomas State VI Zip Code 00802

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

Name of Employer: VI Next Generatin Network Occupation: Business Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 03 / 31 / 2014

Transaction ID : SA11AI.4679

Amount of Each Receipt this Period: 2500.00

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

Mailing Address 750 17th Street, NW
900

City Washington State DC Zip Code 20006

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

Name of Employer: Husch Blackwell Occupation: Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 14 / 2014

Transaction ID : SA11AI.4551

Amount of Each Receipt this Period: 500.00

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 35
	<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. Dale LeFebvre		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address 6600 Estate Nazareth # 112		Transaction ID : SA11AI.4562	
City St. Thomas	State VI	Zip Code 00802	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Oson VI, LLC	Occupation Money Manager		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) B. Dale LeFebvre		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address 6600 Estate Nazareth # 112		Transaction ID : SA11AI.4564	
City St. Thomas	State VI	Zip Code 00802	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Oson VI, LLC	Occupation Money Manager		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) C. G. Hunter Logan		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2014	
Mailing Address 1131 King Street		Transaction ID : SA11AI.4680	
City Chritiansted	State VI	Zip Code 00820	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Nichols, Newman, Logan & Grey	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	5700.00
TOTAL This Period (last page this line number only).....	5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 35
	<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. Paul Lumis		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2014	
Mailing Address 621 South Third Street		Transaction ID : SA11AI.4682	
City Stillwater	State MN	Zip Code 55082	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Luminator Productions	Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Nichols Newman		Date of Receipt M M / D D / Y Y Y Y 01 / 14 / 2014	
Mailing Address 1131 King Street		Transaction ID : SA11AI.4708	
City Christiansted	State VI	Zip Code 00820	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Nichols, Newman, Logan & Grey	Occupation Attorney		
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. Keith O'Neal Jr.		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2014	
Mailing Address PO Box 7550 Sunny Isle		Transaction ID : SA11AI.4685	
City St. Croix	State VI	Zip Code 00821	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00	
Name of Employer O'Neal Transport, Inc.	Occupation Transportation Executive		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 35
	<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. Marjorie Roberts		Date of Receipt M M / D D / Y Y Y Y 02 / 07 / 2014	
Mailing Address 5093 Dronnigens Gade, Suite 1		Transaction ID : SA11AI.4691	
City St. Thomas	State VI	Zip Code 00802	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00	
Name of Employer Marjorie Rawls Roberts, Esq.	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) B. Marjorie Roberts		Date of Receipt M M / D D / Y Y Y Y 02 / 07 / 2014	
Mailing Address 5093 Dronnigens Gade, Suite 1		Transaction ID : SA11AI.4693	
City St. Thomas	State VI	Zip Code 00802	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Marjorie Rawls Roberts, Esq.	Occupation Attorney		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2900.00		

Full Name (Last, First, Middle Initial) C. George Rosenberg		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address PO Box 9877		Transaction ID : SA11AI.4549	
City St. Thomas	State VI	Zip Code 00801	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer Diagnostic and Radiology Cente	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 35
	<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 Streetman

Mailing Address 5001 Tamarind Reef, Suite 28

City State Zip Code
St. Croix VI 00820

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

Name of Employer Occupation
Tamarind Reef Spa 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
02 / 28 / 2014

Transaction ID : SA11AI.4694

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Vitest Engineers LLC

Mailing Address 9-10 Gallows Bay,

City State Zip Code
Christiansted VI 00820

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 12 / 2014

Transaction ID : SA11AI.4709

Amount of Each Receipt this Period
250.00

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

Mailing Address English Turn Drive

City State Zip Code
Silver Spring MD 20904

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

Name of Employer Occupation
Washington Hospital Center Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11AI.4696

Amount of Each Receipt this Period
500.00

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

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

3350.00

**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 15 OF 35
	<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)
Kevin Williams

Mailing Address 425 Wister Road

City Wynnewood State PA Zip Code 19086

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

Name of Employer Temple University Occupation Director of Residential Life

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2014

Transaction ID : SA11AI.4698

Amount of Each Receipt this Period
 2600.00

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

Mailing Address 425 Wister Road

City Wynnewood State PA Zip Code 19086

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

Name of Employer Temple University Occupation Director of Residential Life

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2014

Transaction ID : SA11AI.4701

Amount of Each Receipt this Period
 2400.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

