

# 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 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
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 M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
04 / 01 / 2012 through 06 / 30 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Jonathan Buckney Small  
Signature of Treasurer Jonathan Buckney Small *[Electronically Filed]* Date M M / D D / Y Y Y Y  
05 / 01 / 2015

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

**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))....	21050.00	0.00
(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)).....	21050.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	21012.82	0.00
(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)).....	21012.82	0.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	162.18	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	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).....	21050.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	21050.00	0.00
(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))..	21050.00	0.00
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. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	21050.00	0.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	21012.82	0.00
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	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	21012.82	0.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	125.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	21050.00
25. SUBTOTAL (add Line 23 and Line 24).....	21175.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21012.82
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	162.18

**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 23
	<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**

Full Name (Last, First, Middle Initial) <b>A. Alicia Barnes</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2012	
Mailing Address PO Box 879		<b>Transaction ID : SA11AI.6002</b>	
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 Vitol	Occupation Area Representative		
Receipt For: 2012 <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>B. Barry Belmont</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 25 / 2012	
Mailing Address 1400 N. Providence Road		<b>Transaction ID : SA11AI.6003</b>	
City Media	State PA	Zip Code 19063	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Belmont Investment Corp	Occupation President		
Receipt For: 2012 <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>C. Sebastiano Paiewonsky Cassinelli</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2012	
Mailing Address PO Box 6280		<b>Transaction ID : SA11AI.6004</b>	
City St. Thomas	State VI	Zip Code 00801	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer AH Riise Co.	Occupation Vice President		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<b>TOTAL</b> 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 6 OF 23
	<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) <b>A. Carolyn Finley</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2012
Mailing Address 8 River Street		<b>Transaction ID : SA11AI.6055</b>
City Sandwich	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer N/A	Occupation Homemaker	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

Full Name (Last, First, Middle Initial) <b>B. Mark Finley</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2012
Mailing Address 8 River Street		<b>Transaction ID : SA11AI.6005</b>
City Sandwich	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Glacial Energy	Occupation President	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

Full Name (Last, First, Middle Initial) <b>C. James F. Gallivan</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2012
Mailing Address PO Box 1320		<b>Transaction ID : SA11AI.6006</b>
City St. Thomas	State VI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Starboard Capital	Occupation Investment Manager	WOODWARD CAPITAL, LLC
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 23
	<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)  
**Michael Giery**

Mailing Address 6501 Red Hook Plaza  
Suite 201

City St. Thomas State VI Zip Code 00802

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

Name of Employer: Glacial Energy Occupation: Legal Counsel

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2012

**Transaction ID : SA11AI.6007**

Amount of Each Receipt this Period  
 1250.00

**B.** Full Name (Last, First, Middle Initial)  
**Francesca Greve**

Mailing Address 10A Estate Mafolie

City St. Thomas State VI Zip Code 00802

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

Name of Employer: Legislature of the VI Occupation: Researcher

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2012

**Transaction ID : SA11AI.6008**

Amount of Each Receipt this Period  
 500.00

V. I. LEGISLATURE

**C.** Full Name (Last, First, Middle Initial)  
**Harper W Harper**

Mailing Address PO Box 24331

City St. Croix State VI Zip Code 00824

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

Name of Employer: Marshall & Sterling Occupation: President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11AI.6009**

Amount of Each Receipt this Period  
 500.00

MARSHALL & STERLING

**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 8 OF 23
	<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) <b>A. Barry J. Hart</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2012	
Mailing Address 4052 Mansion Drive NW City Washington State DC Zip Code 20007		<b>Transaction ID : SA11AI.6010</b>	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 WINSTON & STRAWN	
Name of Employer Occupation Winston & Strawn Attorney			
Receipt For: 2012 <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>B. Robert R Kunkel</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2012	
Mailing Address 9715 Estate Thomas PMB 175 City St. Thomas State VI Zip Code 00802		<b>Transaction ID : SA11AI.6011</b>	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Occupation Self Attorney			
Receipt For: 2012 <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>C. Julie Logan</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2012	
Mailing Address 1131 King Street City St. Croix State VI Zip Code 00830		<b>Transaction ID : SA11AI.6012</b>	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Occupation N/A Homemaker			
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> 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 23
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**VIRGIN ISLANDS FOR PLASKETT**

**A.** Full Name (Last, First, Middle Initial)  
**Gregory Martin**

Mailing Address 700 12th Street NN  
Suite 700

City Washington DC State DC Zip Code 20003

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

Name of Employer Parker Group Occupation Senior VP

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2012

**Transaction ID : SA11AI.6013**

Amount of Each Receipt this Period  
 PARKER GROUP  
 550.00

**B.** Full Name (Last, First, Middle Initial)  
**Anthony Merrill**

Mailing Address 6501 Red Hook Plaza  
Suite 201

City St. Thomas State VI Zip Code 00802

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

Name of Employer Self Occupation Restaurant Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2012

