

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

Virgin Islands for Plaskett

ADDRESS (number and street) ▼

PO Box 11667

Check if different than previously reported. (ACC)

St. Thomas

VI

00824

2. FEC IDENTIFICATION NUMBER ▼

C C00528182

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

VI 00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

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

Election on MM/DD/YYYY in the State of

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

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

Election on MM/DD/YYYY in the State of

5. Covering Period

MM/DD/YYYY through MM/DD/YYYY

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

Type or Print Name of Treasurer Jonathan Buckney-Small

Signature of Treasurer Jonathan Buckney-Small

[Electronically Filed]

Date

MM/DD/YYYY

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

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Virgin Islands for Plaskett

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	84817.01	234691.53
(b) Total Contribution Refunds (from Line 20(d))	400.00	1800.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	84417.01	232891.53
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	63776.47	162497.31
(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)).....	63776.47	162497.31
8. Cash on Hand at Close of Reporting Period (from Line 27).....	65598.22	
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).....	0.00	

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).....	30840.47	124925.20
(ii) Unitemized	6776.54	7451.54
(iii) TOTAL of contributions from individuals	37617.01	120592.01
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	47200.00	114099.52
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	84817.01	234691.53
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	84817.01	234691.53

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	63776.47	162497.31
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	400.00	1800.00
(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)).....	400.00	1800.00
21. OTHER DISBURSEMENTS	9.88	9.88
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	64186.35	164307.19

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	44967.56
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	84817.01
25. SUBTOTAL (add Line 23 and Line 24).....	129784.57
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	64186.35
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	65598.22

**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 60
	<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)
De'Ana H. Dow

Mailing Address 7622 Augustine Way

City Gaithersburg State MD Zip Code 20879

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

Name of Employer Capitol Counsel LLC Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016

Transaction ID : C259

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Clarence V. Beverhoudt

Mailing Address 12814 Claxton Dr.

City Laurel State MD Zip Code 20708

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

Name of Employer WSSC Occupation Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2016

Transaction ID : C293

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Daniel J. McKenna

Mailing Address 2694 Devils Backbone Rd

City Cincinnati State OH Zip Code 45233-4421

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

Name of Employer Self Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : C4681110

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 60
	<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)
Marjorie R. Roberts

Mailing Address **PO Box 6347**

City **St Thomas** State **VI** Zip Code **00804-6347**

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

Name of Employer **Marjorie Rawls Roberts PC** Occupation **Attorney**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : C4677620

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Stephen Evans-Freke

Mailing Address **P.O. Box 270**

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

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

Name of Employer **Auven Therapeutics** Occupation **Fund Advisor**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : C4677640

Amount of Each Receipt this Period
2700.00

Memo Item

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

Mailing Address **11444 W. Olympic Blvd.**

City **Los Angeles** State **CA** Zip Code **90064**

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

Name of Employer **The Wonderful Co.** Occupation **Chairman & President**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : C4679621

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

4700.00

**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 60
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

A. Full Name (Last, First, Middle Initial)
Karissa L. Willhite

Mailing Address 1358 Jackson St., NE

City Washington State DC Zip Code 20017

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

Name of Employer Ogilvy Gov't Relations Occupation Principal

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 08 / 2016

Transaction ID : C91

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Peter N. Hiebert

Mailing Address 3207 Rolling Road

City Chevy Chase State MD Zip Code 20815

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

Name of Employer Winston & Strawn Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016

Transaction ID : C263

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1031 23rd St S

City Arlington State VA Zip Code 22202-2131

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

Name of Employer R&R Resources Occupation Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016

Transaction ID : C260

Amount of Each Receipt this Period
250.00

Memo Item

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: (check only one)	PAGE 8 OF 60
	<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)
Victor A. John

Mailing Address 3436 Whispering Hills Pl.

City State Zip Code
Laurel MD 20724

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

Name of Employer Occupation
U.S. State Department Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2016

Transaction ID : C295

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1131 King St

City State Zip Code
Christiansted VI 00820-4974

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

Name of Employer Occupation
Nichols Newman Logan Lawyer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2200.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2016

Transaction ID : C4681111

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Charles P. Vouros

Mailing Address PO Box 26103

City State Zip Code
Christiansted VI 00824-2103

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

Name of Employer Occupation
No Bones Cafe Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2016

Transaction ID : C4677611

Amount of Each Receipt this Period
300.00

Memo Item

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

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

1550.00

**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 60
	<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)
Todd H. Newman

Mailing Address 1131 King St

City Christiansted State VI Zip Code 00820-4974

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

Name of Employer Nichols Newman Logan Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : C4681112

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address PO Box 2673

City McAllen State TX Zip Code 78502-2673

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

Name of Employer Cantu Construction Co. Occupation Builder

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2016

Transaction ID : C92

Amount of Each Receipt this Period
 2700.00

Memo Item

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

Mailing Address 6115 Estate Smith Bay Unit 2

City St Thomas State VI Zip Code 00802-1330

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

Name of Employer 13D Research Occupation COO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016

Transaction ID : C261

Amount of Each Receipt this Period
 2500.00

Memo Item

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

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

6200.00

**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 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

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

Mailing Address 2132 Company Street

City Christiansted State VI Zip Code 00820

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

Name of Employer Self Employed Occupation Jewelry Designer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **240.47**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : C4681122

Amount of Each Receipt this Period
 240.47

Memo Item

* In-Kind: Event expenses

B. Full Name (Last, First, Middle Initial)
Mike E. McKay

Mailing Address 1000 Connecticut Ave NW
9th Fl

City Washington State DC Zip Code 20036

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

Name of Employer Empire Consulting Group Occupation Principal

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2016

Transaction ID : C294

Amount of Each Receipt this Period
 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Shannon J. Finley

