

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Representative

RECEIVED FEDERAL ELECTION COMMISSION PUBLIC DISCLOSURE DIVISION

2015 APR -6 AM 9:52

Once Use Only

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

12FE4M5

Single Subject Amendment

ADDRESS (number and street)

267 John Knox Rd Suite 100

Check if different than previously reported. (ACC)

Tallahassee

FL

32304

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00542696

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

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)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

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

Primary (12P)

General (12G)

Runoff (12R)

Report for the:

Convention (12C)

Special (12S)

Election on

MM/DD/YYYY

in the State of

(d) 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

11/24/2014

through

12/31/2014

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

W. Spider Webb, Jr

Signature of Treasurer

W. Spider Webb, Jr

Date

03/27/2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

5/8 4/6/15

FEC FORM 3X Rev. 12/2004

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Single Subject Amendment

Report Covering the Period: From:

1/1 2/1 2014

To:

12/31 2014

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b)).....

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....

		20000
		20000
		20000
	20000	779797
	20000	799797
	20000	799797

11-00144-10001

**SCHEDULE C (FEC Form 3X)
LOANS**

NAME OF COMMITTEE (In Full)
Single Subject Amendment

LOAN SOURCE Full Name (Last, First, Middle Initial) <i>Webb, W.S.</i>	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address <i>295 Rosehill Dr E</i>	
City <i>Tallahassee</i> State <i>FL</i> ZIP Code <i>32312</i>	

Original Amount of Loan <i>89,297</i>	Cumulative Payment To Date	Balance Outstanding at Close of This Period <i>89,297</i>
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TERMS

Date Incurred <i>07 / 01 / 2014</i>	Date Due <i>- / - / -</i>	Interest Rate <i>0</i> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text"/>
TOTALS This Period (last page in this line only)	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

01-001-141-1001-1

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE 3 OF 4

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
Single Subject amendment

LOAN SOURCE Full Name (Last, First, Middle Initial)
Webb, W.S.

Mailing Address
295 Rosehill Dr E

City *Tallahassee* State *FL* ZIP Code *32312*

Election:
 Primary
 General
 Other (specify) ▼

Original Amount of Loan *21,050.00* Cumulative Payment To Date Balance Outstanding at Close of This Period *21,050.00*

TERMS

Date Incurred *04/01/2014* Date Due *-* Interest Rate *0%* (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i>0</i>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i>0</i>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i>0</i>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i>0</i>

SUBTOTALS This Period This Page (optional) *0*

TOTALS This Period (last page in this line only) *0*

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)
LOANS**

NAME OF COMMITTEE (In Full)
Single Subject Amendment

LOAN SOURCE Full Name (Last, First, Middle Initial)
Webb, W.S.

Mailing Address
295 Rosehill Dr. E

City *Tallahassee* State *FL* ZIP Code *32312*

Election:
 Primary
 General
 Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred Date Due Interest Rate % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

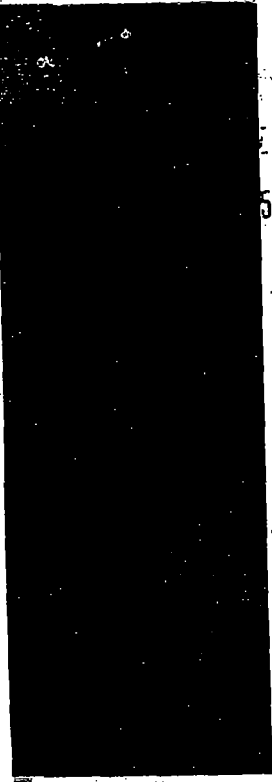
SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

W.S. WEBB JR.
206 Rosshill Dr. East
Tallahassee, FL 32312

01-0011-1



RECEIVED
FEDERAL MAIL CENTER
APR -6 AM 8:15

Federal Election Commission
999 E Street NW
Washington DC 20433

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked Date of Receipt
3/30/15 4/6/15

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


PREPARER

4/6/15
DATE PREPARED