

**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

FLORIDA CITRUS MUTUAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

411 E ORANGE STREET

☐ Check if different than previously reported. (ACC)

LAKELAND

FL

33801-5054

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00131607

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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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 KEVIN E. METHENY, TREASURER

Signature of Treasurer

KEVIN E. METHENY, TREASURER

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

FLORIDA CITRUS MUTUAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
08 01 2016 To: M M / D D / Y Y Y Y Y Y
08 31 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		18942.76
(b) Cash on Hand at Beginning of Reporting Period.....	16175.11	
(c) Total Receipts (from Line 19)	1150.00	16886.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	17325.11	35828.76
7. Total Disbursements (from Line 31).....	11097.06	29600.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	6228.05	6228.05
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	

☒ 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

FLORIDA CITRUS MUTUAL POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	6

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).....	1000.00	14210.00
(ii) Unitemized	150.00	2676.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	1150.00	16886.00
(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) ►	1150.00	16886.00
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)) ►	1150.00	16886.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ►	1150.00	16886.00

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9200.00	27700.00
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	1897.06	1900.71
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)) ..	11097.06	29600.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11097.06	29600.71

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)	1150.00	16886.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1150.00	16886.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 8
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

FLORIDA CITRUS MUTUAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. SCARLETT JACKSON			Date of Receipt M = M / D = D / Y = Y - Y - Y 08 / 17 / 2016 Transaction ID : SA11AI.7320		
Mailing Address 13859 HIGHWAY 27			Amount of Each Receipt this Period 1000.00		
City LAKE WALES	State FL	Zip Code 33859	☐ Memo Item CONTRIBUTION		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00			
Name of Employer WARNER UNIV		Occupation ADMINISTRATOR			
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼					
Full Name (Last, First, Middle Initial) B.			Date of Receipt M = M / D = D / Y = Y - Y - Y		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code	☐ Memo Item		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼			
Name of Employer		Occupation			
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼					
Full Name (Last, First, Middle Initial) C.			Date of Receipt M = M / D = D / Y = Y - Y - Y		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code	☐ Memo Item		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼			
Name of Employer		Occupation			
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼					
SUBTOTAL of Receipts This Page (optional)..... ▶			1000.00		
TOTAL This Period (last page this line number only)..... ▶			1000.00		

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

FLORIDA CITRUS MUTUAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. REBECCA NEGRON

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2016

Mailing Address P. O. BOX 1980

City	State	Zip Code
STUART	FL	34995

Transaction ID : SB23.7323Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

REBECCA NEGRON FOR CONGRESSCategory/
Type

1500.00

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

☐ Memo Item

State: FL District: 18

Full Name (Last, First, Middle Initial)

B. MARCO RUBIO

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2016

Mailing Address 4027 S LEJEUNE RD

City	State	Zip Code
CORAL GABLES	FL	33146

Transaction ID : SB23.7324Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

MARCO RUBIO FOR US SENATECategory/
Type

5000.00

Office Sought:	☐ House
	☒ Senate
	☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

☐ Memo Item

State: FL District: 00

Full Name (Last, First, Middle Initial)

C. DEBBIE WASSERMAN SCHULTZ

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Mailing Address 4479 FOXGLOVE LN

City	State	Zip Code
WESTON	FL	33331

Transaction ID : SB23.7325Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

WASSERMAN-SCHULTZ FOR CONGRESSCategory/
Type

2700.00

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

☐ Memo Item

State: FL District: 20

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

9200.00

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

9200.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 8

☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

FLORIDA CITRUS MUTUAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FLORIDA CITRUS MUTUAL

Mailing Address 411 E ORANGE STREET

City

Lakeland

State

FL

Zip Code

33801-5054

Purpose of Disbursement

SUPPLIES

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
08	/	30	/	2016

Transaction ID : SB29.7331

Amount of Each Disbursement this Period

1856.51

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1856.51

1856.51
