

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								
-----------------	--	--	--	--	--	--	--	--

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))....	21130.00	277223.60
(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)).....	21130.00	277223.60
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	39580.29	293198.11
(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)).....	39580.29	293198.11
8. Cash on Hand at Close of Reporting Period (from Line 27).....	-22598.49	
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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

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 Total as of <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> (date after general election) through <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="19682.00"/>	<input type="text" value="270781.60"/>	<input type="text" value="0.00"/>
(ii) Unitemized		
<input type="text" value="448.00"/>	<input type="text" value="5442.00"/>	<input type="text" value="396.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="20130.00"/>	<input type="text" value="276223.60"/>	<input type="text" value="396.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 27

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
21130.00	277223.60	396.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
21130.00	277223.60	396.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Write or Type Committee Name

VIRGIN ISLANDS FOR PLASKETT

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

II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
<input type="text" value="39580.29"/>	<input type="text" value="293198.11"/>	<input type="text" value="4104.60"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 27

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(c) Other Political Committees (such as PACs)		
0.00	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))		
0.00	0.00	0.00
21. OTHER DISBURSEMENTS		
0.00	2000.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)		
39580.29	295198.11	4104.60

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

21130.00	277223.60	396.00
----------	-----------	--------

IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

39580.29	293198.11	4104.60
----------	-----------	---------

V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	-4148.20
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	21130.00
25. SUBTOTAL (add Line 23 and Line 24).....	16981.80
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	39580.29
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	-22598.49

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

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

FOR LINE NUMBER: PAGE 7 OF 27
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
4 MA PAC

Mailing Address **PO BOX 590464**

City **NEWTON** State **MA** Zip Code **02459**

FEC ID number of contributing federal political committee. **C C00543504**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
10 / 16 / 2014

Transaction ID : SA11AI.5314

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION OF TEACHERS STAFF UNION COMMITTEE ON POLITICAL EDUCATION

Mailing Address **555 NEW JERSEY AVE NW**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00157545**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : SA11AI.5295

Amount of Each Receipt this Period
 1000.00

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

Mailing Address **Commandant Gade**

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

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

Name of Employer Occupation
Retired Doctor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11AI.5300

Amount of Each Receipt this Period
 110.00

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

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

1610.00

**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 27
	<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)
Cecile DeJongh

Mailing Address P.O. Box 8361

City State Zip Code
St. Thomas VI 00801

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

Name of Employer Occupation
Financial Trust Co. Office Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 16 / 2014

Transaction ID : SA11AI.5324

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Thomas Dooney

Mailing Address 305 Milbank Road

City State Zip Code
Bryn Mawr PA 19010

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

Name of Employer Occupation
J.P. McGowan & Co., Inc. Sr. Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 20 / 2014

Transaction ID : SA11AI.5311

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
DUANE MORRIS GOVERNMENT COMMITTEE

Mailing Address 30 SOUTH 17TH STREET

City State Zip Code
PHILADELPHIA PA 19103

FEC ID number of contributing federal political committee. **C** C00364133

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 16 / 2014

Transaction ID : SA11AI.5320

Amount of Each Receipt this Period
1000.00

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)	PAGE 9 OF 27
	<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)
Jeffrey D. Fetterhoff

Mailing Address P.O. Box 17401

City State Zip Code
Clearwater FL 33762

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

Name of Employer Occupation
Fett Enterprises, LLC Managing Member

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 16 / 2014

Transaction ID : SA11AI.5328

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF DON BEYER

Mailing Address 1751 POTOMAC GREENS DRIVE

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C C00555888**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 23 / 2014

Transaction ID : SA11AI.5305

Amount of Each Receipt this Period
1000.00

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

Mailing Address 6104 Holton Lane

City State Zip Code
Temple Hills MD 20748

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

Name of Employer Occupation
Capitol City Behavioral Course Counselor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 17 / 2014

Transaction ID : SA11AI.5313

Amount of Each Receipt this Period
200.00

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

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

2200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 27
	<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)
G. Hunter Logan

Mailing Address 1131 King Street

City State Zip Code
Christiansted VI 00820

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

Name of Employer Occupation
Nichols, Newman, Logan & Grey Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1700.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 16 / 2014

Transaction ID : SA11AI.5330

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Daniel K Moos

Mailing Address 110 Chachahoula Lane

City State Zip Code
Mandeville LA 70471

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

Name of Employer Occupation
Cobblestone Group, LLC Principal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 23 / 2014

Transaction ID : SA11AI.5303

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Netawe Unlimited Services, LLC

Mailing Address P.O. Box 6645

City State Zip Code
Christiansted VI 00823

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 20 / 2014

Transaction ID : SA11AI.5309

Amount of Each Receipt this Period
500.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 11 OF 27
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
Todd Newman

Mailing Address 1131 King Street

City State Zip Code
Christiansted VI 00820

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

Name of Employer Occupation
Nichols, Newman, Logan & Grey Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 16 / 2014

Transaction ID : SA11AI.5319

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Powerhouse Resources, Inc.

