

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

FloridAmerican Conservatives

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value=""/>	<input type="text" value="105945.63"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="105945.63"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="171000.00"/>	<input type="text" value="171000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="276945.63"/>	<input type="text" value="276945.63"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4315.89"/>	<input type="text" value="4315.89"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="272629.74"/>	<input type="text" value="272629.74"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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 3X (Rev. 06/2004)

Write or Type Committee Name

FloridAmerican Conservatives

Report Covering the Period: From: 01 / 01 / 2016 To: 03 / 31 / 2016

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

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).....	171000.00	171000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	171000.00	171000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	171000.00	171000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	171000.00	171000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	171000.00	171000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	4315.89	4315.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4315.89	4315.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4315.89	4315.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4315.89	4315.89

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	171000.00	171000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	171000.00	171000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4315.89	4315.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4315.89	4315.89

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

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

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)
FloridAmerican Conservatives

A. Broadleaf Property Management, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 4912 Creekside Drive
 City Clearwater State FL Zip Code 33760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **50000.00**

Date of Receipt **02 / 02 / 2016**
Transaction ID : SA11AI.4135
 Amount of Each Receipt this Period **50000.00**
 Memo Item

B. Miguel B. Fernandez
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 Alhambra Plaza, #1100
 City Coral Gables State FL Zip Code 33134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MBF Healthcare Partners, L.P. health care executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **100000.00**

Date of Receipt **02 / 16 / 2016**
Transaction ID : SA11AI.4144
 Amount of Each Receipt this Period **100000.00**
 Memo Item

C. Heron Holdings, Inc.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2865 Executive Drive
 City Clearwater State FL Zip Code 33762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **10000.00**

Date of Receipt **02 / 22 / 2016**
Transaction ID : SA11AI.4147
 Amount of Each Receipt this Period **10000.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **160000.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
FloridAmerican Conservatives

A. Craig Sher
 Full Name (Last, First, Middle Initial)
 Mailing Address 5858 Central Avenue
 City St. Petersburg State FL Zip Code 33707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation real estate investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 20 / 2016**
Transaction ID : SA11AI.4156
 Amount of Each Receipt this Period **1000.00**
 Memo Item

B. The Center for Financial Counseling
 Full Name (Last, First, Middle Initial)
 Mailing Address 4912 Creekside Drive
 City Clearwater State FL Zip Code 33760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **10000.00**

Date of Receipt **02 / 02 / 2016**
Transaction ID : SA11AI.4137
 Amount of Each Receipt this Period **10000.00**
 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)
 Aggregate Year-to-Date

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	11000.00
TOTAL This Period (last page this line number only).....▶	171000.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FloridAmerican Conservatives

Full Name (Last, First, Middle Initial)

A. Florida Finance Strategies, LLC

Mailing Address 111-B E. College Avenue

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement fundraising expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : SB21B.4149

Amount of Each Disbursement this Period

527.02

Memo Item

Full Name (Last, First, Middle Initial)

B. Law Offices of Heather Sidwell Morris

Mailing Address P. O. Box 173207

City Tampa State FL Zip Code 33672

Purpose of Disbursement legal services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 14 / 2016

Transaction ID : SB21B.4118

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Law Offices of Heather Sidwell Morris

Mailing Address P. O. Box 173207

City Tampa State FL Zip Code 33672

Purpose of Disbursement legal services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2016

Transaction ID : SB21B.4146

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2527.02

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FloridAmerican Conservatives

Full Name (Last, First, Middle Initial)

A. Trey McCarley

Mailing Address 1410-2 Terrace Hollow Court

City Tallahassee State FL Zip Code 32303

Purpose of Disbursement
see memo entries

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : SB21B.4139

Amount of Each Disbursement this Period

464.15

Memo Item

Full Name (Last, First, Middle Initial)

B. The Vinoy Renaissance Hotel

Mailing Address 501 5th Avenue, N.E.

City St. Petersburg State FL Zip Code 33701

Purpose of Disbursement
lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : SB21B.4139.0

Amount of Each Disbursement this Period

448.96

Memo Item

Full Name (Last, First, Middle Initial)

C. Kris Money

Mailing Address 3241 Thoreau Avenue

City Tallahassee State FL Zip Code 32311

Purpose of Disbursement
see memo entries

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 28 / 2016

Transaction ID : SB21B.4119

Amount of Each Disbursement this Period

815.72

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1279.87

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FloridAmerican Conservatives

Full Name (Last, First, Middle Initial)

A. The Vinoy Renaissance Hotel

Mailing Address 501 5th Avenue, N.E.

City St. Petersburg State FL Zip Code 33701

Purpose of Disbursement
lodging

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4119.0

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. The Vinoy Renaissance Hotel

Mailing Address 501 5th Avenue, N.E.

City St. Petersburg State FL Zip Code 33701

Purpose of Disbursement
food & beverage

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4119.3

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Kris Money

Mailing Address 3241 Thoreau Avenue

City Tallahassee State FL Zip Code 32311

Purpose of Disbursement
mileage

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4119.4

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FloridAmerican Conservatives

Full Name (Last, First, Middle Initial)

A. Kris Money

Mailing Address 3241 Thoreau Avenue

City Tallahassee State FL Zip Code 32311

Purpose of Disbursement
mileage

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4119.5

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Robert Watkins & Company

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement
accounting services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4132

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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