

# 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) [X]

### 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) [X]
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 M M M / D D D / 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 in the State of

5. Covering Period 02 / 01 / 2014 through 02 / 28 / 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 KEVIN E. METHENY, TREASURER

Signature of Treasurer KEVIN E. METHENY, TREASURER [Electronically Filed] Date 04 / 21 / 2014

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 table with 8 columns and 1 row. Includes text 'FEC FORM 3X Rev. 12/2004'.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**FLORIDA CITRUS MUTUAL POLITICAL ACTION COMMITTEE**

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="2014"/>	<input type="text" value="2182.36"/>	<input type="text" value="2182.36"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="5482.36"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="14550.00"/>	<input type="text" value="17850.00"/>
(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="20032.36"/>	<input type="text" value="20032.36"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1500.00"/>	<input type="text" value="1500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="18532.36"/>	<input type="text" value="18532.36"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

**FLORIDA CITRUS MUTUAL POLITICAL ACTION COMMITTEE**

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

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).....	11050.00	14350.00
(ii) Unitemized .....	3500.00	3500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	14550.00	17850.00
(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) .....	14550.00	17850.00
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))..... ▶	14550.00	17850.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	14550.00	17850.00

**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.....	1500.00	1500.00
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)) ..	1500.00	1500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1500.00	1500.00

**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) .....	14550.00	17850.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14550.00	17850.00
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: (check only one)	PAGE 6 OF 14
<input checked="" 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)  
**FLORIDA CITRUS MUTUAL POLITICAL ACTION COMMITTEE**

**A. JOHN P. P BARBEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. BOX 789  
 City AVON PARK State FL Zip Code 33826  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BARBEN FRUIT COMPANY Occupation CITRUS GROWER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 25 / 2014**  
**Transaction ID : SA11AI.6400**  
 Amount of Each Receipt this Period **500.00**  
 CONTRIBUTION

**B. BRYAN BEER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1021 N RIVER ROAD  
 City LABELLE State FL Zip Code 33935  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LABELLE GROVE MANAGMENT Occupation CITRUS GROWER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 25 / 2014**  
**Transaction ID : SA11AI.6402**  
 Amount of Each Receipt this Period **500.00**  
 CONTRIBUTION

**C. ROBERT M BEHR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3009 SHOAL CREEK VILLAGE DRIVE  
 City LAKELAND State FL Zip Code 33803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FLORIDA'S NATURAL Occupation EXECUTIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **02 / 25 / 2014**  
**Transaction ID : SA11AI.6403**  
 Amount of Each Receipt this Period **400.00**  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **1400.00**  
**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: PAGE 7 OF 14  
(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. NORMAN LARRY BLACK**  
 Mailing Address 1860 PINNACLE DRIVE  
 City State Zip Code  
 LAKELAND FL 33813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED CITRUS GROWER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2014  
**Transaction ID : SA11AI.6404**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. WESLEY WILLIAM BRUMBACK**  
 Mailing Address 4593 OLD CARRIAGE TRAIL  
 City State Zip Code  
 OVIEDO FL 32765-8454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TRB Groves LLC Mgr. - Citrus Grower  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2014  
**Transaction ID : SA11AI.6405**  
 Amount of Each Receipt this Period  
 450.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. REX CLONTS, JR**  
 Mailing Address 619 HIDDEN PINE COURT  
 City State Zip Code  
 APOPKA FL 32712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 All FLORIDA CGA, INC. CITRUS GROWER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2014  
**Transaction ID : SA11AI.6408**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1450.00  
**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 8 OF 14
<input checked="" 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)  
**FLORIDA CITRUS MUTUAL POLITICAL ACTION COMMITTEE**

**A. JOE L. DAVIS, SR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. BOX 1149  
 City WAUCHULA State FL Zip Code 33873  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: JOE L. DAVIS, INC. Occupation: CITRUS GROWER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt: 02 / 25 / 2014  
**Transaction ID : SA11AI.6410**  
 Amount of Each Receipt this Period: 500.00  
**CONTRIBUTION**

**B. JOE L. DAVIS JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. BOX 516  
 City WAUCHULA State FL Zip Code 33873  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: DAVIS ENTERPRISES Occupation: CITRUS GROWER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt: 02 / 25 / 2014  
**Transaction ID : SA11AI.6409**  
 Amount of Each Receipt this Period: 500.00  
**CONTRIBUTION**

**C. KENNETH DEVANE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 912 NE 9TH STREET  
 City FT MEADE State FL Zip Code 33841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: DEVANE HARVESTING Occupation: CITRUS GROWER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt: 02 / 25 / 2014  
**Transaction ID : SA11AI.6411**  
 Amount of Each Receipt this Period: 400.00  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1400.00</b>
<b>TOTAL</b> 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: PAGE 9 OF 14  
(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**