**Transaction ID : SA11AI.6014**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Valerie Rochester Morgan**

Mailing Address 13810 Vanderbilt Way

City Laurel State MD Zip Code 20707

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

Name of Employer National Black Women's Health Occupation Health Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2012

**Transaction ID : SA11AI.6015**

Amount of Each Receipt this Period  
 NAT'L BLACK WOMEN'S HEALTH  
 250.00

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

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

1300.00

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

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

FOR LINE NUMBER: PAGE 10 OF 23  
(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)  
**Michael Motylinski**

Mailing Address **GERS Building 2nd Fl. 34-38 St.**

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

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

Name of Employer **Glacial Energy** Occupation **Legal Counsel**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 13 / 2012**

**Transaction ID : SA11AI.6016**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Tracy Nixon**

Mailing Address **350 E. 79th Street #37A**

City **NY** State **NY** Zip Code **10075**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 11 / 2012**

**Transaction ID : SA11AI.6017**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Bert Petersen**

Mailing Address **100 Old Palisades Rd. #3012**

City **Fort Lee** State **NJ** Zip Code **07024**

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

Name of Employer **St. Barnabas Hospital** Occupation **Doctor**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 31 / 2012**

**Transaction ID : SA11AI.6018**

Amount of Each Receipt this Period  
**250.00**

**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 11 OF 23
	<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)  
**Victoria Saunders**

Mailing Address 5001 Tamarind Reef

City State Zip Code  
St. Croix VI 00830

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

Name of Employer Occupation  
N/A Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : SA11AI.6019**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**St. Croix Renaissance Group LLP**

Mailing Address PO Box 1525

City State Zip Code  
St. Croix VT 00851

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2012

**Transaction ID : SA11AI.6020**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Joshua Tate**

Mailing Address 5013 Chandler's Wharf

City State Zip Code  
Christiansted VI 00824

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

Name of Employer Occupation  
Caribbean Development Partners Counsel

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2012

**Transaction ID : SA11AI.6021**

Amount of Each Receipt this Period  
500.00  
CARIBBEAN DEVELOPMENT COMPANY

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

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

4000.00

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 12 OF 23

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NAME OF COMMITTEE (In Full)  
**VIRGIN ISLANDS FOR PLASKETT**

