

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC ASSISTANCE
DIVISION
2016 NOV 10 AM 10:01
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)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

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

04 / 01 / 2016

through

06 / 30 / 2016

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 Webb Jr

Date

11 / 02 / 2016

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

FEC FORM 3X
Rev. 05/2016

201611100118424

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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	33462	46145
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	33462	46145
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 (Including Non-Federal Donations).....		
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))..	33462	46145
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33462	46145

NOTICE: THIS IS AN UNOFFICIAL COPY

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE		OF	
(check only one)					
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input 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 of Individual (Last, First, Middle Initial) or Full Organization Name
Webb, W.S.

Mailing Address
295 Rosehill Dr E

City
Tallahassee State
FL Zip Code
32312

FEC ID number of contributing federal political committee.
C

Name of Employer (for Individual) Occupation (for Individual)
Refused

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
391.42

Date of Receipt
05 / 28 / 2016

Amount of Each Receipt this Period
355.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.
C

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.
C

Name of Employer (for Individual) Occupation (for Individual)

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).....▶

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

2016-11-10 PM 00:18:23

SCHEDULE C (FEC Form 3X)

LOANS

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

NAME OF COMMITTEE (In Full)
Single Subject Amendment

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

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
295 Rosehill Dr E.

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

Original Amount of Loan *35500* Cumulative Payment To Date Balance Outstanding at Close of This Period *35500*

TERMS

Date Incurred *05 28 2016* 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>35500</i>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i>35500</i>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i>35500</i>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i>35500</i>

SUBTOTALS This Period This Page (optional) *35500*

TOTALS This Period (last page in this line only) *35500*

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

2016 RELEASE UNDER E.O. 13526

SCHEDULE C (FEC Form 3X)

LOANS

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

NAME OF COMMITTEE (In Full)
Single Subject Amendment

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item <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>	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<i>3642</i>		<i>3642</i>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<i>02 / 22 / 2016</i>		<i>0</i> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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>3642</i>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i>3642</i>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i>3642</i>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i>3642</i>

SUBTOTALS This Period This Page (optional).....	<i>3642</i>
TOTALS This Period (last page in this line only).....	<i>3642</i>

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

2016 RELEASE UNDER E.O. 13526

SCHEDULE C (FEC Form 3X)

LOANS

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

NAME OF COMMITTEE (In Full)
Single Subject Amendment

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<i>2,400</i>		<i>2,400</i>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<i>1/17/2015</i>		<i>0%</i> (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	<i>0</i>
TOTALS This Period (last page in this line only).....	<i>0</i>

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

2015 RELEASE UNDER E.O. 13526

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

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

NAME OF COMMITTEE (In Full)
Single Subject Amendment

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item <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>Fallahassee</i>	State <i>FL</i>	ZIP Code <i>32312</i>	

Original Amount of Loan <i>420.00</i>	Cumulative Payment To Date	Balance Outstanding at Close of This Period <i>420.00</i>
--	----------------------------	--

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
<i>03</i>	<i>25</i>	<i>2015</i>	<i>-</i>	<i>0</i> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	<i>0</i>
TOTALS This Period (last page in this line only).....	<i>0</i>

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

2016 RELEASE UNDER E.O. 13526

SCHEDULE C (FEC Form 3X)

LOANS

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

NAME OF COMMITTEE (In Full)
Single Subject amendment

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item
Wells, W.S.

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
295 Rosehill Dr E.

City State ZIP Code
Fallaharsee FL 32312

Original Amount of Loan <i>20,000</i>	Cumulative Payment To Date	Balance Outstanding at Close of This Period <i>20,000</i>
--	----------------------------	--

TERMS

Date Incurred <i>1/2/12</i>	Date Due <i>1/2/14</i>	Interest Rate <i>0</i> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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>20,000</i>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i>20,000</i>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i>20,000</i>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i>20,000</i>

SUBTOTALS This Period This Page (optional) *20,000*

TOTALS This Period (last page in this line only) *20,000*

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

NOT TO BE REPRODUCED WITHOUT PERMISSION

SCHEDULE C (FEC Form 3X)

LOANS

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

NAME OF COMMITTEE (In Full)
Single Subject Amendment

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item
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 *892.97* Cumulative Payment To Date Balance Outstanding at Close of This Period *892.97*

TERMS

Date Incurred *07/01/2014* 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: <input type="checkbox"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="checkbox"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="checkbox"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="checkbox"/>

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.

2014-07-01 10:00 AM

SCHEDULE C (FEC Form 3X)

LOANS

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

NAME OF COMMITTEE (In Full)
Single Subject Amendment

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election:
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>21,050.00</i>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i>21,050.00</i>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i>21,050.00</i>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i>21,050.00</i>

SUBTOTALS This Period This Page (optional) *21,050.00*
 TOTALS This Period (last page in this line only) *21,050.00*

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

2016 RELEASE UNDER E.O. 13526

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	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>	<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address <i>295 Rosehill Dr E</i>		
City <i>Jacksonville</i>	State <i>FL</i>	ZIP Code <i>32312</i>

Original Amount of Loan <i>46,000.00</i>	Cumulative Payment To Date	Balance Outstanding at Close of This Period <i>46,000.00</i>
---	----------------------------	---

TERMS

Date Incurred <i>03/07/2014</i>	Date Due	Interest Rate <i>0</i> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	<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.

2014 RELEASE UNDER E.O. 13526

COMMUNICATIONS



RECEIVED
FEC MAIL CENTER

2016 NOV 10 AM 9:40

S. Webb
95 Rosehill Dr E
Tallahassee FL 32312

U.S. POSTAGE
PAID
TALLAHASSEE, FL
32308
NOV 08 16
AMOUNT
\$1.99
R2305K139498-08



20463

POSTAGE
PAID
PUBLIC DELIVERY
DIVISION

2016 NOV 10 AM 10:01

First Class Mail First Class Mail



Jederaal Election Commission
999 E Street NW
Washington DC 20463

2016 NOV 10 AM 9:40

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt	
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 11/3/16	Date of Receipt 11/10/16
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)	
<input type="checkbox"/> USPS Priority Mail	Postmarked	
<input type="checkbox"/> USPS Priority Mail Express	Postmarked	
<input type="checkbox"/> Postmark Illegible		
<input type="checkbox"/> No Postmark		
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date	
	Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt	
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt	
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt	
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked	

PREPARER
(3/2015)



11/10/16
DATE PREPARED

2015-11-10 10:11:00 AM