**A. JOE MARLIN HILLARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5500 FLAGHOLE ROAD  
 City State Zip Code  
 CLEWISTON FL 33440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HILLARD BROTHERS OF FLORIDA CITRUS GROWER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2014  
**Transaction ID : SA11AI.6450**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B. JOE HILLIARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5600 W US 27  
 City State Zip Code  
 CLEWISTON FL 33440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HILLARD BROTHERS OF FLORIDA CITRUS GROWER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2014  
**Transaction ID : SA11AI.6451**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C. STEVE JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3049 COUNTY ROAD 664  
 City State Zip Code  
 BOWLING GREEN FL 33834-7922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 JOHNSONSON HARVESTING CITRUS GROWER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 25 / 2014  
**Transaction ID : SA11AI.6417**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 1500.00  
**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: PAGE 10 OF 14  
(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. PAUL J MEADOR**  
 Mailing Address 1331 COMMERCE DRIVE  
 City State Zip Code  
 LABELLE FL 33935  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 EVERGLADES HARVESTING MANAGER/OWNER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 25 / 2014  
**Transaction ID : SA11AI.6418**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MICHAEL MONROE**  
 Mailing Address 7387 61ST STREET  
 City State Zip Code  
 VERO BEACH FL 32967  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SUN AG, INC. MANAGER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 25 / 2014  
**Transaction ID : SA11AI.6420**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DUDLEY II PUTNAM**  
 Mailing Address P. O. BOX 523  
 City State Zip Code  
 BARTOW FL 33831-0523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PUTNAM GROVES, INC. CITRUS GROWER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 25 / 2014  
**Transaction ID : SA11AI.6424**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00  
**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: PAGE 11 OF 14  
(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. SARA PUTNAM**  
 Mailing Address P. O. BOX 523  
 City State Zip Code  
 BARTOW FL 33831-0523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PUTNAM GROVES, INC. CITRUS GROWER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 25 / 2014  
**Transaction ID : SA11AI.6423**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. ROBERT J STAMBAUGH**  
 Mailing Address 121 VAN FLEET COURT  
 City State Zip Code  
 AUBURNDALE FL 33823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SHARIT, BUNN & CHILTON PA ATTORNER / CITRUS GROWER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 25 / 2014  
**Transaction ID : SA11AI.6429**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. VICTOR STORY, JR.**  
 Mailing Address P. O. BOX 857  
 City State Zip Code  
 BABSON PARK FL 33827-0857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 STORY GROVES CITRUS GROWER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 25 / 2014  
**Transaction ID : SA11AI.6431**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00  
**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 12 OF 14
<input checked="" 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)  
**FLORIDA CITRUS MUTUAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. KYLE R. STORY</b>		Date of Receipt MM / DD / YYYY 02 / 25 / 2014 <b>Transaction ID : SA11AI.6430</b>
Mailing Address P. O. BOX 851		Amount of Each Receipt this Period 500.00
City BABSON PARK	State FL	Zip Code 33827
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer STORY GROVE SERVICE, INC.	Occupation CITRUS GROWER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. HUGH W THOMPSON</b>		Date of Receipt MM / DD / YYYY 02 / 25 / 2014 <b>Transaction ID : SA11AI.6432</b>
Mailing Address 5502 OSPREY ISLE LANE		Amount of Each Receipt this Period 500.00
City ORLANDO	State FL	Zip Code 32819-4074
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer CUTRALE CITRUS	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. MARK WHEELER</b>		Date of Receipt MM / DD / YYYY 02 / 25 / 2014 <b>Transaction ID : SA11AI.6434</b>
Mailing Address 179 HUNTLEY OAKS BLVD.		Amount of Each Receipt this Period 1000.00
City LAKE PLACID	State FL	Zip Code 33852
FEC ID number of contributing federal political committee. C	CONTRIBUTION	
Name of Employer WHEELER FARMS, INC.	Occupation CITRUS GROWER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> 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: PAGE 13 OF 14  
(check only one)

<input checked="" 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)  
**FLORIDA CITRUS MUTUAL POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**CHARLES J WILSON III**

Mailing Address 763 SUNSET POINTE DRIVE

City LAKE PLACID	State FL	Zip Code 33852
---------------------	-------------	-------------------

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

Name of Employer SUN RIDGE HARVESTING	Occupation CITRUS FRUIT HARVESTER
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	25	/	2014

**Transaction ID : SA11AI.6435**

Amount of Each Receipt this Period  
500.00

**CONTRIBUTION**

**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  

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

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  

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	11050.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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. DEVIN NUNES CAMPAIGN COMMITTEE**

Mailing Address P. O. BOX 6545

City VISALIA State CA Zip Code 93290

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**DEVIN G NUNES**

Office Sought:  House  
 Senate  
 President  
State: CA District: 22

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	10	/	2014

**Transaction ID : SB23.6459**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. SOUTHERLAND FOR CONGRESS**

Mailing Address PO BOX 1692

City LYNN HAVEN State FL Zip Code 32444

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**WILLIAM STEVE II SOUTHERLAND**

Office Sought:  House  
 Senate  
 President  
State: FL District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	17	/	2014

**Transaction ID : SB23.6463**

Amount of Each Disbursement this Period

500.00
--------

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) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

1500.00
---------

1500.00
---------