**A.** Full Name (Last, First, Middle Initial)  
**VI Regulated Waste Management**

Mailing Address **PO Box 222994**

City **Christiansted** State **VI** Zip Code **00850**

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

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 28 / 2012**

**Transaction ID : SA11AI.6022**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address **5216 Illinois Ave., NW**

City **Washington** State **DC** Zip Code **20011**

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

Name of Employer Occupation  
**GRM International**    **Education Officer**

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 11 / 2012**

**Transaction ID : SA11AI.6023**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Larry Williams**

Mailing Address **5027 Anchor Way**

City **Christiansted** State **VI** Zip Code **00850**

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

Name of Employer Occupation  
**I Really Trade**    **Commodities Trader**

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 15 / 2012**

**Transaction ID : SA11AI.6024**

Amount of Each Receipt this Period  
 2500.00

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

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

3500.00

21050.00

**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 13 OF 23			
	<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) <b>A. Hubert Alexander</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address		Amount of Each Disbursement this Period 450.00 <b>Transaction ID : SB17.6025</b>
City	State Zip Code	
Purpose of Disbursement 007	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hubert Alexander</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address		Amount of Each Disbursement this Period 550.00 <b>Transaction ID : SB17.6026</b>
City	State Zip Code	
Purpose of Disbursement 007	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capital Tees</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2012
Mailing Address PO Box 7111, Sunny Isle		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.6029</b>
City	State Zip Code	
St. Croix	VI 00823	
Purpose of Disbursement 006	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2500.00
<b>TOTAL</b> 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 14 OF 23	
	<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) <b>A. Creative Minds</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2012
Mailing Address		Amount of Each Disbursement this Period 425.00 <b>Transaction ID : SB17.6030</b>
City	State Zip Code	
Purpose of Disbursement 007	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Epok</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address 6088a Castle Coakley		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.6031</b>
City	State Zip Code	
St. Croix VI 00820		
Purpose of Disbursement 006	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Epok</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2012
Mailing Address 6088a Castle Coakley		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.6032</b>
City	State Zip Code	
St. Croix VI 00820		
Purpose of Disbursement 006	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1025.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 23	
	<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) <b>A. Galleon House</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2012
Mailing Address 5000 Estate Southgate		Amount of Each Disbursement this Period 1340.00 <b>Transaction ID : SB17.6033</b>
City St. Croix	State VI	
Zip Code 00850	Purpose of Disbursement 003	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Delmin Garcia</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.6034</b>
City St. Croix	State VI	
Zip Code 00824	Purpose of Disbursement 007	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Delmin Garcia</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2012
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.6035</b>
City St. Croix	State VI	
Zip Code 00824	Purpose of Disbursement 003	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2240.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 23		
	<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) <b>A. Delmin Garcia</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 800.00 <b>Transaction ID : SB17.6036</b>
City St. Croix	State VI	
Zip Code 00824	Purpose of Disbursement 003	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Delmin Garcia</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2012
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.6037</b>
City St. Croix	State VI	
Zip Code 00824	Purpose of Disbursement 003	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Delmin Garcia</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2012
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.6038</b>
City St. Croix	State VI	
Zip Code 00824	Purpose of Disbursement 001	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1450.00
<b>TOTAL</b> 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 23			
	<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) <b>A. Delmin Garcia</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2012
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 180.00 <b>Transaction ID : SB17.6039</b>
City St. Croix	State VI	
Purpose of Disbursement 004	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Delmin Garcia</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2012
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 800.00 <b>Transaction ID : SB17.6040</b>
City St. Croix	State VI	
Purpose of Disbursement 003	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Delmin Garcia</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2012
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 180.00 <b>Transaction ID : SB17.6041</b>
City St. Croix	State VI	
Purpose of Disbursement 004	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1160.00
<b>TOTAL</b> 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 23			
	<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) <b>A. Lisa James</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012
Mailing Address		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.6047</b>
City	State Zip Code	
Purpose of Disbursement 003	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Lorrie Johnson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2012
Mailing Address 1540 79th Avenue		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.6045</b>
City	State Zip Code	
Purpose of Disbursement 001	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. L&amp;C Tents</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 95 Richmond		Amount of Each Disbursement this Period 700.00 <b>Transaction ID : SB17.6046</b>
City	State Zip Code	
Purpose of Disbursement 003	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3700.00
<b>TOTAL</b> 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 23		
	<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) <b>A. Office Max</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2012
Mailing Address Unit B Estate Sion Farm		Amount of Each Disbursement this Period 228.96
City St. Croix	State VI	
Zip Code 00820	Purpose of Disbursement 001	Transaction ID : SB17.6048
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jean Picou</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address PO Box 24668		Amount of Each Disbursement this Period 1457.00
City Christiansted	State VI	
Zip Code 00824	Purpose of Disbursement 006	Transaction ID : SB17.6042
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Jean Picou</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address PO Box 24668		Amount of Each Disbursement this Period 202.00
City Christiansted	State VI	
Zip Code 00824	Purpose of Disbursement 006	Transaction ID : SB17.6043
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1887.96
<b>TOTAL</b> 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 23	
	<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) <b>A. Jean Picou</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address PO Box 24668		Amount of Each Disbursement this Period 1044.00 <b>Transaction ID : SB17.6044</b>
City Christiansted	State VI	
Zip Code 00824	Purpose of Disbursement 006	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. STACEY PLASKETT</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012
Mailing Address P. O. BOX 1006		Amount of Each Disbursement this Period 950.00 <b>Transaction ID : SB17.6049</b>
City FREDERIKSTED	State VI	
Zip Code 00841	Purpose of Disbursement 002	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Quality Foods</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address 96-97 Castle Coakley		Amount of Each Disbursement this Period 225.86 <b>Transaction ID : SB17.6050</b>
City St. Croix	State VI	
Zip Code 00850	Purpose of Disbursement 007	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2219.86
<b>TOTAL</b> 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 23	
	<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) <b>A. Ray's Neighborhood Store</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address 47A Mars Hill		Amount of Each Disbursement this Period 1300.00 <b>Transaction ID : SB17.6051</b>
City St. Croix	State VI	
Zip Code 00850	Purpose of Disbursement 007	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Seabornne Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2012
Mailing Address 34 Strand Street		Amount of Each Disbursement this Period 950.00 <b>Transaction ID : SB17.6052</b>
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement 002	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. St. Croix Avis</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2012
Mailing Address 36 A/B La Grande Princesse		Amount of Each Disbursement this Period 720.00 <b>Transaction ID : SB17.6027</b>
City St. Croix	State VI	
Zip Code 00820	Purpose of Disbursement 004	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2970.00
<b>TOTAL</b> 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 23	
	<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) <b>A. St. Croix Avis</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2012
Mailing Address 36 A/B La Grande Princesse		Amount of Each Disbursement this Period 360.00 <b>Transaction ID : SB17.6028</b>
City St. Croix	State VI Zip Code 00820	
Purpose of Disbursement 004	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stanley &amp; the Ten Sleepless Knights</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2012
Mailing Address		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.6053</b>
City	State Zip Code	
Purpose of Disbursement 007	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Teddy's</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address PO Box 4808 Kingshill		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.6054</b>
City St. Croix	State VI Zip Code 00851	
Purpose of Disbursement 007	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1860.00
<b>TOTAL</b> This Period (last page this line number only).....	21012.82

**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**  
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
17393.10 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**  
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
840.00 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) <b>SUBTOTALS</b> This Period This Page (optional) .....	18233.10
2) <b>TOTALS</b> This Period (last page this line number only) .....	18233.10
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	18233.10