5000.00

37089.70

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 35	
	<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. Terrance Brown		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2014
Mailing Address		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4573
City	State Zip Code	
Purpose of Disbursement production TV commercial	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. CallFire, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 1410 2nd St. Suite 200		Amount of Each Disbursement this Period 564.00 Transaction ID : SB17.4594
City	State Zip Code	
Santa Monica CA 90401		
Purpose of Disbursement EZ Texting, mass texting service	Category/Type 001	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 01		

Full Name (Last, First, Middle Initial) c. Capital Tees		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address PO Box 7111, Sunny Isle		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4628
City	State Zip Code	
St. Croix VI 00823		
Purpose of Disbursement T-shirts	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).....	1964.00
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 17 OF 35	
	<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 02 / 11 / 2014
Mailing Address PO Box 7111, Sunny Isle		Amount of Each Disbursement this Period
City State Zip Code St. Croix VI 00823	Purpose of Disbursement T-shirts	400.00
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.4634
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	Category/Type 004

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Capital Tees		M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address PO Box 7111, Sunny Isle		Amount of Each Disbursement this Period
City State Zip Code St. Croix VI 00823	Purpose of Disbursement Lakers Youth Group	165.00
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.4567
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	Category/Type 004

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Choice Communications		M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 6006 Estate Peters Rest Suite 6		Amount of Each Disbursement this Period
City State Zip Code Christiansted VI 00820	Purpose of Disbursement internet/phone	116.38
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.4623
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	Category/Type 001

SUBTOTAL of Disbursements This Page (optional).....	681.38
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 18 OF 35	
	<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 03 / 21 / 2014
Mailing Address 6006 Estate Peters Rest Suite 6		Amount of Each Disbursement this Period 135.00 Transaction ID : SB17.4570
City Christiansted State VI Zip Code 00820	Purpose of Disbursement office phone and internet 001 Category/Type	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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. Club Comanche		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address 1 Strand Street		Amount of Each Disbursement this Period 492.00 Transaction ID : SB17.4635
City Christiansted State VI Zip Code 00820	Purpose of Disbursement Apps for meet and greet 007 Category/Type	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VI District: 01	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Color Max		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2014
Mailing Address 4001 Raphune Hill Rd. Al Cohen Plaza		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB17.4608
City St. Thomas State VI Zip Code 00802	Purpose of Disbursement roadside posters 004 Category/Type	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VI District: 01	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1827.00
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 19 OF 35		
	<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 01 / 21 / 2014
Mailing Address 5001 Tamarind Reef Suite 28		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4646
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Rent office space	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. CRC		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 5001 Tamarind Reef Suite 28		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4621
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Office space 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) C. CRC		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 5001 Tamarind Reef Suite 28		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4650
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

SUBTOTAL of Disbursements This Page (optional).....	2000.00
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 20 OF 35	
	<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. Dominican Action Committee		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address PO Box 154		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4640
City Christiansted	State VI	
Zip Code 00821	Purpose of Disbursement Sponsorship	Category/ Type 012
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 01	

Full Name (Last, First, Middle Initial) B. Epok		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 6088a Castle Coakley		Amount of Each Disbursement this Period 1408.00 Transaction ID : SB17.4637
City St. Croix	State VI	
Zip Code 00820	Purpose of Disbursement Road signs	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 01	

Full Name (Last, First, Middle Initial) c. Delmin Garcia		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 510.00 Transaction ID : SB17.4625
City St. Croix	State VI	
Zip Code 00824	Purpose of Disbursement reimbursement to 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 01	

SUBTOTAL of Disbursements This Page (optional).....	2418.00
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Delmin Garcia		Date of Disbursement MM / DD / YYYY 02 / 25 / 2014
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 630.00 Transaction ID : SB17.4651
City St. Croix	State VI	
Zip Code 00824		Category/ Type 004
Purpose of Disbursement reimbursement for seaborne airfare/radio ads/office supplies		
Candidate Name VIRGIN ISLANDS FOR PLASKETT		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VI District: 01	