Mailing Address 2640 44th St NW

City Washington State DC Zip Code 20007-1107

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

Name of Employer Capitol Counsel LLC Occupation Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016

Transaction ID : C264

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

1490.47

**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 60
(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)
Jan B. Tawakol

Mailing Address 23 Concordia

City State Zip Code
Christiansted VI 00821

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

Name of Employer Occupation
Plessen Healthcare Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : C4681113

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address PO Box 24331

City State Zip Code
St Croix VI 00824-0331

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

Name of Employer Occupation
Marshall & Sterling Insurance Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : C4677613

Amount of Each Receipt this Period
 200.00

Memo Item

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

Mailing Address 6002 Diamond Ruby No. 386

City State Zip Code
Christiansted VI 00820-5226

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

Name of Employer Occupation
IBCVI & Co Financial Management Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2016

Transaction ID : C4677643

Amount of Each Receipt this Period
 500.00

Memo Item

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

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

1700.00

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

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

FOR LINE NUMBER: PAGE 12 OF 60
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

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

Mailing Address 2132 Company St

City State Zip Code
Christiansted VI 00820-5084

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

Name of Employer Occupation
Joel Holt Attorney Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : C4681114

Amount of Each Receipt this Period
1700.00

Memo Item

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

Mailing Address PO Box 879

City State Zip Code
Kingshill VI 00851-0879

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

Name of Employer Occupation
Vitol, Inc. Energy Industry Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : C4677614

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address PO Box 1529

City State Zip Code
Kingshill VI 00851-1529

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

Name of Employer Occupation
Centerline Car Rentals President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2016

Transaction ID : C4677644

Amount of Each Receipt this Period
500.00

Memo Item

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

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

2300.00

**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 13 OF 60

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

A. Full Name (Last, First, Middle Initial)
Richard Downs

Mailing Address 3012 Woodlake Dr.

City Waco State TX Zip Code 76710

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

Name of Employer Support Services Group Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : C4681105

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 4162 Judith's Fancy

City Christiansted State VI Zip Code 00820

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

Name of Employer Self Occupation CPA

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : C4681115

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Ernest E. Morris

Mailing Address PO Box 3889

City Kingshill State VI Zip Code 00851-3889

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

Name of Employer Self Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : C4681106

Amount of Each Receipt this Period
 200.00

Memo Item

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 14 OF 60
	<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)
Gerald T. Groner

Mailing Address 53 King Street, 3rd Floor

City State Zip Code
Christiansted VI 00820

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

Name of Employer Self Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : C4681116

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address PO Box 24849

City State Zip Code
St Croix VI 00824-0849

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

Name of Employer Self Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : C4677616

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 2809 Valley Drive

City State Zip Code
Alexandria VA 22302

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

Name of Employer Winston & Strawn Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016

Transaction ID : C262

Amount of Each Receipt this Period
250.00

Memo Item

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

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

1250.00

**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 15 OF 60

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

A. Full Name (Last, First, Middle Initial)
John D Hourihan

Mailing Address **PO Box 24921**

City **St. Croix** State **VI** Zip Code **00824**

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

Name of Employer **Edison Capital Partners LLC** Occupation **Investments**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : C4681107

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Lee J. Rohn

Mailing Address **1101 King St.**

City **Christiansted** State **VI** Zip Code **00820**

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

Name of Employer **Self** Occupation **Attorney**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : C4681117

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address **7 Ave Laguna**

City **Carolina** State **PR** Zip Code **00979-6501**

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

Name of Employer **TIA & Associates** Occupation **Management Consulting**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : C4677627

Amount of Each Receipt this Period
100.00

Memo Item

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

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

1600.00

**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 16 OF 60

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

A. Full Name (Last, First, Middle Initial)
Diane Parrott

Mailing Address 21531 Manor View Cir

City State Zip Code
 Germantown MD 20876-5926

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : C4677637

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 5432 32nd St., NW

City State Zip Code
 Washington DC 20015

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

Name of Employer Information Requested Occupation Information Requested
 Frillici Strategies Principal

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2016

Transaction ID : C270

Amount of Each Receipt this Period
 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Suren K. Mody MD

Mailing Address PO Box 1042

City State Zip Code
 Christiansted VI 00821

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

Name of Employer Information Requested Occupation Information Requested
 Self Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : C4681108

Amount of Each Receipt this Period
 500.00

Memo Item

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 17 OF 60
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

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

Mailing Address PO Box 7636

City State Zip Code
St Thomas VI 00801-0636

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : C4677618

Amount of Each Receipt this Period
 100.00

Memo Item

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

Mailing Address 93 David Whites Ln

City State Zip Code
Southampton NY 11968-3403

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : C4677638

Amount of Each Receipt this Period
 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Ernest E. Morris

Mailing Address PO Box 3889

City State Zip Code
Kingshill VI 00851-3889

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

Name of Employer Occupation
Self Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : C4677608

Amount of Each Receipt this Period
 250.00

Memo Item

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 18 OF 60
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

A. Full Name (Last, First, Middle Initial)
Wook Suh

Mailing Address **PO Box 754**

City **Christiansted** State **VI** Zip Code **00821**

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

Name of Employer **Self** Occupation **Physician**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : C4681109

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address **PO Box 11788**

City **St Thomas** State **VI** Zip Code **00801-4788**

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

Name of Employer **Island Business Graphics** Occupation **Owner**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : C4677609

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address **PO Box 2926**

City **Frederiksted** State **VI** Zip Code **00841-2926**

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

Name of Employer **Information Requested** Occupation **Information Requested**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : C4677639

Amount of Each Receipt this Period
1000.00

Memo Item

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 19 OF 60
	<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)
Manuel Gutierrez

Mailing Address **PO Box 1529**

City **Kingshill** State **VI** Zip Code **00851-1529**

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

Name of Employer **Centerline Car Rentals** Occupation **President**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : C4679620A