Mailing Address P.O. Box 1027

City State Zip Code
St. Thomas VI 00804

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
10 / 16 / 2014

Transaction ID : SA11AI.5317

Amount of Each Receipt this Period
250.00

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

Mailing Address P.O. Box 24761

City State Zip Code
Christiansted VI 00824

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

Name of Employer Occupation
Denali Asset Management Financial Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4722.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.5307

Amount of Each Receipt this Period
4722.00

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

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

5222.00

**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 27
	<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) Clive C. River		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address Nisky Center 233		Transaction ID : SA11AI.5299	
City St. Thomas	State VI	Zip Code 00802	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00	
Name of Employer Law Office of Clive River	Occupation Attorney		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

Full Name (Last, First, Middle Initial) SHORE PAC		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address P.O. BOX 3157		Transaction ID : SA11AI.5326	
City LONG BRANCH	State NJ	Zip Code 07740	
FEC ID number of contributing federal political committee. C C00410308		Amount of Each Receipt this Period 2000.00	
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) SHORE PAC		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address P.O. BOX 3157		Transaction ID : SA11AI.5297	
City LONG BRANCH	State NJ	Zip Code 07740	
FEC ID number of contributing federal political committee. C C00410308		Amount of Each Receipt this Period 2500.00	
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4500.00		

SUBTOTAL of Receipts This Page (optional).....	4650.00
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 13 OF 27
	<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)
Jeanne Wiebracht Brennan

Mailing Address 6501 Red Hook Plaza

City St. Thomas State VI Zip Code 00802

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

Name of Employer Self Employed Occupation Accountant / CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2014

Transaction ID : SA11AI.5322

Amount of Each Receipt this Period
 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

500.00

19682.00

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

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

FOR LINE NUMBER: PAGE 14 OF 27
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
DLA PIPER LLP (US) POLITICAL ACTION COMMITTEE (DLA PIPER PAC)

Mailing Address 500 8TH STREET, NW

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00151340

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 16 / 2014

Transaction ID : SA11C.5331

Amount of Each Receipt this Period
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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) A. Lee Ashley		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address PO Box 6987 Sunny Isle		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.5380
City St. Croix	State VI	
Zip Code 00823	Purpose of Disbursement Advertisement	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) B. AZ Academy		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 3036 Estate Orange Grove		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.5389
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Ad in fall festival	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) c. Bellows International		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address PO Box 45191 Kingshill		Amount of Each Disbursement this Period 579.78 Transaction ID : SB17.5363
City St. Croix	State VI	
Zip Code 00851	Purpose of Disbursement Grill Off	Category/ Type 007
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

SUBTOTAL of Disbursements This Page (optional).....	1179.78
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 27	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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) A. Bellows International		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address PO Box 45191 Kingshill		Amount of Each Disbursement this Period 50.88
City St. Croix	State VI	
Zip Code 00851	Purpose of Disbursement St. Thomas HQ	Transaction ID : SB17.5364
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Choice Communications		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 6006 Estate Peters Rest Suite 6		Amount of Each Disbursement this Period 138.56
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Phone/internet	Transaction ID : SB17.5384
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 01		

Full Name (Last, First, Middle Initial) C. CRC		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2014
Mailing Address 5001 Tamarind Reef Suite 28		Amount of Each Disbursement this Period 500.00
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Rent	Transaction ID : SB17.5360
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VI District: 01		

SUBTOTAL of Disbursements This Page (optional).....	689.44
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 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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) A. DJ Swain		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address PO Box 1831		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.5393
City Frederiksted	State VI	
Zip Code 00841	Purpose of Disbursement Sound System	Category/ Type 007
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) B. First Choice Sound System		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 9037 Catherines Rest		Amount of Each Disbursement this Period 1950.00 Transaction ID : SB17.5399
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Sound system & grill off stage	Category/ Type 007
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) c. Delmin Garcia		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 186.00 Transaction ID : SB17.5397
City St. Croix	State VI	
Zip Code 00824	Purpose of Disbursement Grill off Epok	Category/ Type 007
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