Full Name (Last, First, Middle Initial) B. Delmin Garcia		Date of Disbursement MM / DD / YYYY 03 / 26 / 2014
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 244.70 Transaction ID : SB17.4582
City St. Croix	State VI	
Zip Code 00824		Category/ Type 001
Purpose of Disbursement reimburse for office supplies, post and seaplane		
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. Samuel Garrett		Date of Disbursement MM / DD / YYYY 02 / 20 / 2014
Mailing Address PO BOx 16381		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.4642
City Christiansted	State VI	
Zip Code 00823		Category/ Type 001
Purpose of Disbursement Consultant/Advisor		
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).....	1474.70
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 35	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Samuel Garrett		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address PO BOx 16381		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.4579
City Christiansted	State VI	
Zip Code 00823	Purpose of Disbursement Campaign consultant	Category/ Type 001
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) B. Global Tours		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 1A Diamond Crest, Sunny Isle		Amount of Each Disbursement this Period 496.50 Transaction ID : SB17.4629
City St. Croix	State VI	
Zip Code 00821	Purpose of Disbursement Stacey's DC ticket	Category/ Type 002
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) c. Global Tours		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 1A Diamond Crest, Sunny Isle		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4624
City St. Croix	State VI	
Zip Code 00821	Purpose of Disbursement change ticket fee	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).....	1296.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 35	
	<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. Daphne Jean-Marie		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address #28 Mount Pleasant Suite 7		Amount of Each Disbursement this Period 75.00 Transaction ID : SB17.4645
City Frederiksted	State VI	
Zip Code 00840	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) B. Laverne Joseph		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address PO Box 1764		Amount of Each Disbursement this Period 225.00 Transaction ID : SB17.4588
City Frederiksted	State VI	
Zip Code 00841	Purpose of Disbursement Stipend	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	
Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) c. Barbara Petersen		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address PO Box 1613		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.4615
City St. Thomas	State VI	
Zip Code 00804	Purpose of Disbursement Cool Session Band	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	
Other (specify)	State: VI District: 01	

SUBTOTAL of Disbursements This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 35			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial) A. Jean Picou		Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address PO Box 24668		Amount of Each Disbursement this Period 439.50 Transaction ID : SB17.4639
City Christiansted	State VI	
Zip Code 00824	Purpose of Disbursement Palm 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	

Full Name (Last, First, Middle Initial) B. Jean Picou		Date of Disbursement MM / DD / YYYY 03 / 07 / 2014
Mailing Address PO Box 24668		Amount of Each Disbursement this Period 439.50 Transaction ID : SB17.4586
City Christiansted	State VI	
Zip Code 00824	Purpose of Disbursement palm 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	

Full Name (Last, First, Middle Initial) c. Jean Picou		Date of Disbursement MM / DD / YYYY 03 / 24 / 2014
Mailing Address PO Box 24668		Amount of Each Disbursement this Period 929.00 Transaction ID : SB17.4590
City Christiansted	State VI	
Zip Code 00824	Purpose of Disbursement Bumper Stickers	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

SUBTOTAL of Disbursements This Page (optional).....	1808.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 35	
	<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 01 / 02 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.4493
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Parade accessories	Category/ Type 007
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: VI	District: 00	

Full Name (Last, First, Middle Initial) B. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4617
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement DC fundraiser and expense	Category/ Type 003
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: VI	District: 01	

Full Name (Last, First, Middle Initial) C. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 700.00 Transaction ID : SB17.4618
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Radio ads	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: VI	District: 01	

SUBTOTAL of Disbursements This Page (optional).....	2240.00
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 35	
	<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 01 / 16 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.4619
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement MLK Radio 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 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 02 / 06 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4649
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Apps for general mtg.	Category/ Type 001
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 01	

Full Name (Last, First, Middle Initial) C. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 900.00 Transaction ID : SB17.4620
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement DC trip 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 01	

SUBTOTAL of Disbursements This Page (optional).....	1450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 35	
	<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 02 / 26 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 1600.00 Transaction ID : SB17.4612
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Expenses for DC trip	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. STACEY PLASKETT		Date of Disbursement MM / DD / YYYY 03 / 06 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 1400.00 Transaction ID : SB17.4569
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement DC trip, car rental, airfare, meals etc	Category/ Type 002
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 01	

Full Name (Last, First, Middle Initial) C. STACEY PLASKETT		Date of Disbursement MM / DD / YYYY 03 / 07 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4585
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Per diem for DC trip	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).....	3300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 35	
	<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 03 / 19 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 850.00 Transaction ID : SB17.4575
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Radio Commercial reimbursement	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 01	

Full Name (Last, First, Middle Initial) B. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.4587
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Radio Commercial	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. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 1520.00 Transaction ID : SB17.4598
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Radio ads reimbursement	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 01	

SUBTOTAL of Disbursements This Page (optional).....	2720.00
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 29 OF 35			
	<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 03 / 31 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB17.4652
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Generator	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 03 / 31 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 2200.00 Transaction ID : SB17.4653
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Cool Session Brass Band	Category/ Type 007
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) C. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 220.00 Transaction ID : SB17.4655
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Seaborne Airlines -Jonathan Smalls	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).....	2600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 35	
	<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 MM / DD / YYYY 02 / 25 / 2014
Mailing Address 34 Strand Street		Amount of Each Disbursement this Period 315.00 Transaction ID : SB17.4610
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Airfare	Category/ Type 002
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 01	