Amount of Each Receipt this Period
500.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address **P.O. BOX 441146**

City **SOMERVILLE** State **MA** Zip Code **02144**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : C4679620AB

Amount of Each Receipt this Period
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address **1401 Kenwood Ave.**

City **Alexandria** State **VA** Zip Code **22302**

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

Name of Employer **Heather Podesta & Partners** Occupation **Gov't Relations**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : C4679619A

Amount of Each Receipt this Period
1000.00

Memo Item

* Earmarked Contribution: See Below

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: (check only one)	PAGE 20 OF 60
	<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)
ACTBLUE

Mailing Address **P.O. BOX 441146**

City **SOMERVILLE** State **MA** Zip Code **02144**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer _____ Occupation _____
Conduit total listed in Agg. field _____

Receipt For: 2016
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : C4679619AB

Amount of Each Receipt this Period

 1000.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

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

Amount of Each Receipt this Period

Memo Item

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

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

0.00

30840.47

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 21 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)
GLAXOSMITHKLINE LLC PAC (GSK PAC)

Mailing Address **FIVE MOORE DRIVE**
PO BOX 13358

City **RES. TRIANGLE PARK** State **NC** Zip Code **27709**

FEC ID number of contributing federal political committee. **C C00199703**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
06 / 30 / 2016

Transaction ID : C4679811

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NEW VOICE PAC

Mailing Address **35 EAST GAY STREET**
SUITE 403

City **COLUMBUS** State **OH** Zip Code **43215**

FEC ID number of contributing federal political committee. **C C00545236**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
05 / 18 / 2016

Transaction ID : C4677641

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMGEN INC. POLITICAL ACTION COMMITTEE

Mailing Address **601 13TH STREET, NW**
12TH FLOOR

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00251876**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
06 / 30 / 2016

Transaction ID : C4679622

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)
ROBIN KELLY FOR CONGRESS

Mailing Address PO BOX 6953

City State Zip Code
CHICAGO IL 60680

FEC ID number of contributing federal political committee. **C C00539866**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 18 / 2016

Transaction ID : C4677642

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
QUICKEN LOANS INC PAC

Mailing Address 101 S. WASHINGTON SQ.
SUITE 620

City State Zip Code
LANSING MI 48933

FEC ID number of contributing federal political committee. **C C00388827**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : C4679623

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 208 S. AKARD STREET
SUITE 2701

City State Zip Code
DALLAS TX 75202

FEC ID number of contributing federal political committee. **C C00109017**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 10 / 2016

Transaction ID : C296

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)
TOGETHER EVERYONE REALIZES REAL IMPACT PAC AKA TERRI PAC

Mailing Address 499 S CAPITOL STREET SW SUITE 404

City	State	Zip Code
WASHINGTON	DC	20003

FEC ID number of contributing federal political committee. **C** C00525030

Name of Employer	Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : C4677603

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
BARBARA LEE FOR CONGRESS

Mailing Address 505 14TH ST, SUITE 900

City	State	Zip Code
OAKLAND	CA	94612

FEC ID number of contributing federal political committee. **C** C00331769

Name of Employer	Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 19 / 2016

Transaction ID : C93

Amount of Each Receipt this Period
 _____ 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
THE HOME DEPOT INC. POLITICAL ACTION COMMITTEE

Mailing Address 1155 F STREET, NW
SUITE 400

City	State	Zip Code
WASHINGTON	DC	20004

FEC ID number of contributing federal political committee. **C** C00284885

Name of Employer	Occupation

Receipt For: 2016
 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 / 2016

Transaction ID : C4679624

Amount of Each Receipt this Period
 _____ 2500.00

Memo Item

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 24 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)
AMERIPAC: THE FUND FOR A GREATER AMERICA

Mailing Address 700 13TH STREET NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00271338**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : C4679774

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
BORDER HEALTH FEDERAL PAC

Mailing Address 612 W. NOLANA SUITE 340

City MCALLEN State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C C00415752**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 08 / 2016

Transaction ID : C94

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
FEDEX CORPORATION POLITICAL ACTION COMMITTEE (FEDEXPAC)

Mailing Address 942 S SHADY GROVE ROAD

City MEMPHIS State TN Zip Code 38120

FEC ID number of contributing federal political committee. **C C00068692**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 20 / 2016

Transaction ID : C266

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

11000.00

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

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

FOR LINE NUMBER: PAGE 25 OF 60
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

A. Full Name (Last, First, Middle Initial)
NATIONAL COTTON COUNCIL OF AMERICA COMMITTEE FOR THE ADVANCEMENT OF COTTON

Mailing Address P.O. BOX 2995

City State Zip Code
CORDOVA TN 38088

FEC ID number of contributing federal political committee. **C** C00023028

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2016

Transaction ID : C297

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Committee to Elect Marvin A. Blyden

Mailing Address PO Box 7636

City State Zip Code
St Thomas VI 00801-0636

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : C4677624

Amount of Each Receipt this Period
 200.00

Memo Item

Permissible Funds

C. Full Name (Last, First, Middle Initial)
CROPLIFE AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 1156 15TH STREET NW SUITE 400

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00248849

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : C4679625

Amount of Each Receipt this Period
 1000.00

Memo Item

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 26 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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. NEW DEMOCRAT COALITION PAC

Full Name (Last, First, Middle Initial)
NEW DEMOCRAT COALITION PAC

Mailing Address **700 13TH STREET, NW
SUITE 600**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00409730**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2016

Transaction ID : C4679775

Amount of Each Receipt this Period
5000.00

Memo Item

B. BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)
BORDER HEALTH FEDERAL PAC

Mailing Address **612 W. NOLANA SUITE 340**

City **MCALLEN** State **TX** Zip Code **78504**

FEC ID number of contributing federal political committee. **C C00415752**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 08 / 2016