SUBTOTAL of Disbursements This Page (optional).....	2486.00
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 18 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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) A. Delmin Garcia		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.5357
City St. Croix	State VI	
Purpose of Disbursement Breakfast/Lunch for pollsters	Category/Type 005	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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 M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address P.O. Box 26502		Amount of Each Disbursement this Period 1400.00 Transaction ID : SB17.5347
City St. Croix	State VI	
Purpose of Disbursement Reimbursement for bank overdraft	Category/Type 001	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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. Global Tours		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 1A Diamond Crest, Sunny Isle		Amount of Each Disbursement this Period 1125.40 Transaction ID : SB17.5350
City St. Croix	State VI	
Purpose of Disbursement Orientation tickets	Category/Type 002	
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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).....	2875.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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) A. IHOP		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 53 Sunny Isle Shopping Center		Amount of Each Disbursement this Period 1554.25 Transaction ID : SB17.5358
City St. Croix State VI Zip Code 00823	Purpose of Disbursement Breakfast/lunch polls 005 Category/Type	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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. Lambert Media		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 7840 Mountain Top		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.5391
City St. Thomas State VI Zip Code 00802	Purpose of Disbursement Experience ads 004 Category/Type	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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. Lambert Media		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 7840 Mountain Top		Amount of Each Disbursement this Period 4710.00 Transaction ID : SB17.5376
City St. Thomas State VI Zip Code 00802	Purpose of Disbursement Advertisement 004 Category/Type	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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).....	10264.25
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 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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) A. Lambert Media		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 7840 Mountain Top		Amount of Each Disbursement this Period 8914.00 Transaction ID : SB17.5365
City St. Thomas State VI Zip Code 00802	Purpose of Disbursement TV Commercials 004 Category/Type	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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. Swain Mason		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address PO Box 1831		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.5352
City Frederiksted State VI Zip Code 00841	Purpose of Disbursement DJ General Election 007 Category/Type	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VI District: 01		

Full Name (Last, First, Middle Initial) c. Frances McIntosh		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address PO Box 4765 Kingshill		Amount of Each Disbursement this Period 100.00 Transaction ID : SB17.5386
City St. Croix State VI Zip Code 00851	Purpose of Disbursement Office Stipend 001 Category/Type	
Candidate Name VIRGIN ISLANDS FOR PLASKETT		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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).....	9314.00
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 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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) A. Jean Picou		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address PO Box 24668		Amount of Each Disbursement this Period 3127.90 Transaction ID : SB17.5387
City Christiansted	State VI	
Zip Code 00824	Purpose of Disbursement Yellow T-shirts	Category/ Type 006
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 3047.68 Transaction ID : SB17.5375
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Tents and Tables	Category/ Type 006
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.5395
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement St. Thomas DCM Fundraiser	Category/ Type 003
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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).....	6975.58
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 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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) A. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 160.00 Transaction ID : SB17.5396
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Meet & Greet Ad - Avis	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.5381
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Teach Conference	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.5377
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement St. John Fish Fry	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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).....	785.00
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 23 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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) A. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 450.00 Transaction ID : SB17.5366
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Shipping Tents/ Tables STT	Category/ Type 005
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) B. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.5367
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement SP Image Consultant	Category/ Type 001
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) C. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.5362
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement General Election Expenses	Category/ Type 007
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

SUBTOTAL of Disbursements This Page (optional).....	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 24 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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) A. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.5356
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Papi Love Jr	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) B. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 125.00 Transaction ID : SB17.5361
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Papi Love Sr.	Category/ Type 007
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) C. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 450.00 Transaction ID : SB17.5355
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement General Election - Gas	Category/ Type 005
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

SUBTOTAL of Disbursements This Page (optional).....	925.00
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 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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) A. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB17.5354
City FREDERICKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Election Night Catering	Category/ Type 007
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) B. Reef Broadcasting		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 79A Castle Coakley		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5374
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Mario/Jimmy	Category/ Type 004
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) c. Seaborne Airlines		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 34 Strand Street		Amount of Each Disbursement this Period 84.00 Transaction ID : SB17.5378
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Tshirts to St. Thomas	Category/ Type 002
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

SUBTOTAL of Disbursements This Page (optional).....	1784.00
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 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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) A. Teddy's		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address PO Box 4808 Kingshill		Amount of Each Disbursement this Period 128.00 Transaction ID : SB17.5385
City St. Croix	State VI	
Zip Code 00851	Purpose of Disbursement Grill off	Category/ Type 006
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: VI District: 01	

Full Name (Last, First, Middle Initial) B. MacLouis Williams		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address PO Box 3063 Kingshill		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.5372
City St. Croix	State VI	
Zip Code 00851	Purpose of Disbursement Catering Election Night	Category/ Type 005
Candidate Name VIRGIN ISLANDS FOR PLASKETT	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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).....	528.00
TOTAL This Period (last page this line number only).....	39256.45

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