Full Name (Last, First, Middle Initial) B. Seaborne Airlines		Date of Disbursement MM / DD / YYYY 03 / 05 / 2014
Mailing Address 34 Strand Street		Amount of Each Disbursement this Period 266.00 Transaction ID : SB17.4568
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Airfare	Category/ Type 002
Candidate Name VIRGIN ISLANDS FOR PLASKETT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 01	

Full Name (Last, First, Middle Initial) c. Seaborne Airlines		Date of Disbursement MM / DD / YYYY 03 / 20 / 2014
Mailing Address 34 Strand Street		Amount of Each Disbursement this Period 92.50 Transaction ID : SB17.4576
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement airfare	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).....	673.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 35	
	<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 03 / 24 / 2014
Mailing Address 34 Strand Street		Amount of Each Disbursement this Period 178.00 Transaction ID : SB17.4591
City Christiansted State VI Zip Code 00820	Purpose of Disbursement airfare 002 Category/Type	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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 03 / 28 / 2014
Mailing Address 34 Strand Street		Amount of Each Disbursement this Period 186.00 Transaction ID : SB17.4599
City Christiansted State VI Zip Code 00820	Purpose of Disbursement Airfare 002 Category/Type	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 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. Jonathan Small		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address PO Box 1006		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4611
City Frederiksted State VI Zip Code 00841	Purpose of Disbursement Campaign loan partial repayment to Jonathan Small 009 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).....	2364.00
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 32 OF 35	
	<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 M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address PO Box 1006		Amount of Each Disbursement this Period 1270.00 Transaction ID : SB17.4581
City Frederiksted	State VI	
Zip Code 00841	Purpose of Disbursement Reimbursement loan to campaign	Category/ Type 009
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 01	

Full Name (Last, First, Middle Initial) B. Traxco		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 1A Manning Bay		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.4632
City Frederiksted	State VI	
Zip Code 00840	Purpose of Disbursement Sponsorship of race	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. Traxco		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 1A Manning Bay		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4633
City Frederiksted	State VI	
Zip Code 00840	Purpose of Disbursement Racing booklet	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI	District: 01	

SUBTOTAL of Disbursements This Page (optional).....	2220.00
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 35	
	<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. Victor's Hideout		Date of Disbursement MM / DD / YYYY 02 / 06 / 2014
Mailing Address 103 Sub Base Rd.		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4600
City St. Thomas	State VI	
Zip Code 00802	Purpose of Disbursement General Meeting	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. Victor's Hideout		Date of Disbursement MM / DD / YYYY 02 / 24 / 2014
Mailing Address 103 Sub Base Rd.		Amount of Each Disbursement this Period 225.00 Transaction ID : SB17.4607
City St. Thomas	State VI	
Zip Code 00802	Purpose of Disbursement Check repayment	Category/ Type 001
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) C. VIRGIN ISLANDS FOR PLASKETT		Date of Disbursement MM / DD / YYYY 03 / 31 / 2014
Mailing Address PO BOX 26502		Amount of Each Disbursement this Period 666.00 Transaction ID : SB17.4654
City Christiansted	State VI	
Zip Code 00824	Purpose of Disbursement WSTA Cool Session & MLK 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	

SUBTOTAL of Disbursements This Page (optional).....	1091.00
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 35	
	<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. Wendell Walker		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 70 W. Lindbergh Bay		Amount of Each Disbursement this Period 1875.00 Transaction ID : SB17.4605
City St. Thomas	State VI	
Zip Code 00802	Purpose of Disbursement Prayer breakfast 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) B. WSTA		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address PO Box 1340		Amount of Each Disbursement this Period 486.00 Transaction ID : SB17.4630
City St. Thomas	State VI	
Zip Code 00804	Purpose of Disbursement Radio 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

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

SUBTOTAL of Disbursements This Page (optional).....	2361.00
TOTAL This Period (last page this line number only).....	35589.08

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Axis Promotions

Mailing Address 8 W. 38th Street

City State Zip Code
New York NY 10018

Nature of Debt (Purpose):
Campaign Materials

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

Mailing Address 5001 Tamarind Reef Ste 28

City State Zip Code
St. Croix VI 00850

Nature of Debt (Purpose):
Rent

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	▶	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