Transaction ID : C95

Amount of Each Receipt this Period
5000.00

Memo Item

C. AMERICAN POSTAL WORKERS UNION COMMITTEE ON POLITICAL ACTION

Full Name (Last, First, Middle Initial)
AMERICAN POSTAL WORKERS UNION COMMITTEE ON POLITICAL ACTION

Mailing Address **1300 L STREET NW**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00010322**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 20 / 2016

Transaction ID : C267

Amount of Each Receipt this Period
2000.00

Memo Item

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

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

12000.00

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

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

FOR LINE NUMBER: PAGE 27 OF 60
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

A. Full Name (Last, First, Middle Initial)
NATIONAL CATTLEMEN'S BEEF ASSOCIATION POLITICAL ACTION COMMITTEE (NCBA-PAC)

Mailing Address 1275 PENNSYLVANIA AVENUE NW
SUITE 801

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00028787

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 10 / 2016

Transaction ID : C298

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONAL TURKEY FEDERATION POLITICAL ACTION COMMITTEE/TURPAC

Mailing Address 1225 NEW YORK AVE NW
STE 400

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00076182

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : C4679626

Amount of Each Receipt this Period
1500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NATIONAL PORK PRODUCERS COUNCIL PORK PAC

Mailing Address PO BOX 10383

City DES MOINES State IA Zip Code 50306

FEC ID number of contributing federal political committee. **C** C00201871

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 10 / 2016

Transaction ID : C299

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

7500.00

**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 28 OF 60
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" 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)
THE FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address **50 F STREET NW
SUITE 900**

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

FEC ID number of contributing federal political committee. **C C00193631**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
05 / 20 / 2016

Transaction ID : C265

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE

Mailing Address **805 FIFTEENTH ST NW SUITE 430**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00147173**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
05 / 20 / 2016

Transaction ID : C268

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CAESARS ENTERTAINMENT CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address **ONE CAESARS PALACE DR**

City **LAS VEGAS** State **NV** Zip Code **89109**

FEC ID number of contributing federal political committee. **C C00239947**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
05 / 20 / 2016

Transaction ID : C269

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)
WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT

Mailing Address 702 S.W. 8TH STREET

City BENTONVILLE State AR Zip Code 72716

FEC ID number of contributing federal political committee. **C C00093054**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2016

Transaction ID : C300

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MERCK & CO., INC., EMPLOYEES POLITICAL ACTION COMMITTEE (MERCK PAC)

Mailing Address 601 PENNSYLVANIA AVE., NW
NORTH BUILDING, SUITE 1200

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00097485**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : C4679627

Amount of Each Receipt this Period
 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Mailing Address 1625 L STREET NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00011114**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2016

Transaction ID : C115

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

2500.00

47200.00

**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 30 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

Full Name (Last, First, Middle Initial) A. Elmo Plaskett Little League		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016
Mailing Address PO Box 7		Amount of Each Disbursement this Period 500.00
City Christiansted	State VI	
Zip Code 00821	Purpose of Disbursement Team sponsor	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D272820
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Plaza Extra West		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016
Mailing Address 14 Plessen		Amount of Each Disbursement this Period 21.35
City Frederiksted	State VI	
Zip Code 00840	Purpose of Disbursement Event supplies	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D273082
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Central Cash and Carry		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2016
Mailing Address 392 Anna S Retreat St		Amount of Each Disbursement this Period 29.94
City St Thomas	State VI	
Zip Code 00802	Purpose of Disbursement Event supplies	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D273078
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	551.29
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

Full Name (Last, First, Middle Initial) A. Central Cash and Carry		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2016
Mailing Address 392 Anna S Retreat St		Amount of Each Disbursement this Period 199.90
City St Thomas State VI Zip Code 00802	Purpose of Disbursement Event supplies	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D273079
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Central Cash and Carry		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016
Mailing Address 392 Anna S Retreat St		Amount of Each Disbursement this Period 5.98
City St Thomas State VI Zip Code 00802	Purpose of Disbursement Event supplies	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D273091
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Reynold Charles		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2016
Mailing Address PO Box 10885 DJ Pete		Amount of Each Disbursement this Period 300.00
City St Thomas State VI Zip Code 00801-3885	Purpose of Disbursement Event entertainment	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D273089
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	505.88
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

Full Name (Last, First, Middle Initial) A. Wizzard Production Consulting Firm		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2016
Mailing Address PO Box 1653		Amount of Each Disbursement this Period 715.96
City St Thomas State VI Zip Code 00804	Category/Type	
Purpose of Disbursement Event set up fee and expenses	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) B. Leon Battiste		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2016
Mailing Address P OBox 306773		Amount of Each Disbursement this Period 280.00
City St Thomas State VI Zip Code 00803-6773	Category/Type	
Purpose of Disbursement Event food	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) c. Yvonne Milliner		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016
Mailing Address PO Box 502811		Amount of Each Disbursement this Period 150.00
City St Thomas State VI Zip Code 00805	Category/Type	
Purpose of Disbursement Event expenses	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1145.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

Full Name (Last, First, Middle Initial) A. Yvonne Milliner		Date of Disbursement MM / DD / YYYY 06 / 03 / 2016
Mailing Address PO Box 502811		Amount of Each Disbursement this Period 108.00
City St Thomas	State VI	
Zip Code 00805	Purpose of Disbursement Event expenses	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D273106
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Seaborne Airlines		Date of Disbursement MM / DD / YYYY 06 / 06 / 2016
Mailing Address 1034 STRAND ST		Amount of Each Disbursement this Period 129.00
City CHRISTIANSTED	State VI	
Zip Code 00820-5008	Purpose of Disbursement Airfare	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D272604
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Seaborne Airlines		Date of Disbursement MM / DD / YYYY 06 / 06 / 2016
Mailing Address 1034 STRAND ST		Amount of Each Disbursement this Period 104.00
City CHRISTIANSTED	State VI	
Zip Code 00820-5008	Purpose of Disbursement Airfare	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D272605
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	341.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

