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FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

Office 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 32303

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) [] Mar 20 (M3) [] Apr 20 (M4) [] May 20 (M5) [] Jun 20 (M6) [] Jul 20 (M7) [] Aug 20 (M8) [] Sep 20 (M9) [] Oct 20 (M10) [] Nov 20 (M11) (Non-Election Year Only) [] Dec 20 (M12) (Non-Election Year Only) [] Jan 31 (YE) []

(c) 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

(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 01/01/2015 through 06/30/2015

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 [Signature] Date 08/25/2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Single Subject amendment

Report Covering the Period: From:

01	01	2015
----	----	------

 To:

06	30	2015
----	----	------

	COLUMN A This Period	COLUMN B Calendar Year-to-Date	
6. (a) Cash on Hand January 1, <table border="1"><tr><td>2015</td></tr></table>	2015		51,978
2015			
(b) Cash on Hand at Beginning of Reporting Period.....	51,978		
(c) Total Receipts (from Line 19).....	520.00	520.00	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	103,978	103,978	
7. Total Disbursements (from Line 31).....	700.91	700.91	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	33,887	33,887	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....			
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	420.00		

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)

Page 3

Write or Type Committee Name

Single Subject Amendment

Report Covering the Period: From:

MM / DD / YYYY
01 / 01 / 2015

To:

MM / DD / YYYY
06 / 30 / 2015

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)).....▶

10000

10000

- (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).....▶

10000

10000

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

13. All Loans Received.....

42000

42000

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)).....▶

52000

52000

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

52000

52000

DETAILED SUMMARY PAGE
of Disbursements

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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		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures	70091	70091
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	70091	70091
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements		
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	70091	70091
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	70091	70091

UNCONFIRMED AND UNRECORDED

DETAILED SUMMARY PAGE
of Disbursements

**III. Net Contributions/Operating Ex-
penditures**

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3)	10000	10000
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10000	10000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	70091	70091
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	70091	70091

IN COLUMN 1-20000, 10000, 70091, 70091, 70091, 70091, 70091, 70091

**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	OF
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input checked="" type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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)
Single Subject Amendment

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

Mailing Address
295 Rosehill Dr East

City *Tallahassee* State *FL* Zip Code *32312*

FEC ID number of contributing federal political committee. C

Name of Employer _____ Occupation *Retired*

Receipt For:
 Primary General
 Other (specify) *Expenses*

Aggregate Year-to-Date ▼
4200.00

Date of Receipt
03 / 25 / 2015

Amount of Each Receipt this Period
4200.00

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

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. C

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ _____

Date of Receipt _____

Amount of Each Receipt this Period _____

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

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. C

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ _____

Date of Receipt _____

Amount of Each Receipt this Period _____

SUBTOTAL of Receipts This Page (optional).....▶ *4200.00*

TOTAL This Period (last page this line number only).....▶ *4200.00*

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 1 OF 1
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	17

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NAME OF COMMITTEE (In Full)
Single Subject Amendment

A. Full Name (Last, First, Middle Initial)
Diora Rollins

Mailing Address
3825 Boffin Mill Rd

City: *Fallaheer* State: *FL* Zip Code: *32312*

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

Name of Employer: Occupation: *Retired*

Receipt For:
 Primary General
 Other (specify) *Expenses*

Aggregate Year-to-Date
1,000.00

Date of Receipt
04 / 25 / 2015

Amount of Each Receipt this Period
1,000.00

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

Mailing Address

City: State: Zip Code:

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

Name of Employer: Occupation:

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City: State: Zip Code:

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

Name of Employer: Occupation:

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ▶ *1,000.00*

TOTAL This Period (last page this line number only)..... ▶ *1,000.00*

12-25-15 10:00 AM

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
FOR LINE 13 OF FORM 3X	

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 checked="" type="checkbox"/> Other (specify) ▼ <i>Expenses</i>
Mailing Address <i>295 Rosehill Dr East</i>	
City <i>Tallahassee</i> State <i>FL</i> ZIP Code <i>32312</i>	

Original Amount of Loan <input type="text" value="42000"/>	Cumulative Payment To Date <input type="text" value=""/>	Balance Outstanding at Close of This Period <input type="text" value="42000"/>
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TERMS

Date Incurred <input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>	Date Due <input type="text" value=""/> / <input type="text" value=""/> / <input type="text" value=""/>	Interest Rate <input type="text" value="0"/> % (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" value=""/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value=""/>

SUBTOTALS This Period This Page (optional).....	<input type="text" value=""/>
TOTALS This Period (last page in this line only).....	<input type="text" value="42000"/>

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

S Webb
95 Rosehill Dr E
Maitland FL 32312

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Federal Election Commission
999 E Street NW
Washington DC 20463