Full Name (Last, First, Middle Initial) A. Seaborne Airlines			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016		
Mailing Address 1034 STRAND ST			Amount of Each Disbursement this Period 129.00		
City CHRISTIANSTED	State VI	Zip Code 00820-5008			
Purpose of Disbursement Airfare		Category/ Type	<input type="checkbox"/> Memo Item		
Candidate Name			Transaction ID : D272647		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:					

Full Name (Last, First, Middle Initial) B. Seaborne Airlines			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016		
Mailing Address 1034 STRAND ST			Amount of Each Disbursement this Period 129.00		
City CHRISTIANSTED	State VI	Zip Code 00820-5008			
Purpose of Disbursement Airfare		Category/ Type	<input type="checkbox"/> Memo Item		
Candidate Name			Transaction ID : D272648		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:					

Full Name (Last, First, Middle Initial) c. Seaborne Airlines			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016		
Mailing Address 1034 STRAND ST			Amount of Each Disbursement this Period 129.00		
City CHRISTIANSTED	State VI	Zip Code 00820-5008			
Purpose of Disbursement Airfare		Category/ Type	<input type="checkbox"/> Memo Item		
Candidate Name			Transaction ID : D272649		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	387.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

Full Name (Last, First, Middle Initial) A. Seven Flag Storage		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2016
Mailing Address 5190 Estate Solitude		Amount of Each Disbursement this Period 752.60
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Storage fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D412
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Jean Picou		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address PO BOX 24668		Amount of Each Disbursement this Period 1540.84
City CHRISTIANSTED	State VI	
Zip Code 00824	Purpose of Disbursement Grahic design services	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D401
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Jean Picou		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2016
Mailing Address PO BOX 24668		Amount of Each Disbursement this Period 875.00
City CHRISTIANSTED	State VI	
Zip Code 00824	Purpose of Disbursement Graphic design services	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D406
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3168.44
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 36 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

Full Name (Last, First, Middle Initial) A. Jonathan Buckney-Small		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2016
Mailing Address PO Box 26502		Amount of Each Disbursement this Period 1140.52
City Christiansted	State VI	
Zip Code 00824	Purpose of Disbursement Expenses (see below if itemized)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D129
State: District:		

Full Name (Last, First, Middle Initial) B. Jonathan Buckney-Small		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2016
Mailing Address PO Box 26502		Amount of Each Disbursement this Period 496.56
City Christiansted	State VI	
Zip Code 00824	Purpose of Disbursement Expense reimbursement (See below if itemized)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D272603
State: District:		

Full Name (Last, First, Middle Initial) c. Bank of St. Croix		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2016
Mailing Address 5025 Anchor Way Gallows Bay		Amount of Each Disbursement this Period 25.00
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Bank fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D272653
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1662.08
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

Full Name (Last, First, Middle Initial) A. Bank of St. Croix		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address 5025 Anchor Way Gallows Bay		Amount of Each Disbursement this Period 0.87
City Christiansted	State VI Zip Code 00820	
Purpose of Disbursement Bank fee	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D272654
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Bank of St. Croix		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2016
Mailing Address 5025 Anchor Way Gallows Bay		Amount of Each Disbursement this Period 10.00
City Christiansted	State VI Zip Code 00820	
Purpose of Disbursement Bank fee	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D272663
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Bank of St. Croix		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2016
Mailing Address 5025 Anchor Way Gallows Bay		Amount of Each Disbursement this Period 162.00
City Christiansted	State VI Zip Code 00820	
Purpose of Disbursement Bank fee	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D272672
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	172.87
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

Full Name (Last, First, Middle Initial) A. Cape Air			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016		
Mailing Address 660 Barnstable Rd			Amount of Each Disbursement this Period 298.00		
City Hyannis	State MA	Zip Code 02601	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Airfare		Category/ Type			
Candidate Name		Transaction ID : D391			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. EZ Texting			Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2016		
Mailing Address PO Box 1973			Amount of Each Disbursement this Period 94.00		
City Santa Monica	State CA	Zip Code 90406	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Telephone expense		Category/ Type			
Candidate Name		Transaction ID : D390			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. EZ Texting			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2016		
Mailing Address PO Box 1973			Amount of Each Disbursement this Period 94.00		
City Santa Monica	State CA	Zip Code 90406	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Office expense		Category/ Type			
Candidate Name		Transaction ID : D407			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	486.00
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 39 OF 60			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

Full Name (Last, First, Middle Initial)

A. EZ Texting

Mailing Address PO Box 1973

City Santa Monica State CA Zip Code 90406

Purpose of Disbursement Office expense

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 06 / 2016

Amount of Each Disbursement this Period: 94.00

Memo Item

Transaction ID : D272646

Full Name (Last, First, Middle Initial)

B. DJ Swain Production

Mailing Address PO Box 1831

City Frederiksted State VI Zip Code 00841-1831

Purpose of Disbursement Event music

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 03 / 2016

Amount of Each Disbursement this Period: 400.00

Memo Item

Transaction ID : D272595

Full Name (Last, First, Middle Initial)

C. First Choice Sound System

Mailing Address 9037 Catherines Rest

City Christiansted State VI Zip Code 00820

Purpose of Disbursement Event equipment deposit

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 24 / 2016

Amount of Each Disbursement this Period: 450.00

Memo Item

Transaction ID : D272594

SUBTOTAL of Disbursements This Page (optional) 944.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

Full Name (Last, First, Middle Initial) A. First Choice Sound System		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016
Mailing Address 9037 Catherines Rest		Amount of Each Disbursement this Period 450.00
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Event sound equipment	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D272598
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Capitol Tee's		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2016
Mailing Address PO Box 7111		Amount of Each Disbursement this Period 1010.00
City St. Croix	State VI	
Zip Code 00823	Purpose of Disbursement T-shirts	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D134
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. St. Thomas/St. John Horsemen Association		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address PO Box 305751		Amount of Each Disbursement this Period 500.00
City St. Thomas	State VI	
Zip Code 00803	Purpose of Disbursement Event sponsor	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D135
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1960.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

Full Name (Last, First, Middle Initial) A. Color Max		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2016
Mailing Address 4001 Raphune Hill Rd. Al Cohen Plaza		Amount of Each Disbursement this Period 169.00
City St. Thomas	State VI Zip Code 00802	
Purpose of Disbursement Printing	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D402

Full Name (Last, First, Middle Initial) B. Color Max		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016
Mailing Address 4001 Raphune Hill Rd. Al Cohen Plaza		Amount of Each Disbursement this Period 78.00
City St. Thomas	State VI Zip Code 00802	
Purpose of Disbursement Printing expense	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D273090

Full Name (Last, First, Middle Initial) C. WSTA		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2016
Mailing Address PO Box 1340		Amount of Each Disbursement this Period 61.81
City St. Thomas	State VI Zip Code 00804	
Purpose of Disbursement Radio ads	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D403

SUBTOTAL of Disbursements This Page (optional).....	308.81
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

Full Name (Last, First, Middle Initial) A. WSTA		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2016
Mailing Address PO Box 1340		Amount of Each Disbursement this Period 300.00
City St. Thomas	State VI	
Zip Code 00804	Purpose of Disbursement Radio ads	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D272819
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Cost-U-Less		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2016
Mailing Address 4300 Scion Farm		Amount of Each Disbursement this Period 29.93
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Event supplies	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D273083
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Cost-U-Less		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016
Mailing Address 4300 Scion Farm		Amount of Each Disbursement this Period 216.83
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Event food/supplies	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D273086
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	546.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

Full Name (Last, First, Middle Initial)
A. The Daily News

Mailing Address 9155 Estate Thomas

City St. Thomas State VI Zip Code 00802

Purpose of Disbursement Advertisement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 18 / 2016

Amount of Each Disbursement this Period: 252.00

Memo Item

Transaction ID : D272656

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

Mailing Address 2132 Company Street

City Christiansted State VI Zip Code 00820

Purpose of Disbursement Event expenses

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 29 / 2016

Amount of Each Disbursement this Period: 240.47

Memo Item

Transaction ID : D273047
* In-Kind Received

Full Name (Last, First, Middle Initial)
C. Mashama J. Ferdinand

Mailing Address Shama's Specialties PO Box 7283

City St Thomas State VI Zip Code 00802

Purpose of Disbursement Event catering

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 24 / 2016

Amount of Each Disbursement this Period: 500.00

Memo Item

Transaction ID : D389

SUBTOTAL of Disbursements This Page (optional) 992.47

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

Full Name (Last, First, Middle Initial) A. Caribbean Villa Management			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016
Mailing Address 4045 Five Forks Trickum Rd SW			Amount of Each Disbursement this Period 3037.50
City Lilburn	State GA	Zip Code 30047-2538	
Purpose of Disbursement Travel expense		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D395
State:	District:		

Full Name (Last, First, Middle Initial) B. Caribbean Villa Management			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016
Mailing Address 4045 Five Forks Trickum Rd SW			Amount of Each Disbursement this Period 60.00
City Lilburn	State GA	Zip Code 30047-2538	
Purpose of Disbursement Travel expense		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D396
State:	District:		

Full Name (Last, First, Middle Initial) C. Renaissance McAllen			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2016
Mailing Address 101 N Main St			Amount of Each Disbursement this Period 217.35
City McAllen	State TX	Zip Code 78501	
Purpose of Disbursement Travel/Lodging		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D397
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	3314.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

Full Name (Last, First, Middle Initial) A. Hilton Garden Inn		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2016
Mailing Address 7010 Padre Blvd		Amount of Each Disbursement this Period 488.90
City South Padre Island	State TX Zip Code 78597	
Purpose of Disbursement Travel/Lodging	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D398

Full Name (Last, First, Middle Initial) B. Mila's Catering		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2016
Mailing Address 1720 Lanier PI NW		Amount of Each Disbursement this Period 500.00
City Washington	State DC Zip Code 20009	
Purpose of Disbursement Event catering	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D399

Full Name (Last, First, Middle Initial) c. Advanced Network Strategies, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016
Mailing Address 413 New Jersey Avenue, SE		Amount of Each Disbursement this Period 6070.00
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Fundraising consulting fee	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : D400

SUBTOTAL of Disbursements This Page (optional).....	7058.90
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 46 OF 60	
	<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

A. St. Croix Avis Newspapers

Full Name (Last, First, Middle Initial)
Mailing Address 36 AB La Grande Princesse

City St. Croix State VI Zip Code 00820

Purpose of Disbursement Advertisement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 06 / 2016

Amount of Each Disbursement this Period: 360.00

Memo Item

Transaction ID : D408

B. Alma Christensen

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 724

City Frederiksted State VI Zip Code 00841-0724

Purpose of Disbursement Campaign consulting fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 06 / 2016

Amount of Each Disbursement this Period: 250.00

Memo Item

Transaction ID : D409

c. Yulette George

Full Name (Last, First, Middle Initial)
Mailing Address 423 King Street

City Frederiksted State VI Zip Code 00840

Purpose of Disbursement Campaign consulting fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 06 / 2016

Amount of Each Disbursement this Period: 300.00

Memo Item

Transaction ID : D410

SUBTOTAL of Disbursements This Page (optional) 910.00

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 47 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

Full Name (Last, First, Middle Initial) A. Winpisinger & Associates, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2016
Mailing Address 315 Inspiration Ln		Amount of Each Disbursement this Period 1012.90
City Gaithersburg State MD Zip Code 20878-5808	Purpose of Disbursement Administrative/Compliance	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D413
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Winpisinger & Associates, Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016
Mailing Address 315 Inspiration Ln		Amount of Each Disbursement this Period 1006.92
City Gaithersburg State MD Zip Code 20878-5808	Purpose of Disbursement Administrative/Compliance	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D417
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. Christina Murphy		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2016
Mailing Address PO Box 6853		Amount of Each Disbursement this Period 1226.47
City Christiansted State VI Zip Code 00823	Purpose of Disbursement Event catering	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D414
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	3246.29
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 48 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

Full Name (Last, First, Middle Initial) A. Spectrum Band		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2016
Mailing Address PO Box 8358		Amount of Each Disbursement this Period 1000.00
City St Thomas	State VI	
Zip Code 00801-1358	Purpose of Disbursement Event music	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D415
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Spectrum Band		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016
Mailing Address PO Box 8358		Amount of Each Disbursement this Period 1000.00
City St Thomas	State VI	
Zip Code 00801-1358	Purpose of Disbursement Event music	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D272593
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Cool Session Brass Band		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016
Mailing Address PO Box 321		Amount of Each Disbursement this Period 1100.00
City St John	State VI	
Zip Code 00831	Purpose of Disbursement Event music	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D272601
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3100.00
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 49 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

Full Name (Last, First, Middle Initial) A. Cool Session Brass Band		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2016
Mailing Address PO Box 321		Amount of Each Disbursement this Period 4,900.00 <input type="checkbox"/> Memo Item Transaction ID : D416
City St John	State VI	
Zip Code 00831	Purpose of Disbursement Event music	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. CRUISE SHIP EXCURSION, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016
Mailing Address PO BOX 5803		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Memo Item Transaction ID : D272658
City ST. THOMAS	State VI	
Zip Code 00801	Purpose of Disbursement Fundraising event expense	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CRUISE SHIP EXCURSION, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2016
Mailing Address PO BOX 5803		Amount of Each Disbursement this Period 3,600.00 <input type="checkbox"/> Memo Item Transaction ID : D272662
City ST. THOMAS	State VI	
Zip Code 00801	Purpose of Disbursement Fundraising event expenses	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4900.00
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 50 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

Full Name (Last, First, Middle Initial) A. Kyza Callwood		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016
Mailing Address PO Box 10646		Amount of Each Disbursement this Period 100.00
City St Thomas	State VI	
Zip Code 00801-3646	Purpose of Disbursement Event expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D272587
State: District:		

Full Name (Last, First, Middle Initial) B. Kyza Callwood		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2016
Mailing Address PO Box 10646		Amount of Each Disbursement this Period 45.00
City St Thomas	State VI	
Zip Code 00801-3646	Purpose of Disbursement Event expenses	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D273101
State: District:		

Full Name (Last, First, Middle Initial) C. Burton Petersen		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address Cast Iron Pot Restaurant 10A La Grande Princesse		Amount of Each Disbursement this Period 1200.00
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Event catering	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D272588
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1345.00
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 51 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

Full Name (Last, First, Middle Initial) A. Lori Fraebel		Date of Disbursement MM / DD / YYYY 06 / 06 / 2016
Mailing Address PO Box 216		Amount of Each Disbursement this Period 7,450.00 <input type="checkbox"/> Memo Item Transaction ID : D272589
City Frederiksted	State VI	
Zip Code 00841	Purpose of Disbursement Event catering	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Shera Elvins		Date of Disbursement MM / DD / YYYY 06 / 06 / 2016
Mailing Address PO Box 216		Amount of Each Disbursement this Period 1,250.00 <input type="checkbox"/> Memo Item Transaction ID : D272590
City Frederiksted	State VI	
Zip Code 00841	Purpose of Disbursement Event wait staff	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Patricia Barsotti		Date of Disbursement MM / DD / YYYY 06 / 06 / 2016
Mailing Address PO Box 216		Amount of Each Disbursement this Period 450.00 <input type="checkbox"/> Memo Item Transaction ID : D272591
City Frederiksted	State VI	
Zip Code 00841	Purpose of Disbursement Event cleaning	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7450.00
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 52 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

Full Name (Last, First, Middle Initial) A. Larry Nibbs Catering		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016
Mailing Address PO Box 10880		Amount of Each Disbursement this Period 3280.00
City St Thomas	State VI	
Zip Code 00801-3880	Purpose of Disbursement Event catering	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D272592
State: District:		

Full Name (Last, First, Middle Initial) B. Larry Nibbs Catering		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2016
Mailing Address PO Box 10880		Amount of Each Disbursement this Period 4920.00
City St Thomas	State VI	
Zip Code 00801-3880	Purpose of Disbursement Event catering	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D272661
State: District:		

Full Name (Last, First, Middle Initial) C. Wanda Beresford		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016
Mailing Address PO Box 4048		Amount of Each Disbursement this Period 800.00
City Kinghill	State VI	
Zip Code 00511	Purpose of Disbursement Event set-up	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D272596
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9000.00
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 53 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

Full Name (Last, First, Middle Initial) A. Ha' Penny Beach Club		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016
Mailing Address PO Box 216		Amount of Each Disbursement this Period 1000.00
City Frederiksted	State VI	
Zip Code 00841	Purpose of Disbursement Event space	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D272597
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Twenty-First Century Group		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016
Mailing Address 434 New Jersey Ave SE		Amount of Each Disbursement this Period 2100.00
City Washington	State DC	
Zip Code 20003-4008	Purpose of Disbursement Event space	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D272606
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. King Christian Hotel		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2016
Mailing Address 59 King's Wharf		Amount of Each Disbursement this Period 490.00
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Staff Lodging	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D272650
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3590.00
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 54 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

Full Name (Last, First, Middle Initial) A. Conrad Hotel		Date of Disbursement MM / DD / YYYY 06 / 20 / 2016
Mailing Address 102 N End Ave		Amount of Each Disbursement this Period 352.93
City New York	State NY	
Zip Code 10282-1238	Purpose of Disbursement Travel/Lodging	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D272652
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Sea Flight Airlines		Date of Disbursement MM / DD / YYYY 05 / 16 / 2016
Mailing Address 8248 Plantation Manor #61		Amount of Each Disbursement this Period 1440.00
City St Thomas	State VI	
Zip Code 00802	Purpose of Disbursement Airfare	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D272655
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Optimal Printing Plus		Date of Disbursement MM / DD / YYYY 05 / 24 / 2016
Mailing Address 93B Estate Diamond, Bay 9		Amount of Each Disbursement this Period 122.24
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Printing	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D272657
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1915.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

Full Name (Last, First, Middle Initial) A. Optimal Printing Plus		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016
Mailing Address 93B Estate Diamond, Bay 9		Amount of Each Disbursement this Period 301.02
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Printing expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D272818
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. JKC Communications		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016
Mailing Address 5020 Anchor Way		Amount of Each Disbursement this Period 525.00
City Christiansted	State VI	
Zip Code 00820-3616	Purpose of Disbursement Advertising	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : D272659
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STACEY PLASKETT		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016
Mailing Address PO BOX 1006		Amount of Each Disbursement this Period 1343.06
City FREDERIKSTED	State VI	
Zip Code 00841	Purpose of Disbursement Travel expenses (see below)	<input type="checkbox"/> Memo Item
Candidate Name STACEY PLASKETT	Category/ Type	Transaction ID : D394
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2169.08
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 56 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016
Mailing Address 4255 Amon Carter Blvd		Amount of Each Disbursement this Period 1343.06
City Fort Worth	State TX	
Zip Code 76155	Purpose of Disbursement Airfare	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D273130
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Kyza Callwood		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2016
Mailing Address PO Box 10646		Amount of Each Disbursement this Period 200.00
City St Thomas	State VI	
Zip Code 00801-3646	Purpose of Disbursement Expense reimbursement (See below if itemized)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D272599
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Elizabeth Centeno		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016
Mailing Address 3101 LBJ Gardens		Amount of Each Disbursement this Period 307.79
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Event expenses (see below if itemized)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : D272660
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	507.79
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 57 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

Full Name (Last, First, Middle Initial) A. Plaza Extra West		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2016
Mailing Address 14 Plessen		Amount of Each Disbursement this Period 307.79
City Frederiksted	State VI	
Zip Code 00840	Purpose of Disbursement Event supplies	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D272926
State: District:		

Full Name (Last, First, Middle Initial) B. Elizabeth Centeno		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016
Mailing Address 3101 LBJ Gardens		Amount of Each Disbursement this Period 519.31
City Christiansted	State VI	
Zip Code 00820	Purpose of Disbursement Expenses (see below if itemized)	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D272821
State: District:		

Full Name (Last, First, Middle Initial) C. Plaza Extra West		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2016
Mailing Address 14 Plessen		Amount of Each Disbursement this Period 59.97
City Frederiksted	State VI	
Zip Code 00840	Purpose of Disbursement Event supplies	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D272822
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	519.31
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 58 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

Full Name (Last, First, Middle Initial) A. Plaza Extra West		Date of Disbursement MM / DD / YYYY 06 / 03 / 2016
Mailing Address 14 Plessen		Amount of Each Disbursement this Period 89.94
City Frederiksted	State VI	
Zip Code 00840	Purpose of Disbursement Event supplies	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D272825
State: District:		

Full Name (Last, First, Middle Initial) B. Plaza Extra West		Date of Disbursement MM / DD / YYYY 05 / 21 / 2016
Mailing Address 14 Plessen		Amount of Each Disbursement this Period 90.60
City Frederiksted	State VI	
Zip Code 00840	Purpose of Disbursement Event supplies	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D272826
State: District:		

Full Name (Last, First, Middle Initial) c. La Reine Chicken Shack		Date of Disbursement MM / DD / YYYY 04 / 19 / 2016
Mailing Address 24-I Estate Slob		Amount of Each Disbursement this Period 15.50
City Ct. Croix	State VI	
Zip Code 00850	Purpose of Disbursement Food for meeting	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D272828
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 59 OF 60			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

Full Name (Last, First, Middle Initial) A. La Reine Chicken Shack			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2016		
Mailing Address 24-I Estate Slob			Amount of Each Disbursement this Period 156.75		
City Ct. Croix	State VI	Zip Code 00850	<input type="checkbox"/> Memo Item Transaction ID : D272823		
Purpose of Disbursement Event expenses		Category/ Type			
Candidate Name					
Office Sought:	House Senate President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

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

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	<input type="checkbox"/> Memo Item		
Purpose of Disbursement		Category/ Type			
Candidate Name					
Office Sought:	House Senate President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	62198.95

**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 60 OF 60	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Virgin Islands for Plaskett

Full Name (Last, First, Middle Initial) A. Harris & Connor, Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2016
Mailing Address PO Box 216		Amount of Each Disbursement this Period 200.00
City Frederiksted State VI Zip Code 00841	Purpose of Disbursement Refund	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: District:		Transaction ID : D272645

Full Name (Last, First, Middle Initial) B. Bengoa International, Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2016
Mailing Address PO Box 7150		Amount of Each Disbursement this Period 200.00
City Christiansted State VI Zip Code 00823	Purpose of Disbursement Refund	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: District:		Transaction ID : D272644

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

SUBTOTAL of Disbursements This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	400.00